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<b>Form 990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>	OMB No 1545-0047
	<b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b> ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/foi/m990">www.irs.gov/foi/m990</a>	<b>2015</b> <b>Open to Public Inspection</b>

<b>A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015</b>			
<b>B</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	<b>C</b> Name of organization GROUP HEALTH PLAN INC		<b>D</b> Employer identification number  41-0797853
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address) 8170 33RD AVE SOUTH PO BOX 1309	Room/suite	<b>E</b> Telephone number  (952) 883-6584
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 554401309		<b>G</b> Gross receipts \$ 1,632,708,603
	<b>F</b> Name and address of principal officer DAVE A DZIUK 8170 33RD AVE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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			
<b>J</b> Website: ▶ WWW.HEALTHPARTNERS.COM			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1955	<b>M</b> State of legal domicile MN

## 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	0
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	5	8,013
6 Total number of volunteers (estimate if necessary) . . . . .	6	316	
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		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) . . . . .	0	0
	9 Program service revenue (Part VIII, line 2g) . . . . .	1,103,699,169	1,147,223,338
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	4,606,664	5,163,265
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	308,619,067	308,482,000
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,416,924,900	1,460,868,603
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	5,892,008	6,106,854
	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)	515,124,049	541,547,654
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	854,186,633	901,124,954
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,375,202,690	1,448,779,462
	19 Revenue less expenses Subtract line 18 from line 12 . . . . .	41,722,210	12,089,141
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	910,541,844	920,598,061
	21 Total liabilities (Part X, line 26) . . . . .	655,621,725	680,133,153
	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	254,920,119	240,464,908

<b>Part II</b>	<b>Signature Block</b>
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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.

<b>Sign Here</b>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	2016-11-11
	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Date
	DAVE A DZIUK SVP-FINANCE & CFO	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	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	

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 \$ 1,066,021,162 including grants of \$ 6,106,854 ) (Revenue \$ 1,272,355,214 )

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 ▶ 1,066,021,162

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)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	Yes	
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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.	1a	16,200	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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.	2a	8,013	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
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)?	4a		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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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**

			<b>Yes</b>	<b>No</b>
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	<b>1a</b>	5		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	0		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>			No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
<b>a</b> The governing body?	<b>8a</b>		Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			No

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

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

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	MN
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records ▶ KEVIN J BRANDT DIRECTOR OF FINANCIAL REPORTING 8170 33RD AVE S P O BOX 1309 MINNEAPOLIS, MN 554401309 (952) 883-6584	

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

**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

[illegible]



<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	26,931,582	0	5,265,235

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	No

**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.

**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 ► 149

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	439,684,304	439,684,304	
	b	MEDICARE & MEDICAID PA	621400	406,809,699	406,809,699	
	c	OTHER MEDICAL SERVICE	621400	153,630,316	153,630,316	
	d	MEDICAL PREMIUMS	524114	77,182,090	77,182,090	
	e	DENTAL PATIENT SERVICE	524114	47,374,216	47,374,216	
	f	All other program service revenue		22,542,713	22,542,713	
	g	Total. Add lines 2a-2f . . . . .		1,147,223,338		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,022,265	
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)			
		d	Net gain or (loss) . . . . .		2,141,000	
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	183,350,124		183,350,124
b	NON-TAXABLE AFFIL A&G	561000	125,131,876	125,131,876		
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		308,482,000			
12	Total revenue. See Instructions . . . . .		1,460,868,603	1,272,355,214	0	188,513,389

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.	6,106,854	6,106,854		
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.	421,262,150	396,069,312	25,192,838	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	29,167,048	26,618,087	2,548,961	
9	Other employee benefits.	67,568,542	61,663,604	5,904,938	
10	Payroll taxes.	23,549,914	21,491,844	2,058,070	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	109,354	109,354		
c	Accounting.	325,858	3,097	322,761	
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).	24,556,430	17,214,676	7,341,754	
12	Advertising and promotion.	2,853,267	1,538,969	1,314,298	
13	Office expenses.	11,780,992	9,665,607	2,115,385	
14	Information technology.	10,222,605	2,985,257	7,237,348	
15	Royalties.				
16	Occupancy.	26,986,101	23,726,542	3,259,559	
17	Travel.	2,142,348	1,870,330	272,018	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	479,037	339,306	139,731	
20	Interest.	4,502,834	4,502,834		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	24,894,663	20,280,617	4,614,046	
23	Insurance.	9,053,995	8,678,513	375,482	
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	218,668,062	218,668,062		
b	MGMT & ADMIN TO TAXABLE	183,350,124		183,350,124	
c	SUPPLIES - MEDICAL & PH	144,331,601	144,318,542	13,059	
d	MGMT & ADMIN TO NON-TAX	125,131,876		125,131,876	
e	All other expenses	111,735,807	100,169,755	11,566,052	
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	1,448,779,462	1,066,021,162	382,758,300	0
26	<b>Joint costs.</b> 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 . . . . .		-42,926,169	1	-27,317,694	
	2	Savings and temporary cash investments . . . . .		111,264,765	2	26,726,255	
	3	Pledges and grants receivable, net . . . . .			3		
	4	Accounts receivable, net . . . . .		202,139,469	4	202,379,788	
	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 . . . . .		11,838,655	8	11,228,824	
	9	Prepaid expenses and deferred charges . . . . .		47,004,232	9	15,098,738	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	633,600,173			
	b	Less: accumulated depreciation . . . . .	10b	450,976,776	155,117,947	10c	182,623,397
	11	Investments—publicly traded securities . . . . .		312,324,000	11	390,183,000	
	12	Investments—other securities. See Part IV, line 11 . . . . .		108,720,779	12	113,972,135	
	13	Investments—program-related. See Part IV, line 11 . . . . .			13		
	14	Intangible assets . . . . .			14		
	15	Other assets. See Part IV, line 11 . . . . .		5,058,166	15	5,703,618	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		910,541,844	16	920,598,061		
Liabilities	17	Accounts payable and accrued expenses . . . . .		486,234,228	17	507,042,536	
	18	Grants payable . . . . .			18		
	19	Deferred revenue . . . . .		10,329,723	19	3,849,919	
	20	Tax-exempt bond liabilities . . . . .		35,320,453	20	30,729,944	
	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 . . . . .		123,737,321	25	138,510,754	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		655,621,725	26	680,133,153	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .		254,920,119	27	240,464,908	
	28	Temporarily restricted net assets . . . . .			28		
	29	Permanently restricted net assets . . . . .			29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	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	<b>Total net assets or fund balances . . . . .</b>		254,920,119	33	240,464,908	
34	<b>Total liabilities and net assets/fund balances . . . . .</b>		910,541,844	34	920,598,061		

**Part XI**   **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,460,868,603
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,448,779,462
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	12,089,141
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	254,920,119
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,871,105
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-23,673,247
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	240,464,908

**Part XII**   **Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	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	
<b>3a</b>	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	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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			
THOMAS BRINSKO ..... DIRECTOR	3 20 .....	X						25,000	0	0
SUSAN HOYT ..... DIRECTOR	4 50 .....	X						28,000	0	0
DONALD LEWIS ..... DIRECTOR & CHAIR	4 80 .....	X						40,000	0	0
GREGORY STRONG ..... DIRECTOR	3 40 .....	X						28,000	0	0
BRIAN H RANK MD ..... DIRECTOR & MEDICAL DIRECTOR	50 00 .....	X		X				794,689	0	144,358
CHARLES J ABRAHAMSON ..... VP-NETWORK MGMT & PROVIDER RELATIONS	2 00 2 70 ..... 37 30			X				316,253	0	59,311
ALAN V ABRAMSON ..... SRVP & CIO	16 70 ..... 29 30			X				575,035	0	110,291
SCOTT A AEBISCHER ..... SR VP CUSTOMER SERV/PRODUC	5 40 ..... 44 60			X				472,340	0	115,177
CALVIN U ALLEN ..... SR VP STRAT PLANNING/HR	31 60 ..... 18 40			X				567,325	0	131,323
FELIX ANKEL MD ..... EXEC DIR - HEALTH PROFESSIONAL EDUCATION	0 50 ..... 39 50			X				471,750	0	97,061

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			
BABETTE A APLAND ..... SR VP, MELROSE INSTITUTE & .....	54 50 ..... 0 50			X				431,113	0	111,637
SHANNON B BEAUDIN-KLEIN ..... VP MARKETING & COMMUNICATI .....	4 10 ..... 55 90			X				286,280	0	79,069
MARY K BRAINERD ..... PRESIDENT & CEO .....	3 60 ..... 46 40			X				1,903,009	0	284,740
RICK J BRUZEK ..... VP PHARMACY SERVICES .....	20 60 ..... 29 40			X				288,640	0	99,950
KATHLEEN M COONEY ..... EXECUTIVE VP & CAO .....	11 20 ..... 42 80			X				869,455	0	177,345
STEVEN D BUNDE ..... VP INTERNAL AUDIT, INTEGRITY & COMPLIANCE .....	24 60 ..... 22 40			X				241,515	0	83,815
ROBERT B CUMMING ..... SR VP ACTUARIAL/UNDERWRITING .....	4 40 ..... 33 60			X				563,610	0	106,787
TRICIA L DEGE ..... VP FINANCE & PLANNING .....	39 50 ..... 0 50			X				338,184	0	82,927
PATRICIA S DENNIS ..... SR VP HEALTH & CARE ENGAGEMENT .....	3 70 ..... 51 30			X				421,546	0	62,044
AMY L DEWANE ..... VP - CARE SYSTEMS GROWTH & PARTNERSHIPS .....	55 50 ..... 0 50			X				103,767	0	24,242

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			
DAVID A DZIUK ..... SR VP & CHIEF FINANCIAL OFFICER	11 40 ..... 43 60			X				588,090	0	150,863
GREGG DAHLGREN ..... VP DENTAL PLAN	1 30 ..... 38 70			X				251,107	0	87,096
CHARLES J FAZIO MD ..... HEALTH PLAN MEDICAL DIRECTOR	3 40 ..... 46 60			X				438,706	0	92,820
DAVID S GESKO ..... SR VP - DENTAL DIRECTOR	54 50 ..... 0 50			X				514,465	0	81,655
TIM M HALEY ..... VP BROKER SALES	0 10 ..... 44 90			X				453,088	0	103,589
SUSAN M KNUDSON ..... VP HEALTH INFORMATICS	3 40 ..... 46 60			X				431,607	0	100,040
STEVEN C HOUSH ..... VP ORTHOPEDIC SERVICES	54 50 ..... 0 50			X				345,713	0	57,318
GEORGE J ISHAM MD MS ..... SENIOR ADVISOR	0 70 ..... 9 30			X				159,315	0	84,483
KIM R LAREAU ..... VP IS&T CARE DELIVERY	18 10 ..... 31 90			X				347,866	0	90,474
VINI T MANCHANDA ..... VP - SUPPLY CHAIN SERVICES	43 60 ..... 6 40			X				245,640	0	73,103



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			
NANCY A MCCLURE ..... CHIEF OPERATING OFFICER	48 00 ..... 2 00			X				748,763	0	140,741
FRANK P MCQUILLAN ..... VP - TREASURY & REAL ESTATE	21 10 ..... 28 90			X				309,012	0	109,009
FRANK MULLER ..... VP - TECHNOLOGY & INFRASTRUCTURE	17 40 ..... 32 60			X				224,225	0	79,339
PEGGY S NEALE ..... VP - NATIONAL ACCOUNT HEALTH SOLUTIONS	25 60 ..... 24 40			X				286,469	0	83,007
ANDREW F NELSON ..... VP - HPIER EXECUTIVE DIRECTOR	0 50 ..... 60 50			X				270,569	0	107,778
KEVIN J PALATTAO ..... VP CLINIC PATIENT CARE SYSTEMS	52 50 ..... 7 50			X				339,352	0	93,343
NICO PRONK PHD ..... VP & HEALTH SCIENCE OFFICER	3 40 ..... 46 60			X				336,222	0	90,635
KEVIN R RONNEBERG ..... VP - ASSOCIATE MEDICAL DIRECTOR	0 50 ..... 39 50			X				295,110	0	53,950
KATIE B SAYRE ..... SR VP HLTH PLAN OPS & GOV PROGRAMS	3 80 ..... 46 20			X				489,798	0	134,085
SCOTT A SCHNUCKLE ..... SR VP PHARMACY & BUSINESS	21 50 ..... 30 50			X				434,491	0	100,068

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			
DOUG N SMITH ..... SR VP SALES	4 50 ..... 55 50			X				495,959	0	117,322
ELIZABETH L SWANSON ..... VP HUMAN RESOURCES	25 30 ..... 14 70			X				241,100	0	89,569
TOBI TANZER ..... VP CORPORATE INTEGRITY	28 80 ..... 26 20			X				334,887	0	95,704
BARBARA E TRETHEWAY ..... SR VP GENERAL COUNSEL	14 50 ..... 34 50			X				696,225	0	113,678
ROBERT H VAN WHY ..... SR VP PRIMARY CARE/CLINIC	39 50 ..... 0 50			X				423,309	0	94,745
ANDREA M WALSH ..... EXEC VP & CHIEF MARKETING	6 10 ..... 43 90			X				770,437	0	171,640
BETH A WATERMAN ..... CHIEF IMPROVEMENT OFFICER	3 40 ..... 46 60			X				358,934	0	106,507
DONNA J ZIMMERMAN ..... SR VP GOVT & COMMUNITY RELATIONS	12 90 ..... 42 10			X				367,118	0	98,686
PAMELA S ZOELLER ..... VP - SPECIALTY CARE & CLINIC OPERATIONS	49 50 ..... 0 50			X				287,114	0	59,706
DENNIS M ZUZEK ..... VP - HEALTH PLAN & ENTERPRISE SYSTEMS	16 30 ..... 38 70			X				170,696	0	39,713

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			
DAVID J DRIES ..... PHYSICIAN	65 00 .....					X		874,148	0	105,877
MATTHEW M KANG ..... PHYSICIAN	82 00 .....					X		863,732	0	68,814
TIMOTHY KROSHUS ..... PHYSICIAN	60 00 .....					X		1,574,999	0	79,407
STEPHEN R TAN MD ..... PHYSICIAN	44 00 .....					X		997,978	0	90,576
DENNIS W ZHU MD ..... PHYSICIAN	77 00 .....					X		1,167,120	0	107,261
DAVID ABELSON MD ..... FORMER PRESIDENT - CARE GROUP	40 00 .....						X	503,051	0	30,763
DAVID J BERGH ..... FORMER VP HEALTH/FIN INFO SYSTEMS	40 00 .....						X	217,101	0	89,670
KENNETH D HOLMEN MD ..... FORMER VP MEDICAL AFFAIRS	40 00 .....						X	312,555	0	22,124

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GROUP HEALTH PLAN INC

Employer identification number  
41-0797853

Part I

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

The organization is not a private foundation because it is (For lines 1 through 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 (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An 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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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 ► <input type="checkbox"/>						
b 33 1/3% support test—2014.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 ► <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2015.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 ► <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2014.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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 <b>Part VI</b> .	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 <b>Part I</b> of <i>Schedule L (Form 990)</i> .	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 <b>Part II</b> of <i>Schedule L (Form 990)</i> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <i>Schedule C, Form 4720</i> , 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 <b>Part VI</b> .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

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



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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
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-
2				
3				
4				
5				
6				

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	583,391													
c	Total lobbying expenditures (add lines 1a and 1b)	583,391													
d	Other exempt purpose expenditures	1,065,437,771													
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,066,021,162													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><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></tbody></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?														

☒ Yes

☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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	526,000	593,145	577,344	583,391	2,279,880
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 on 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).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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	
------------------	-------------	--

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
GROUP HEALTH PLAN INC

Employer identification number  
41-0797853

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

	(a) Donor advised funds	(b) Funds and other accounts
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" on Form 990, Part IV, line 7.

1

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

☐ Preservation of land for public use (e g , recreation or education)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year  
►

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1  
► \$

(ii)

Assets included in Form 990, Part X  
► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1  
► \$

b

Assets included in Form 990, Part X  
► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

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 on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

☐

Yes

3a(ii)

☐

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐

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)	Accumulated (c) depreciation	(d) Book value
1a Land . . . . .		9,179,467		9,179,467
b Buildings . . . . .		158,474,255	91,867,063	66,607,192
c Leasehold improvements . . . . .		76,974,253	55,909,835	21,064,418
d Equipment . . . . .		224,473,961	177,106,128	47,367,833
e Other . . . . .		164,498,237	126,093,750	38,404,487
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				182,623,397

Schedule D (Form 990) 2015





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,152,386,603
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	0
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	1,152,386,603
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	308,482,000
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	308,482,000
c	Add lines 4a and 4b . . . . .	4c	308,482,000
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .	5	1,460,868,603

Part XII

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

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

1	Total expenses and losses per audited financial statements . . . . .	1	1,140,297,462
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	0
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	1,140,297,462
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	308,482,000
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	308,482,000
c	Add lines 4a and 4b . . . . .	4c	308,482,000
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 ) . . . . .	5	1,448,779,462

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, 2015 OR 2014 FOR UNRECOGNIZED TAX BENEFITS.

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

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY ACTIVITY 308,482,000

# 2015

41-0797853

## Schedule I (Form 990) 2015

Part IIIGrants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IVSupplemental 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 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			3,417,343				PROGRAM SUPPORT
LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS,MN 554401309			62,889				PROGRAM SUPPORT
REGIONS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS,MN 554401309			300,851				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINNESOTA ALLIANCE FOR PATIENT SAFETY 2550 UNIVERSITY AVE SUITE 350-S ST PAUL,MN 551141900			7,000				PROGRAM SUPPORT
INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT 8009 34TH AVENUE SOUTH BLOOMINGTON,MN 55425			900,000				PROGRAM SUPPORT
CITIZENS LEAGUE 213 4TH STREET EAST STE 425 ST PAUL,MN 55101			30,500				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF ST PAUL AND MINNEAPOLIS 1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 554032005			7,946				PROGRAM SUPPORT
GOOD LEADERSHIP ENTERPRISES 9506 TOLEDO AVE S BLOOMINGTON, MN 55437			7,500				PROGRAM SUPPORT
ALLINA MEDICAL TRANSPORTATION PO BOX 9382 MINNEAPOLIS, MN 554409382			23,500				PROGRAM SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER TWIN CITIES UNITED WAY 404 S 8TH STREET MINNEAPOLIS, MN 554041084			21,233				PROGRAM SUPPORT
GUILD INCORPORATED 130 WABASHA ST S 90 ST PAUL, MN 55107			11,000				PROGRAM SUPPORT
MINNEAPOLIS FOUNDATION 4050 IDS CENTER MINNEAPOLIS, MN 55402			12,500				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINNEAPOLIS REGIONAL CHAMBER OF COMMERCE 81 S 9TH ST STE 200 MINNEAPOLIS, MN 554023223			9,500				PROGRAM SUPPORT
REACH OUT AND READ INC 89 SOUTH ST STE 201 BOSTON,MA 02111			6,662				PROGRAM SUPPORT
CENTRACARE HEALTH FOUNDATION 1406 SIXTH AVENUE NORTH ST CLOUD,MN 563031901			6,200				PROGRAM SUPPORT

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RENEWING THE COUNTRYSIDE 2105 1ST AVENUE SO MINNEAPOLIS, MN 55405			10,000				PROGRAM SUPPORT
MINNESOTA DENTAL ASSOCIATION 1335 INDUSTRIAL BLVD SUITE 200 MINNEAPOLIS, MN 554134801			20,000				PROGRAM SUPPORT
MARCH OF DIMES MINNESOTA CHAPTER 5233 EDINA INDUSTRIAL BOULEVARD EDINA, MN 55439			25,389				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY SHARES MINNESOTA 1619 DAYTON AVENUE 323 ST PAUL, MN 55104			6,876				PROGRAM SUPPORT
ST FRANCIS REGIONAL MEDICAL CENTER NW86705 PO BOX 9345 MINNEAPOLIS, MN 554401309			25,000				PROGRAM SUPPORT
NATIONAL ALLIANCE ON MENTAL ILLNESS 800 TRANSFER RD SUITE 31 ST PAUL, MN 551141414			10,100				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF THE ST PAUL PUBLIC LIBRARY 325 CEDAR STREET SUITE 555 ST PAUL, MN 551011055			10,000				PROGRAM SUPPORT
THE MANAGEMENT ASSISTANCE PROGRAM FOR NONPROFITS 2314 UNEVERISITY AVE W STE 28 ST PAUL, MN 551141863			30,000				PROGRAM SUPPORT
TWIN CITIES MEDICAL SOCIETY 1300 GODWARD ST NE STE 2000 MINNEAPOLIS, MN 554134801			8,000				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF CENTRAL MINNESOTA 3001 CLEARWATER RD STE 201 ST CLOUD,MN 56301			6,433				PROGRAM SUPPORT
BOY SCOUTS OF AMERICA - NORTHERN STAR COUNCIL 393 MARSHALL AVENUE ST PAUL,MN 551021717			10,000				PROGRAM SUPPORT
MN ENVIRONMENTAL FUND 450 SYNDICATE AVE NORTH STE 320 ST PAUL,MN 55104			7,876				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIVE MN 55 5TH ST E SUITE 600 ST PAUL,MN 551011797			10,000				PROGRAM SUPPORT
WORLD'S FAIR BID COMMITTEE EDUCATIONAL FUND 8009 34TH AVE S MINNEAPOLIS,MN 55425			25,000				PROGRAM SUPPORT
ST PAUL PUBLIC SCHOOLS FOUNDATION INC 101 EAST FIFTH STREET SUITE 2400 ST PAUL,MN 55101			10,000				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF GREATER ST PAUL 194 E 6TH ST ST PAUL, MN 55101			10,000				PROGRAM SUPPORT
HUDSON HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			32,432				PROGRAM SUPPORT
PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426			13,815				PROGRAM SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTFIELDS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			17,337				PROGRAM SUPPORT
HEALTHFUND OF MINNESOTA 121 HENNEPIN AVE S MINNEAPOLIS, MN 55401			11,227				PROGRAM SUPPORT
UNIVERSITY OF ST THOMAS 1000 LASALLE AVENUE TMH 444 MINNEAPOLIS, MN 554032005			8,000				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TWIN CITIES HABITAT FOR HUMANITY 3001 FOURTH STREET SE MINNEAPOLIS, MN 55414			21,925				PROGRAM SUPPORT
UNITED WAY - MINNEAPOLIS PO BOX 305 STILLWATER, MN 55082			11,525				PROGRAM SUPPORT
VITAL AGING NETWORK 2365 N MCKNIGHT RD SUITE 4 NORTH ST PAUL, MN 55109			23,000				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STILLWATER MEDICAL GROUP 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			800,000				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" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
GROUP HEALTH PLAN INC

Employer identification number  
41-0797853

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?	Yes	
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	Yes	
<b>7</b> For persons listed on 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.		No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, 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 SCOTT A AEBISCHER \$ 13,457 CALVIN U ALLEN 39,195 BABETTE APLAND 10,360 MARY K BRAINERD 133,055 KATHLEEN M COONEY 53,529 ROBERT B CUMMING 18,978 PATRICIA S DENNIS 10,440 DAVID A DZIUK 40,238 CHARLES J FAZIO 30,629 DAVID S GESKO 16,080 SUSAN M KNUDSON 11,085 NANCY A MCCLURE 31,048 BRIAN H RANK 33,609 KATHERINE B SAYRE 30,712 SCOTT A SCHNUCKLE 10,888 DOUGLAS N SMITH 15,282 BARBARA E TRETHEWAY 24,691 ROBERT H VAN WHY 9,983 ANDREA M WALSH 63,881 DONNA J ZIMMERMAN 24,089 ----- TOTAL \$621,229
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, OFFICERS, HIGHEST COMPENSATED EMPLOYEES AND FORMER OFFICERS: DAVID ABELSON, MD \$ 117,190 ALAN V ABRAMSON \$ 55,004 CALVIN U ALLEN \$ 19,874 BABETTE A APLAND \$ 9,615 MARY K BRAINERD \$ 410,808 KATHLEEN M COONEY \$ 51,878 ROBERT B CUMMING \$ 22,841 DAVID A DZIUK \$ 17,727 DAVID GESKO, DDS \$ 14,799 KENNETH D HOLMEN, MD \$ 177,538 NANCY A MCCLURE \$ 24,314 BRIAN H RANK, MD \$ 33,761 KATIE B SAYRE \$ 55,677 SCOTT A SCHNUCKLE \$ 10,479 DOUG A SMITH \$ 10,840 BARBARA E TRETHEWAY \$ 69,674 ROBERT H VAN WHY \$ 8,815 ANDREA M WALSH \$ 62,263 DENNIS W ZHU, MD \$ 5,411 DONNA J ZIMMERMAN \$ 23,213. ANY ANALYSIS OF EARNINGS FOR THE CURRENT YEAR, FOR THESE PARTICIPANTS OF THE PLAN, SHOULD EXCLUDE THE AMOUNT IN COLUMN F AS PART OF THE ANALYSIS SINCE THOSE EARNINGS WERE ALREADY REPORTED IN COLUMN (C) OF PREVIOUS YEARS' 990'S.

Additional Data

Software ID:

Software Version:

EIN: 41-0797853

Name: GROUP HEALTH PLAN INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1BRIAN H RANK MD DIRECTOR & MEDICAL DIRECTOR	(i)	581,191	156,086	57,412	99,590	44,768	939,047	33,761
	(ii)	0	0	0	0	0	0	0
1CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER RELATIONS	(i)	250,193	66,060	0	19,875	39,436	375,564	0
	(ii)	0	0	0	0	0	0	0
2ALAN V ABRAMSON SRVP & CIO	(i)	385,946	111,000	78,089	59,092	51,199	685,326	55,004
	(ii)	0	0	0	0	0	0	0
3SCOTT A AEBISCHER SR VP CUSTOMER SERV/PRODUC	(i)	340,103	109,282	22,955	79,988	35,189	587,517	0
	(ii)	0	0	0	0	0	0	0
4CALVIN U ALLEN SR VP STRAT PLANNING/HR	(i)	390,649	156,802	19,874	81,403	49,920	698,648	19,874
	(ii)	0	0	0	0	0	0	0
5FELIX ANKEL MD EXEC DIR - HEALTH PROFESSIONAL EDUCA	(i)	386,603	85,147	0	55,265	41,796	568,811	0
	(ii)	0	0	0	0	0	0	0
6BABETTE A APLAND SR VP, MELROSE INSTITUTE &	(i)	316,765	88,374	25,974	72,305	39,332	542,750	9,615
	(ii)	0	0	0	0	0	0	0
7SHANNON B BEAUDIN-KLEIN VP MARKETING & COMMUNICATI	(i)	233,702	52,578	0	40,769	38,300	365,349	0
	(ii)	0	0	0	0	0	0	0
8MARY K BRAINERD PRESIDENT & CEO	(i)	1,020,427	457,966	424,616	201,876	82,864	2,187,749	410,808
	(ii)	0	0	0	0	0	0	0
9RICK J BRUZEK VP PHARMACY SERVICES	(i)	236,340	52,300	0	60,293	39,657	388,590	0
	(ii)	0	0	0	0	0	0	0
10KATHLEEN M COONEY EXECUTIVE VP & CAO	(i)	595,773	198,996	74,686	125,075	52,270	1,046,800	51,878
	(ii)	0	0	0	0	0	0	0
11STEVEN D BUNDE VP INTERNAL AUDIT, INTEGRITY & COMPL	(i)	201,015	40,500	0	47,346	36,469	325,330	0
	(ii)	0	0	0	0	0	0	0
12ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRITING	(i)	340,244	188,018	35,348	62,741	44,046	670,397	22,841
	(ii)	0	0	0	0	0	0	0
13TRICIA L DEGE VP FINANCE & PLANNING	(i)	275,704	62,480	0	39,225	43,702	421,111	0
	(ii)	0	0	0	0	0	0	0
14PATRICIA S DENNIS SR VP HEALTH & CARE ENGAGEMENT	(i)	315,162	91,125	15,259	30,315	31,729	483,590	0
	(ii)	0	0	0	0	0	0	0
15DAVID A DZIUK SR VP & CHIEF FINANCIAL OFFICER	(i)	440,985	129,378	17,727	108,030	42,833	738,953	17,727
	(ii)	0	0	0	0	0	0	0
16GREGG DAHLGREN VP DENTAL PLAN	(i)	204,521	46,586	0	46,927	40,169	338,203	0
	(ii)	0	0	0	0	0	0	0
17CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECTOR	(i)	371,319	66,240	1,147	58,281	34,539	531,526	0
	(ii)	0	0	0	0	0	0	0
18DAVID S GESKO SR VP - DENTAL DIRECTOR	(i)	377,054	109,800	27,611	35,955	45,700	596,120	14,799
	(ii)	0	0	0	0	0	0	0
19TIM M HALEY VP BROKER SALES	(i)	231,815	221,273	0	56,421	47,168	556,677	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21SUSAN M KNUDSON VP HEALTH INFORMATICS	(i)	285,000	130,500	16,107	62,822	37,218	531,647	0
	(ii)	0	0	0	0	- 0	- 0	0
1STEVEN C HOUSH VP ORTHOPEDIC SERVICES	(i)	305,713	40,000	0	19,875	37,443	403,031	0
	(ii)	0	0	0	0	- 0	- 0	0
2GEORGE J ISHAM MD MS SENIOR ADVISOR	(i)	157,800	0	1,515	68,825	15,658	243,798	0
	(ii)	0	0	0	0	- 0	- 0	0
3KIM R LAREAU VP IS&T CARE DELIVERY	(i)	291,865	56,001	0	52,640	37,834	438,340	0
	(ii)	0	0	0	0	- 0	- 0	0
4VINI T MANCHANDA VP - SUPPLY CHAIN SERVICES	(i)	199,800	45,840	0	35,735	37,368	318,743	0
	(ii)	0	0	0	0	- 0	- 0	0
5NANCY A MCCLURE CHIEF OPERATING OFFICER	(i)	552,471	148,212	48,080	97,971	42,770	889,504	24,314
	(ii)	0	0	0	0	- 0	- 0	0
6FRANK P MCQUILLAN VP - TREASURY & REAL ESTATE	(i)	246,009	63,003	0	71,066	37,943	418,021	0
	(ii)	0	0	0	0	- 0	- 0	0
7FRANK MULLER VP - TECHNOLOGY & INFRASTRUCTURE	(i)	197,923	26,302	0	42,761	36,578	303,564	0
	(ii)	0	0	0	0	- 0	- 0	0
8PEGGY S NEALE VP - NATIONAL ACCOUNT HEALTH SOLUTIO	(i)	211,954	74,515	0	41,724	41,283	369,476	0
	(ii)	0	0	0	0	- 0	- 0	0
9ANDREW F NELSON VP - HPIER EXECUTIVE DIRECTOR	(i)	220,853	49,716	0	65,952	41,826	378,347	0
	(ii)	0	0	0	0	- 0	- 0	0
10KEVIN J PALATTAO VP CLINIC PATIENT CARE SYSTEMS	(i)	277,477	61,875	0	53,431	39,912	432,695	0
	(ii)	0	0	0	0	- 0	- 0	0
11NICO PRONK PHD VP & HEALTH SCIENCE OFFICER	(i)	276,096	60,126	0	55,306	35,329	426,857	0
	(ii)	0	0	0	0	- 0	- 0	0
12KEVIN R RONNEBERG VP - ASSOCIATE MEDICAL DIRECTOR	(i)	245,110	50,000	0	13,250	40,700	349,060	0
	(ii)	0	0	0	0	- 0	- 0	0
13KATIE B SAYRE SR VP HLTH PLAN OPS & GOV PROGRAMS	(i)	336,921	97,200	55,677	90,486	43,599	623,883	55,677
	(ii)	0	0	0	0	- 0	- 0	0
14SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS	(i)	319,609	93,080	21,802	57,682	42,386	534,559	10,479
	(ii)	0	0	0	0	- 0	- 0	0
15DOUG N SMITH SR VP SALES	(i)	310,037	165,417	20,505	73,584	43,738	613,281	10,840
	(ii)	0	0	0	0	- 0	- 0	0
16ELIZABETH L SWANSON VP HUMAN RESOURCES	(i)	195,544	45,556	0	49,727	39,842	330,669	0
	(ii)	0	0	0	0	- 0	- 0	0
17TOBI TANZER VP CORPORATE INTEGRITY	(i)	274,137	60,750	0	52,850	42,854	430,591	0
	(ii)	0	0	0	0	- 0	- 0	0
18BARBARA E TRETHEWAY SR VP GENERAL COUNSEL	(i)	481,391	128,478	86,356	78,345	35,333	809,903	69,674
	(ii)	0	0	0	0	- 0	- 0	0
19ROBERT H VAN WHY SR VP PRIMARY CARE/CLINIC	(i)	309,740	90,024	23,545	54,865	39,880	518,054	8,815
	(ii)	0	0	0	0	- 0	- 0	0



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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ANDREA M WALSH EXEC VP & CHIEF MARKETING	(i)	530,499	177,675	62,263	119,712	51,928	942,077	62,263
	(ii)	0	0	0	0	0	0	0
1BETH A WATERMAN CHIEF IMPROVEMENT OFFICER	(i)	277,158	81,776	0	66,075	40,432	465,441	0
	(ii)	0	0	0	0	0	0	0
2DONNA J ZIMMERMAN SR VP GOVT & COMMUNITY RELATIONS	(i)	266,553	77,352	23,213	78,623	20,063	465,804	23,213
	(ii)	0	0	0	0	0	0	0
3PAMELA S ZOELLER VP - SPECIALTY CARE & CLINIC OPERATI	(i)	235,364	51,750	0	20,583	39,123	346,820	0
	(ii)	0	0	0	0	0	0	0
4DENNIS M ZUZEK VP - HEALTH PLAN & ENTERPRISE SYSTEM	(i)	145,696	25,000	0	12,481	27,232	210,409	0
	(ii)	0	0	0	0	0	0	0
5DAVID J DRIESPHYSICIAN	(i)	849,971	19,000	5,177	54,750	51,127	980,025	0
	(ii)	0	0	0	0	0	0	0
6MATTHEW M KANG PHYSICIAN	(i)	852,682	10,640	410	19,875	48,939	932,546	0
	(ii)	0	0	0	0	0	0	0
7TIMOTHY KROSHUS PHYSICIAN	(i)	1,560,302	0	14,697	19,875	59,532	1,654,406	0
	(ii)	0	0	0	0	0	0	0
8STEPHEN R TAN MD PHYSICIAN	(i)	997,978	0	0	41,565	49,011	1,088,554	0
	(ii)	0	0	0	0	0	0	0
9DENNIS W ZHU MD PHYSICIAN	(i)	1,158,785	0	8,335	51,427	55,834	1,274,381	5,411
	(ii)	0	0	0	0	0	0	0
10DAVID ABELSON MD FORMER PRESIDENT - CARE GROUP	(i)	14,088	371,367	117,596	14,532	16,231	533,814	117,190
	(ii)	0	0	0	0	0	0	0
11DAVID J BERGH FORMER VP HEALTH/FIN INFO SYSTEMS	(i)	157,847	59,254	0	71,822	17,848	306,771	0
	(ii)	0	0	0	0	0	0	0
12KENNETH D HOLMEN MD FORMER VP MEDICAL AFFAIRS	(i)	5,369	129,164	178,022	10,245	11,879	334,679	177,538
	(ii)	0	0	0	0	0	0	0

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As Filed Data -

DLN: 93493316034276

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

GROUP HEALTH PLAN INC

► 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](http://www.irs.gov/form990).

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 SERIES 2003 BONDS		X		X		X
B HRA OF CITY OF ST PAUL MN - HEALTH CARE REV BONDS - SERIES 2015A	52-1440935	792905DJ7	06-11-2015	331,886,593	REFUND SERIES 2006, 2008C & 2009 BONDS		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired . . . . .	8,545,000									
2	Amount of bonds legally defeased . . . . .										
3	Total proceeds of issue . . . . .	37,365,000		331,886,593							
4	Gross proceeds in reserve funds . . . . .										
5	Capitalized interest from proceeds . . . . .										
6	Proceeds in refunding escrows . . . . .			329,358,390							
7	Issuance costs from proceeds . . . . .	312,231		2,528,203							
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		2009							
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue? . . . . .	X			X						
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X							
16	Has the final allocation of proceeds been made? . . . . .	X		X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		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		X				
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		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 . . . . ▶	0 110 %		0 %					
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 . . . . .	0 110 %		0 %					
7	Does the bond issue meet the private security or payment test? . . . .	X		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		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			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		X				
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X				
b	Exception to rebate? . . . . .		X		X				
c	No rebate due? . . . . .	X		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		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

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

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

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

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE GROUP HEALTH PLAN, INC (GHI) IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND PART OF THE FAMILY OF HEALTHPARTNERS ORGANIZATIONS "HEALTHPARTNERS " FOUNDED IN 1957, HEALTHPARTNERS 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 HEALTH CARE THROUGH A RELENTLESS FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAINTAINING AFFORDABILITY , ALL AT THE SAME TIME. HEALTHPARTNERS INCLUDES 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 HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PATIENT CARE, ADMINISTRATION 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 MINNESOTA HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,700 PHYSICIANS, SIX HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, AND 93 PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN IN ADDITION, HEALTHPARTNERS DENTAL CARE SYSTEM HAS MORE THAN 60 DENTISTS AND 24 DENTAL CLINICS HEALTHPARTNERS ALSO CONTRACTS WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTHCARE PROVIDERS LOCATED PRIMARILY IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUND RAISING ACTIVITIES THAT SUPPORT 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 WITHIN THIS 990 RETURN DETAILED INFORMATION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISHMENTS OF EACH TAX-EXEMPT ORGANIZATION CAN BE FOUND IN THE INDIVIDUAL FORM 990 RETURN FOR THAT ORGANIZATION HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIVE HEALTHIER LIVES HEALTHPARTNERS COLLABORATE WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2015 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-BASED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT) HEALTHPARTNERS, INC (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(4) AND IS THE SOLE CORPORATE MEMBER OF GHI GHI IS THE SOLE CORPORATE MEMBER OF PHYSICIANS NECK &amp; BACK CLINICS (PNBC), WHICH EMPLOYS PHYSICIANS AND SUPPORT STAFF TO PROVIDE TREATMENT OF CHRONIC NECK AND/OR BACK PAIN PNBC IS A MINNESOTA NOT-FOR-PROFIT CORPORATION THAT IS TAX-EXEMPT UNDER IRC SECTION 501(C)(3) GHI IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITY BY PROVIDING PREPAID MEDICAL AND DENTAL CARE TO ITS ENROLLED MEMBERS, MEDICAL AND DENTAL CARE TO FEE FOR SERVICE PATIENTS, INCREASING ACCESS TO AFFORDABLE MEDICAL AND DENTAL CARE IN THE COMMUNITY AND RAISING THE STANDARDS OF MEDICAL AND DENTAL CARE IN THE COMMUNITY THE GHI STAFF MODEL HMO COMBINES FINANCING AND HEALTH CARE SERVICES FOR THE PURPOSE OF IMPROVING THE HEALTH OF ITS MEMBERS AND PATIENTS GHI OFFERS COMMERCIAL HMO PRODUCTS, INDIVIDUAL/CONVERSION PRODUCTS, AND MEDICARE COST PRODUCTS PEOPLE WHO ENROLL IN A GHI MANAGED CARE PRODUCT RECEIVE A FULL RANGE OF PREPAID HEALTH CARE SERVICES, INCLUDING PROFESSIONAL CARE IN HOSPITALS, PHYSICIAN SERVICES, IMAGING AND LABORATORY SERVICES, VARIOUS THERAPIES, PREVENTIVE SERVICES, HEALTH EDUCATION AND CERTAIN PRESCRIPTION DRUGS ADDITIONALLY, GHI'S EMPLOYED AND CONTRACTED PHYSICIANS PROVIDE A SUBSTANTIAL AMOUNT OF HEALTH CARE SERVICES TO A WIDE ARRAY OF PATIENTS WHO ARE NOT ENROLLED IN GHI'S MANAGED CARE PRODUCTS, SOME OF WHOM ARE UNINSURED OR UNDERINSURED GHI ALSO OPERATES A MEDICARE-CERTIFIED AND MINNESOTA-LICENSED HOSPICE PROGRAM FOR PATIENTS WITH A TERMINAL DIAGNOSIS OF SIX MONTHS OR LESS HEALTHPARTNERS OPERATES A PATIENT COUNCIL THAT GIVES MEMBERS AND PATIENTS A FORUM TO PROVIDE INPUT TO IMPROVE HEALTHPARTNERS PROGRAMS AND SERVICES THE PATIENT COUNCIL IS MADE UP OF A GROUP OF 15 HEALTH PLAN MEMBERS WHO MEET TEN TIMES ANNUALLY AND PROVIDE FEEDBACK ON A VARIETY OF HEALTH CARE TOPICS THIS FEEDBACK IS INCORPORATED IN THE DESIGN AND PLANNING OF PROGRAMS AND SERVICES HEALTHPARTNERS MEDICAL GROUP (HPMG) &amp; HEALTHPARTNERS DENTAL GROUP (HPDG) GHI PROVIDES COVERAGE TO MEMBERS AND SERVICES TO PATIENTS THROUGH A BROAD NETWORK OF HOSPITALS AND CLINICS INCLUDING THOSE STAFFED BY GHI EMPLOYED PHYSICIANS GHI'S EMPLOYED "STAFF MODEL" PHYSICIANS AND DENTISTS ARE KNOWN AS HEALTHPARTNERS MEDICAL GROUP (HPMG) AND HEALTHPARTNERS DENTAL GROUP (HPDG) RESPECTIVELY HPMG IS ONE OF MINNESOTA'S LARGEST MEDICAL GROUPS HPMG EMPLOYED APPROXIMATELY 599 FULL TIME EQUIVALENT PHYSICIANS HPMG PHYSICIANS PRACTICE IN MORE THAN 36 MEDICAL AND SURGICAL SPECIALTIES FOR MORE THAN 30 YEARS, HPDG HAS BEEN RECOGNIZED AS A LEADER IN INNOVATIVE DENTISTRY HPDG OWNS AND OPERATES 24 DENTAL CLINICS AND A DENTAL SPECIALTY CLINIC WITH MORE THAN 60 DENTISTS AND CONTRACTS WITH AN ADDITIONAL 2,200 PLUS DENTISTS IN THE HEALTHPARTNERS DENTAL NETWORK TO PROVIDE DENTAL CARE HPDG DENTAL CLINICS OFFERS A WIDE RANGE OF INDIVIDUALIZED, INNOVATIVE SERVICES FROM BASIC PREVENTIVE DENTISTRY TO HIGHLY SPECIALIZED CARE INCLUDING SPECIALISTS IN ORTHODONTICS, ORAL SURGERY, PERIODONTICS, PROSTHODONTICS AND PEDIATRIC DENTISTRY HPDG IS A CRITICAL ACCESS PROVIDER OF DENTAL SERVICES THAT MEANS THAT A SIGNIFICANT NUMBER OF ITS PATIENTS ARE ENROLLED IN A GOVERNMENT PROGRAM HPDG HAS THE LARGEST NUMBER OF GOVERNMENT PROGRAM-DENTAL PATIENTS IN THE STATE TODAY, HPDG REMAINS COMMITTED TO FINDING THE MOST EFFECTIVE WAYS TO IMPROVE OUR PATIENTS' DENTAL HEALTH AND IS ONE OF THE FEW DENTAL PRACTICES THAT CONDUCT A RISK ASSESSMENT FOR PATIENTS, WHICH ALLOWS US TO CREATE AN INDIVIDUALIZED PROGRAM OF TRUE PREVENTIVE DENTAL CARE BASED ON PATIENT NEEDS AND DESIRES THE DIVERSITY OF THE PATIENTS WE SERVE ENCOURAGED HEALTHPARTNERS TO OPEN A DENTAL CLINIC IN THE HEART OF ST. PAUL IN 2005 THE HEALTHPARTNERS MIDWAY DENTAL CLINIC FOCUSES ON SERVING NEW AMERICANS AND PROVIDES ASSISTANCE TO PATIENTS ENROLLING INTO MINNESOTA PUBLIC PROGRAMS THIS CLINIC PROVIDES INTERPRETER SERVICES AND SAME-DAY ACCESS TO URGENT CARE AND APPOINTMENTS THIS MODEL OF CARE HAS BEEN ADOPTED BY THE MINNESOTA LEGISLATURE'S "DENTAL ACCESS ADVISORY COMMITTEE 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 (HPIIC), 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 IN 2015, HPMG CLINICS CONTRIBUTED TO THE COMMUNITIES THEY RESIDE IN VARIOUS COMMUNITY BENEFIT EVENTS AND ACTIVITIES WHICH INCLUDES PARTICIPATION IN THE LOCAL PARADE, SENIOR EXPOS, VEGGIE GIVEAWAY, SCHOOL SUPPLY COLLECTION AND DONATION, COMMUNITY GARDENING - IN WHICH PRODUCE WAS DONATED TO LOCAL FOOD SHELVES AND ORGANIZATIONS, COMMUNITY HAT AND MITTEN DRIVE AND PROVIDING STUDENT MENTORING AND EXTERNSHIPS TO STUDENTS AT LOCAL COLLEGES</p>



Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>HEALTHPARTNERS' CONTRACTED NETWORK INCLUDES HIGHLY SPECIALIZED REFERRAL PHYSICIANS AND HOSPITALS IN THE SERVICE AREA, INCLUDING REGIONS HOSPITAL (REGIONS), 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. REGIONS IS THE ONLY LEVEL I ADULT AND PEDIATRIC TRAUMA CENTER IN THE EAST METRO OF THE TWIN CITIES. IN 2015 ALONE, REGIONS PROVIDED \$31.7 MILLION IN CHARITY CARE CHARGES (\$11.9 MILLION IN CHARITY CARE COSTS) TO CARE FOR 38,732 PATIENTS WHO DID NOT HAVE INSURANCE OR COULD NOT AFFORD CARE. OF THE 83,744 TOTAL PATIENT ACCOUNTS WRITTEN OFF IN 2015, 30,411 WERE PURE SELF-PAY PATIENTS WITH NO COVERAGE AND NO ABILITY TO PAY. 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, 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 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 93 MULTI-SPECIALTY CLINICS OWNED AND OPERATED BY GHI, KNOWN AS THE HPMG, THE PNC CLINICS, THE STILLWATER MEDICAL GROUP CLINICS, AMERY REGIONAL MEDICAL CENTER &amp; 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 2015, THESE ORGANIZATIONS PROVIDED COMPREHENSIVE, PREPAID HEALTH CARE SERVICES TO 973,213 FULLY INSURED MEMBERS, ENCOMPASSING BOTH MEDICAL AND DENTAL PRODUCTS. THESE MEMBERS FIT WITHIN THE FOLLOWING CATEGORIES: 325,736 FULLY INSURED COMMERCIAL GROUP MEDICAL MEMBERS, 52,857 FULLY INSURED INDIVIDUAL MEMBERS, 49,882 MEDICARE (INCLUDES COST, SUPPLEMENT/SELECT, AND MEDICARE ADVANTAGE PLAN, BOTH GROUP AND INDIVIDUAL) MEMBERS, 104,292 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 436,445 DENTAL MEMBERS. IN ADDITION, HEALTHPARTNERS ALSO PROVIDES ADMINISTRATIVE SERVICES, THROUGH HP AI, TO 440,446 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 ANYONE WHO LIVES, WORKS, TRAVELS 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. NOW WITH 56 CONDITIONS, MORE THAN 160,000 VISITS TO DATE, AND THOUSANDS MORE REFERRED SAFELY TO IN-PERSON CARE, VIRTUWELL MAINTAINS OUTSTANDING EFFECTIVENESS AND SATISFACTION RATES. THE COLLECTIVE SAVINGS FOR MEMBERS, EMPLOYERS AND HEALTH PLANS ALSO CONTINUES TO GROW WITH AN AVERAGE OF \$105 SAVED PER VISIT. MEMBERS CAN RECEIVE A DIAGNOSIS 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. 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. IN 2015, VIRTUWELL CELEBRATED ITS 5TH ANNIVERSARY. VIRTUWELL CELEBRATED WITH A SICK OR TREAT SEASONAL QUIZ WHICH WAS A SIMPLE AND FUN WAY TO MARK THE MILESTONE, BUT ALSO HIGHLIGHT CONDITIONS LIKE THE FLU AND PERTUSSIS (WHOOPING COUGH) WHICH ARE JUST A FEW OF THE 56 CONDITIONS TREATED AT VIRTUWELL. FOR EACH QUIZ TAKEN, A DONATION WAS MADE TO YOUTH FARM, A MINNESOTA NON-PROFIT THAT HELPS KIDS AND YOUNG ADULTS DEVELOP LEADERSHIP SKILLS THROUGH URBAN FARMING. VIRTUWELL ALSO FEATURED ACNE IN ITS ONGOING RADIO CAMPAIGN, AND SUPPORTING THE MESSAGE THROUGH SEVERAL OTHER ONLINE AND SOCIAL CHANNELS. HEALTHPARTNERS CENTER FOR INTERNATIONAL HEALTH (CIH): HEALTHPARTNERS CENTER FOR INTERNATIONAL HEALTH CLINIC (CIH) WELCOMES PATIENTS COVERED BY MOST MAJOR INSURANCE PLANS AS WELL AS SELF-PAY PATIENTS. CIH IS THE LARGEST MULTI-DISCIPLINARY HEALTH CARE PROGRAM IN MINNESOTA FOR REFUGEES, IMMIGRANTS AND NON-ENGLISH SPEAKING FAMILIES. CIH WAS ESTABLISHED IN 1980 IN RESPONSE TO THE INFLUX OF SOUTHEAST ASIANS TO MINNESOTA AFTER THE END OF THE VIETNAM WAR. INITIALLY CALLED THE HMONG CLINIC, OR THE SOUTHEAST ASIAN CLINIC, THE CLINIC NOW SEES MANY MORE RUSSIAN, AFRICAN AND BURMESE PATIENTS AS IMMIGRATION TRENDS CHANGE MINNESOTA'S DEMOGRAPHICS. SINCE 1980, THE PROGRAM HAS EXPANDED TO INCLUDE PATIENTS FROM MORE THAN 30 COUNTRIES, WITH A STAFF OF PROVIDERS COMBINING MORE THAN 100 YEARS OF EXPERIENCE IN INTERNATIONAL HEALTH WITH EXTENSIVE EXPERIENCE PRACTICING BOTH INTERNATIONALLY AND IN THE UNITED STATES. THE INTERNATIONAL MENTAL HEALTH PROGRAM WAS ESTABLISHED IN 1984 OFFERING PSYCHIATRY, PSYCHOLOGY, AND GROUP THERAPY. GHI ALSO 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 &amp; IMMIGRANT HEALTH CARE, MEDICATION EVALUATION &amp; 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 WITHIN HPMG.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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</p> <p>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 FTES) ANNUALLY IN 22 PROGRAMS AT REGIONS HOSPITAL AND HPMG FOR A FULL REPORT ON THE INSTITUTE'S 2015 RESEARCH, PLEASE SEE THE INSTITUTE'S FORM 990 RETURN</p> <p>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</p> <p>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 IN 2015</p> <p>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 ICSI HELPS HEALTH CARE DELIVERY SYSTEMS APPLY EVIDENCE-BASED PRACTICES AND ALSO BRINGS CLINICAL PRACTICE LESSONS BACK FOR SYSTEMS CHANGE IMPROVEMENT</p> <p>IN 2015, HEALTHPARTNERS CONTINUED TO CONTRIBUTE TIME AND EXPERTISE TO ICSI INITIATIVES MORE INFORMATION ABOUT HEALTHPARTNERS AND ICSI'S WORK TOGETHER CAN BE FOUND AT WWW.ICSI.ORG</p> <p>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</p> <p>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 - AMERICAN DIABETES ASSOCIATION - TOUR DE CURE - 56 RIDERS RAISED \$17,748 - AMERICAN HEART ASSOCIATION HEART WALK - 446 REGISTERED WALKERS (PLUS FAMILY AND FRIENDS), RAISED \$51,826 - AMERICAN RED CROSS BLOOD DONATION - FIVE BLOOD DRIVES AT OUR HEALTHPARTNERS CORPORATE OFFICE RECEIVING 260 DONATIONS - AMERICAN STROKE ASSOCIATION - POWER TO END STROKE GOSPEL EVENT - AMERICAN INDIAN WELLNESS FAIR - THE FOOD GROUP - 2,760 LBS OF FOOD AND \$472.61 IN CASH DONATIONS TOGETHER, THESE FOOD AND CASH DONATIONS PROVIDED OVER 3,200 MEALS TO THOSE FIGHTING HUNGER IN OUR COMMUNITY - GROWING MATTERS - SEED PACKAGING, EMPLOYEES DONATED THEIR TIME TO HELP REPACKAGE BULK SEEDS - HABITAT FOR HUMANITY - 252 PEOPLE VOLUNTEERED BETWEEN ONE WEEK IN THE SPRING IN HUGO AND THREE WEEKS IN THE FALL IN MINNEAPOLIS</p> <p>HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE - HOLIDAY PROJECTS THROUGH HANDS ON TWIN CITIES - JUMP JAM DOUBLE DUTCH CHALLENGE - YWCA, CITY OF SAINT PAUL AND HEALTHPARTNERS - MARCH OF DIMES - MARCH FOR BABIES A WALK TEAM OF 15 RAISED \$7,500 - MINNESOTA BRAIN INJURY ASSOCIATION - NAMI WALKS - \$38,391 RAISED BY HEALTHPARTNERS EMPLOYEES TO BENEFIT THE NAMI WALKS - MN STATE FAIR - LOCAL HEALTHY FOODS EXHIBIT - ST PAUL PROMISE NEIGHBORHOODS FREEDOM FAIR - ST PAUL PRIDE FESTIVAL</p> <p>EMPLOYEE GIVING HEALTHPARTNERS COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITY EXTENDS BEYOND ITS DOORS ADDRESSING DISPARITIES IS ONE OF THE REASONS HEALTHPARTNERS HAS A COMMITMENT TO WORKPLACE GIVING A COMPREHENSIVE EMPLOYEE GIVING CAMPAIGN IS A KEY WAY TO PROVIDE A SAFETY NET OF SERVICES AND SUPPORT TO IMPROVE THE HEALTH OF THE COMMUNITY</p> <p>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</p> <p>IN 2015, REGIONS HOSPITAL AND OTHER HEALTHPARTNERS ORGANIZATION EMPLOYEES DONATED \$475,989 TO THE FOUNDATIONS' ANNUAL SHARING AT WORK CAMPAIGN, WHICH RAISES FUNDS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION WITH A HEALTHPARTNERS MATCH, THE CAMPAIGN RAISED \$951,978</p> <p>PATIENT CARE FUNDS FROM THE CAMPAIGN WERE SPLIT BETWEEN WISHING WELL, REACH OUT AND READ, DRUG ASSISTANCE PROGRAMS, PATIENT EDUCATION MATERIALS, FREE NEWSPAPERS FOR PATIENTS, COMPLEMENTARY THERAPIES SUCH AS MASSAGE AND MUSIC THERAPY AND CARE IMPROVEMENT GRANTS</p> <p>THIRTY-SIX PROGRAMS RECEIVED PATIENT CARE GRANT SUPPORT FOR A TOTAL OF \$391,868 WORTH OF ASSISTANCE</p> <p>THE 2015 SHARING AT WORK CAMPAIGN ALSO RAISED MONEY FOR OTHER ORGANIZATIONS IN HEALTHPARTNERS, INCLUDING HUDSON HOSPITAL FOUNDATION, WESTFIELDS HOSPITAL FOUNDATION AND LAKEVIEW MEMORIAL HOSPITAL FOUNDATION</p> <p>THE FUNDS RAISED THROUGH THE COMMUNITY GIVING CAMPAIGN SUPPORT 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</p> <p>IN 2015, HEALTHPARTNERS' COMMUNITY GIVING CAMPAIGN RAISED \$369,638 WHICH INCLUDED EMPLOYEE PLEDGES THROUGH AUTOMATIC PAYROLL DEDUCTIONS, \$60,000 FROM HEALTHPARTNERS THAT WAS DISTRIBUTED TO ALL FEDERATIONS AND ADDITIONAL EMPLOYEE FUNDRAISING DOLLARS THROUGH SPECIAL EVENTS ACROSS THE ORGANIZATION</p> <p>IN-KIND DONATIONS HEALTHPARTNERS SUPPORTS AND CONTRIBUTES TO NUMEROUS NON-PROFIT ORGANIZATIONS THROUGHOUT THE YEAR BY PROVIDING MEETING SPACE AND DONATING USED EQUIPMENT</p> <p>IN 2015, HEALTHPARTNERS DONATED OFFICE SUPPLIES AND FURNITURE TO LOCAL ORGANIZATIONS TO FURNISH CLASSROOMS, OFFICES AND HOMES</p> <p>IN ADDITION, HEALTHPARTNERS PROVIDES TIME AND OPPORTUNITIES FOR EMPLOYEES TO COORDINATE DRIVES FOR FOOD, CLOTHING, BOOKS AND TOYS ON LOCATION AT THE WORK PLACE</p> <p>THE SALVATION ARMY RECEIVED BOXES OF TOYS FROM OUR ANNUAL TOY DRIVE</p> <p>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</p> <p>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 AND THE EXPERIENCE OF EACH INDIVIDUAL, AND REDUCE PER CAPITA HEALTH CARE COSTS</p> <p>THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) SELECTED HEALTHPARTNERS IN 2007 FOR THIS MULTI-YEAR PROJECT BASED ON INITIATIVES HEALTHPARTNERS HAD IN PLACE THAT SUPPORT THE TRIPLE AIM</p> <p>BEING PART OF AN INTEGRATED ORGANIZATION ALLOWS ENTITIES TO ADOPT AND SHARE IMPROVEMENTS SUCH AS BEST PRACTICES AND PATIENT EDUCATION MATERIALS ACROSS THE SYSTEM</p> <p>HEALTHPARTNERS CONTINUES TO WORK WITH THE TRIPLE AIM AS WE WORK TOWARDS EXCELLENCE IN HEALTH CARE</p> <p>HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS LIVE HEALTHIER LIVES AND LOWERS COSTS</p> <p>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</p> <p>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</p> <p>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</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TOTAL COST OF CARE TOTAL COST OF CARE (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' TOTAL COST OF CARE AND RESOURCE USE (TCOC) FRAMEWORK ADDRESSES ONE OF THE MOST FUNDAMENTAL PROBLEMS RELATED TO POPULATION HEALTH RISING HEALTH CARE COSTS HEALTHPARTNERS HAS DEVELOPED A TCOC MODEL THAT IS UNIQUE IN A SIGNIFICANT WAY IT IS A FULL-POPULATION, PERSON-CENTERED MEASUREMENT TOOL THAT ACCOUNTS FOR 100 PERCENT OF THE CARE PROVIDED TO A PATIENT ADDITIONALLY, IT SUPPLIES A REPORTING SUITE TO SUPPORT MULTIPLE LEVELS OF ANALYSIS, CONSIDERING THE COST OF CARE PROVIDED TO A PATIENT (OR "TOTAL COST INDEX"), AND INCORPORATES AN INNOVATIVE APPROACH TO MEASURING RESOURCES USED IN PROVIDING THAT CARE (OR "TOTAL RESOURCE USE INDEX") WHEN USED IN COMBINATION, THESE MEASURES YIELD MORE COMPREHENSIVE, REVEALING AND ACTIONABLE RESULTS THAN COST MEASURES ALONE USING THIS SYSTEM, WHICH HAS BEEN MORE THAN A DECADE IN DEVELOPMENT AND STAGED-IN USE, HEALTHPARTNERS HAS OUTPERFORMED MINNESOTA, REGIONAL AND NATIONAL RISK-ADJUSTED COST OF CARE BENCHMARKS FOR MANY YEARS HEALTHPARTNERS FINANCIALLY INCENTS PROVIDERS THROUGH ITS TCOC PROGRAM TO ACHIEVE THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM IMPROVING THE HEALTH OF THE POPULATION, ENHANCING THE PATIENTS EXPERIENCE AND MAKING HEALTH CARE MORE AFFORDABLE HEALTHPARTNERS HAS BEEN DEVELOPING HEALTH CARE COST OF CARE AND RESOURCE USE MEASURES SINCE 1995 IN JANUARY 2012, THE NATIONAL QUALITY FORUM ENDORSED HEALTHPARTNERS' TOTAL COST INDEX (TCI) AND RESOURCE USE INDEX (RUI) AFFORDABLE CARE ACT 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 MNSURE, 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 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2015, A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") COLLABORATION WAS CONDUCTED FOR HEALTHPARTNERS AND ITS HOSPITALS (REGIONS HOSPITAL, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, HUDSON HOSPITAL, WESTFIELDS HOSPITAL, AMERY REGIONAL MEDICAL CENTER, AND PARK NICOLLET METHODIST HOSPITAL) BY COMMUNITY HOSPITAL CONSULTING TO DETERMINE THE GREATEST HEALTH NEEDS IN THE COMMUNITIES THEY SERVE THESE HOSPITALS SERVE SIMILAR COMMUNITIES AND HAVE OVERLAPPING STUDY AREAS THE SYSTEM'S STUDY AREA IS DEFINED AS DAKOTA, HENNEPIN, RAMSEY, SCOTT, AND WASHINGTON COUNTIES IN MINNESOTA AND POLK AND ST CROIX COUNTIES IN WISCONSIN DATA ELEMENTS REGARDING ALL SEVEN COUNTIES IN THE SYSTEM'S STUDY AREA ARE INCLUDED IN THIS REPORT FOR COMPARISON, AND ARE ALSO PROVIDED AS AN OPPORTUNITY FOR THE HOSPITALS TO WORK TOGETHER TO MEET THE NEEDS IDENTIFIED IN THE OVERLAPPING COUNTIES - DEMOGRAPHICS CHC CONSULTING ANALYZED THE MOST CURRENT DEMOGRAPHICS OF RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING OVERALL POPULATION, POPULATION BY RACE AND ETHNICITY, MEDIAN AGE, MEDIAN HOUSEHOLD INCOME, POVERTY LEVELS, FOOD INSECURITY, AND EDUCATIONAL ATTAINMENT - HEALTH DATA COLLECTION CHC CONSULTING ANALYZED THE MOST CURRENT HEALTH DATA AVAILABLE PERTAINING TO RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING MORTALITY RATES, CHRONIC CONDITIONS, HEALTH BEHAVIORS, MENTAL HEALTH, COMMUNICABLE DISEASES, PREVENTION AND NATALITY - COMMUNITY INPUT AS A PART OF COUNTY-WIDE ASSESSMENTS, SURVEYS AND LISTENING SESSIONS WERE CONDUCTED TO GATHER INPUT FROM COMMUNITY RESIDENTS IN ADDITION, REGIONS HOSPITAL CONDUCTED COMMUNITY CONVERSATIONS ON JUNE 16, 2015 AND JULY 14, 2015 TO GAIN INSIGHT SURROUNDING SIGNIFICANT HEALTH NEEDS FINAL PRIORITIZED NEEDS - MENTAL AND BEHAVIORAL HEALTH - ACCESS AND AFFORDABILITY - CHRONIC DISEASE AND ILLNESS PREVENTION - EQUITABLE CARE 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 ASSESSMENTS (CHNA) THAT ARE REQUIRED OF LOCAL PUBLIC HEALTH AGENCIES AND HOSPITALS, AND 2) TO COLLECTIVELY ACT TO IMPACT A SHARED PUBLIC HEALTH PRIORITY CCH HAS TWO WORK GROUPS TO ACCOMPLISH THOSE OBJECTIVES THE COLLECTIVE ACTION WORKGROUP 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 SECTORS THE ASSESSMENT ALIGNMENT WORKGROUP WAS TASKED WITH ASSESSING AND DEVELOPING A FRAMEWORK WITH COMMON LANGUAGE AND PROCESSES TO GUIDE MEMBERS IN CONDUCTING FUTURE COMMUNITY HEALTH NEEDS ASSESSMENTS AND ALLOWS FOR AGGREGATE ANALYSIS OF COMMUNITY HEALTH NEEDS ACROSS THE TWIN CITIES SEVEN-COUNTY METRO AREA ADDITIONALLY, THE GROUP WILL 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 REPRESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH SECTORS ORGANIZATION AWARDS AND ACHIEVEMENTS IN 2015, HEALTHPARTNERS RECEIVED A NUMBER OF AWARDS THAT RECOGNIZE OUR COMMITMENT TO PROVIDING HIGH-QUALITY CARE, COVERAGE AND SERVICE FOR OUR MEMBERS AND PATIENTS THE RANGE OF AWARDS IS ASTOUNDING, FROM THOSE THAT RECOGNIZED TOP-NOTCH CUSTOMER SERVICE TO THOSE THAT HONOR INNOVATION, HEALTH OUTCOMES AND PATIENT SAFETY WE RECEIVED APPROXIMATELY 40 DIFFERENT AWARDS AND RECOGNITION FROM THIRD-PARTY ORGANIZATIONS IN 2015 THROUGH SUCH RECOGNITION, WE KNOW THAT WE ARE LEADING THE WAY AND MAKING PROGRESS TOWARD OUR MISSION - TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY SEVERAL AWARDS AND HONORS FROM THE LAST YEAR ARE OUTLINED BELOW - AMERICAN TELEMEDICINE ASSOCIATION - STAR TRIBUNE TOP WORKPLACES - MINNESOTA BUSINESS ETHICS AWARDS - ERNST &amp; YOUNG ENTREPRENEUR OF THE YEAR - MINNESOTA HOSPITAL ASSOCIATION ANNUAL HEALTH CARE AWARDS - MODERN HEALTHCARE - TOP 25 WOMEN IN HEALTH CARE - 100 MOST INFLUENTIAL LEADERS - HEALTH CARE MARKETING IMPACT AWARDS - BETTER BUSINESS BUREAU - MINNESOTA MONTHLY - BEST DOCTORS - BEST DOCTORS FOR WOMEN - TWIN CITIES BUSINESS - ST LOUIS PARK MAGAZINE - MINNESOTA LAWYER - HEALTHMETRIX - MINNEAPOLIS ST PAUL MAGAZINE OUTSTANDING NURSES - MINNEAPOLIS/ST PAUL BUSINESS JOURNAL - 40 UNDER 40 - CORPORATE COUNSEL AWARDS - WOMEN IN BUSINESS - EUREKA! AWARDS - CFO OF THE YEAR</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 BY LAWS, 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 AND LEADERSHIP DEVELOPMENT COMMITTEE (COMPENSATION COMMITTEE), A TOTAL COMPENSATION MARKET REVIEW IS COMPLETED BY AN EXTERNAL COMPENSATION CONSULTANT THE REVIEW INCLUDES ALL COMPONENTS OF COMPENSATION, BASE SALARY, ANNUAL INCENTIVES, BENEFITS AND PERQUISITES THE MARKET SURVEY RESULTS ARE PRESENTED TO, REVIEWED BY AND APPROVED BY THE INDEPENDENT COMPENSATION COMMITTEE BASED ON THIS MARKET DATA, THE COMPENSATION COMMITTEE DETERMINES MINIMUM AND MAXIMUM TOTAL COMPENSATION RANGES FOR EACH OFFICER IN INTERIM YEARS, GHI'S HUMAN RESOURCES STAFF, UNDER THE DIRECTION OF THE COMPENSATION COMMITTEE, UPDATES CHANGES IN THE SALARY STRUCTURE BASED ON THE SAME INDEPENDENT STUDIES PERFORMED BY THE COMPENSATION CONSULTANT FOR THE COMPENSATION COMMITTEE FOR THE CHIEF EXECUTIVE OFFICER AND CERTAIN OTHER POSITIONS FULL INDEPENDENT REVIEWS ARE PERFORMED TO SET SALARY RANGES BASED ON THE COMPETITIVE MARKET DATA SPECIFIC TO THOSE POSITIONS THE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S COMPENSATION RESULTS IN ALL CASES, COMMITTEE MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY TO ASSURE THE COMPENSATION COMMITTEE MEMBERS' INDEPENDENCE AND THIS IS UPDATED AT ANY MEETING AT WHICH DECISIONS ARE BEING MADE STAFF (OTHER THAN THE SECRETARY TO THE BOARD) IS NOT IN THE ROOM DURING DELIBERATIONS OR VOTE INCLUDING EXECUTIVE SESSIONS, AND CONTEMPORANEOUS MINUTES ARE KEPT THE BOARD OF DIRECTORS HAS DELEGATED TO THE EXECUTIVE COMMITTEE THE ACCOUNTABILITY TO CONDUCT AN ANNUAL PERFORMANCE EVALUATION AND TO DETERMINE THE COMPENSATION OF THE CEO BASED ON THE PERFORMANCE REVIEW AND THE MARKET COMPARABILITY DATA, APPROVED BY THE COMPENSATION COMMITTEE THE BOARD HAS DELEGATED TO THE HEALTHPARTNERS CEO AND PRESIDENT (WITH AUTHORITY TO FURTHER DELEGATE) THE ACCOUNTABILITY TO CONDUCT ANNUAL PERFORMANCE REVIEWS AND DETERMINE THE COMPENSATION OF ALL OTHER OFFICERS WITHIN THE COMPENSATION RANGES DETERMINED BY THE COMPENSATION COMMITTEE ANY EXCEPTIONS TO COMPENSATION IN EXCESS OF THE APPROVED RANGES ARE APPROVED BY THE COMPENSATION COMMITTEE TOTAL COMPENSATION IS APPROPRIATELY DOCUMENTED ON THE FORM 990 AND W2 STATEMENTS</p>

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 -500,000 FASB 158 PENSION ADJUSTMENT -26,532,092 FASB 158 POST RETIREMENT ADJUSTMENT 3,358,845

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/form990).

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

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 . . . . .

1a

No

b

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

1b

Yes

c

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

1c

No

d

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

1d

No

e

Loans or loan guarantees by related organization(s) . . . . .

1e

No

f

Dividends from related organization(s) . . . . .

1f

No

g

Sale of assets to related organization(s) . . . . .

1g

No

h

Purchase of assets from related organization(s) . . . . .

1h

No

i

Exchange of assets with related organization(s) . . . . .

1i

No

j

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

1j

No

k

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

1k

No

l

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

1l

Yes

m

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

1m

No

n

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

1n

Yes

o

Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p

Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q

Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

r

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

1r

No

s

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

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	164,966,000	CASH AMOUNT
(2)HEALTHPARTNERS INC - HEALTHCARE SERVICES	L	69,304,867	CASH AMOUNT
(3)PHYSICIANS NECK & BACK CLINICS - OPERATIONAL SERVICES	Q	5,091,483	CASH AMOUNT
(4)PHYSICIANS NECK & BACK CLINICS - HEALTHCARE SERVICES	P	520,022	CASH AMOUNT

Schedule R (Form 990) 2015

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.

[illegible]

**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
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		No
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		No
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	HEALTHPARTNERS INC		No
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		No
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		No
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		No
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 I	HPI - RAMSEY		No
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	
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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)	HEALTHPARTNERS INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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		No
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		No
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		No
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 I	PARK NICOLLET HEALTH SERVICES		No
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		No
PNMC HOLDINGS 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1741792	HEALTHCARE REAL ESTATE	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET CLINIC		No
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		No
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 & GROUP HEALTH PLAN 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
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(1) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPM, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(2) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
HEALTHPARTNERS INSURANCE (3) COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
HEALTHPARTNERS CENTRAL (5) MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					No