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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

GROUP HEALTH PLAN INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

8170 33RD AVE SOUTH PO BOX 1309

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MINNEAPOLIS, MN 554401309

F Name and address of principal officer

DAVE A DZIUK

8170 33RD AVE SOUTH PO BOX 1309

MINNEAPOLIS, MN 554401309

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

41-0797853

E Telephone number

(952) 883-6584

G Gross receipts \$ 2,014,454,771

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.HEALTHPARTNERS.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1955

M State of legal domicile

MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS

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

3 Number of voting members of the governing body (Part VI, line 1a)

3

5

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

4

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

5

8,366

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

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

0

1,147,223,338

5,163,265

308,482,000

1,460,868,603

Current Year

0

1,272,777,568

16,234,347

334,568,856

1,623,580,771

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

6,106,854

0

541,547,654

0

901,124,954

1,448,779,462

12,089,141

1,443,242

0

842,917,640

0

793,071,650

1,637,432,532

-13,851,761

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

920,598,061

680,133,153

240,464,908

End of Year

871,491,530

660,186,059

211,305,471

Part II Signature Block

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

Sign Here

Signature of officer

DAVE A DZIUK SVP-FINANCE & CFO

Type or print name and title

2017-11-14

Date

Paid Preparer Use Only

Print/Type preparer's name

MONROE J GIERL

Preparer's signature

MONROE J GIERL

Date

Check ☐ if self-employed

PTIN

P01413237

Firm's name ▶

KPMG LLP

Firm's EIN ▶

13-5665207

Firm's address ▶

4200 WELLS FARGO CTR 90 S 7TH STREET

MINNEAPOLIS, MN 55402

Phone no (612) 305-5000

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 1,215,122,795	including grants of \$ 1,443,242 )	(Revenue \$ 1,415,285,313 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ►	1,215,122,795
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**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	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>		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>	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>	Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		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? . . . . .		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a 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>		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>		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>		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>		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>		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>		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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		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>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		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>		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>		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>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		No
<b>36 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>	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>		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 . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	16,649
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	8,366
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country <b>►</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	5	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	4	
<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.)

		Yes	No
<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**

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶ KEVIN J BRANDT DIRECTOR OF FINANCIAL REPORTING 8170 33RD AVE S PO 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]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,834

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
KRAUS-ANDERSON CONSTRUCTION COMPANY  525 S 8TH STREET MINNEAPOLIS, MN 55404	CONSTRUCTION SERVICES	38,006,631
GREINER CONSTRUCTION COMPANY  121 S 8TH ST STE 1200 MINNEAPOLIS, MN 55402	CONSTRUCTION SERVICES	8,121,517
UNIVERSITY OF MN PHYSICIANS  BOX 195 516 DELAWARE ST SE MINNEAPOLIS, MN 55455	PHYSICIAN SERVICES	7,167,710
UNIVERSITY OF MN MED CTR-WEST  PO BOX 147 MINNEAPOLIS, MN 554400147	PHYSICIAN SERVICES	6,013,849
NORTHSHORE RESOURCES INC  125 MAIN STREET SE STE 341 MINNEAPOLIS, MN 55414	STAFFING SERVICES	5,059,411

Form 990 (2016)



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			Business Code				
	2a	FEE FOR SERVICE HEALTH	621400	508,922,631	508,922,631		
	b	MEDICARE & MEDICAID PA	621400	450,111,176	450,111,176		
	c	OTHER MEDICAL SERVICE	621400	152,161,459	152,161,459		
	d	MEDICAL PREMIUMS	524114	101,432,348	101,432,348		
	e	DENTAL PATIENT SERVICE	524114	44,546,990	44,546,990		
	f	All other program service revenue		15,602,964	15,602,964		
	g	Total. Add lines 2a-2f . . . . .	1,272,777,568				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	3,689,347		3,689,347	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties . . . . .				
	6a	(i) Real	(ii) Personal				
		Gross rents					
		b Less rental expenses					
		c Rental income or (loss)					
	d		Net rental income or (loss) . . . . .				
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory					
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d		Net gain or (loss) . . . . .	12,545,000		12,545,000	
	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	192,061,111		192,061,111	
b		NON-TAXABLE AFFIL A&G	561000	142,507,745	142,507,745		
c							
d		All other revenue . . . . .					
e		Total. Add lines 11a-11d . . . . .		334,568,856			
12		Total revenue. See Instructions . . . . .		1,623,580,771	1,415,285,313	0 208,295,458	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,443,242	1,443,242		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	24,305,786		24,305,786	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	613,441,796	460,434,896	153,006,900	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	50,876,055	31,987,478	18,888,577	
<b>9</b> Other employee benefits.	112,577,240	70,781,078	41,796,162	
<b>10</b> Payroll taxes.	41,716,763	26,228,725	15,488,038	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.	1,773,131	48,095	1,725,036	
<b>d</b> Lobbying.	561,095		561,095	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	50,303,896	23,941,706	26,362,190	
<b>12</b> Advertising and promotion.	8,306,744	1,184,633	7,122,111	
<b>13</b> Office expenses.	23,950,398	11,097,738	12,852,660	
<b>14</b> Information technology.	49,743,142	2,631,570	47,111,572	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	40,748,971	23,223,843	17,525,128	
<b>17</b> Travel.	3,490,988	2,182,472	1,308,516	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	1,080,777	389,250	691,527	
<b>20</b> Interest.	825,886	825,886		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	40,563,376	19,665,858	20,897,518	
<b>23</b> Insurance.	2,323,504	1,873,444	450,060	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> HOSPITAL & MEDICAL SERV	347,123,382	347,046,659	76,723	
<b>b</b> SUPPLIES - MEDICAL & PH	171,497,611	171,443,551	54,060	
<b>c</b> OTHER EXPENSE	28,679,366	7,510,879	21,168,487	
<b>d</b> TAXES & ASSESSMENTS	15,583,339	8,774,603	6,808,736	
<b>e</b> All other expenses	6,516,044	2,407,189	4,108,855	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,637,432,532	1,215,122,795	422,309,737	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		-27,317,694	<b>1</b>	101,639,143
	<b>2</b>	Savings and temporary cash investments . . . . .		26,726,255	<b>2</b>	129,771,133
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		202,379,788	<b>4</b>	216,207,832
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		11,228,824	<b>8</b>	10,562,321
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		15,098,738	<b>9</b>	16,739,259
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	706,932,505		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	445,144,215		
				182,623,397	<b>10c</b>	261,788,290
	<b>11</b>	Investments—publicly traded securities . . . . .		390,183,000	<b>11</b>	0
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		113,972,135	<b>12</b>	128,896,208
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		5,703,618	<b>15</b>	5,887,344	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		920,598,061	<b>16</b>	871,491,530	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		507,042,536	<b>17</b>	479,056,250
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		3,849,919	<b>19</b>	4,141,903
	<b>20</b>	Tax-exempt bond liabilities . . . . .		30,729,944	<b>20</b>	30,019,362
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		138,510,754	<b>25</b>	146,968,544
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		680,133,153	<b>26</b>	660,186,059
<b>Net Assets or Fund Balances</b>	<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>					
	<b>27</b>	Unrestricted net assets		240,464,908	<b>27</b>	211,305,471
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>	
	<b>29</b>	Permanently restricted net assets			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		240,464,908	<b>33</b>	211,305,471	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		920,598,061	<b>34</b>	871,491,530	

**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>	1,623,580,771
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,637,432,532
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-13,851,761
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	240,464,908
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,769,905
<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>	-500,000
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-9,037,771
<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>	211,305,471

**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 (2016)

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

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



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
BABETTE A APLAND ..... SR VP, MELROSE INSTITUTE	0 50 ..... 49 50			X				463,254	0	127,474		
SHANNON B BEAUDIN-KLEIN ..... VP MARKETING & COMMUNICATIONS	14 90 ..... 45 10			X				300,578	0	75,411		
COURTNEY BIBEE ..... VP CARE GROUP COMPLIANCE OFFICER	0 50 ..... 39 50			X				183,064	0	25,206		
MARY K BRAINERD ..... PRESIDENT & CEO	12 80 ..... 37 20			X				2,506,070	0	525,742		
RICK J BRUZEK ..... VP PHARMACY SERVICES	7 80 ..... 37 20			X				282,282	0	91,038		
STEVEN D BUNDE ..... VP INTERNAL AUDIT, INTEGRITY	9 10 ..... 40 90			X				256,530	0	79,407		
DAVID BUSCH ..... VP PHARMACY SERVICES	12 80 ..... 42 20			X				248,279	0	28,135		
KATHLEEN M COONEY ..... EXECUTIVE VP & CAO	12 70 ..... 42 80			X				931,838	0	294,094		
ROBERT B CUMMING ..... SR VP ACTUARIAL/UNDERWRITING	9 90 ..... 25 10			X				556,375	0	141,724		
TRICIA L DEGE ..... VP FINANCE & PLANNING	0 50 ..... 49 50			X				370,881	0	72,004		

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			
PATRICIA S DENNIS ..... SR VP HEALTH & CARE ENGAGEMENT	0 50 ..... 54 50			X				443,478	0	40,531
AMY L DEWANE ..... VP - CARE SYSTEMS GROWTH	0 50 ..... 49 50			X				301,917	0	48,788
LESLIE DOCKAN ..... VP, PRIMARY CARE & CLINIC OPERATIONS	0 50 ..... 49 50			X				147,320	0	27,129
DAVID A DZIUK ..... SR VP & CHIEF FINANCIAL OFFICER	12 90 ..... 42 10			X				638,260	0	204,665
CHARLES J FAZIO MD ..... HEALTH PLAN MEDICAL DIRECTOR	12 20 ..... 37 80			X				520,124	0	102,715
JASON GALLAGHER ..... VP,HEALTH INFORMATICS	12 20 ..... 37 80			X				264,392	0	68,725
DAVID S GESKO ..... SR VP - DENTAL DIRECTOR	0 50 ..... 54 50			X				594,370	0	96,919
TIM M HALEY ..... VP BROKER SALES	8 80 ..... 36 20			X				254,050	0	86,002
MARK HANSBERRY ..... VP, BUSINESS DEVELOPMENT INITIATIVES	0 50 ..... 39 50			X				182,518	0	30,381
SUSAN M KNUDSON ..... VP HEALTH INFORMATICS	12 20 ..... 37 80			X				438,155	0	122,006



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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		
(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)											
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former						
STEVEN C HOUSH		0 50			X				381,642				0	49,944
VP ORTHOPEDIC SERVICES		54 50												
GEORGE J ISHAM MD MS		2 40			X				157,911				0	49,098
SENIOR ADVISOR		7 60												
KIM R LAREAU		8 60			X				376,715				0	84,409
VP IS&T CARE DELIVERY		41 40												
VINI T MANCHANDA		1 70			X				289,131				0	67,009
VP - SUPPLY CHAIN SERVICES		48 30												
NANCY A MCCLURE		0 50			X				804,655				0	227,296
CHIEF OPERATING OFFICER		49 50												
FRANK P MCQUILLAN		7 60			X				315,103				0	102,772
VP - TREASURY & REAL ESTATE		42 40												
FRANK MULLER		8 30			X				253,122				0	77,598
VP - TECHNOLOGY & INFRASTRUCTURE		41 70												
PEGGY S NEALE		0 30			X				321,436				0	72,296
VP - NATIONAL ACCOUNT HEALTH		49 70												
ANDREW F NELSON		0 50			X				280,092				0	102,811
VP - HPIER EXECUTIVE DIRECTOR		53 50												
JEFFREY OGDEN		0 50			X				73,616				0	17,332
VP - HP DENTAL PLAN		44 50												

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			
KEVIN J PALATTAO ..... VP CLINIC PATIENT CARE SYSTEMS	0 50 ..... 54 50			X				352,492	0	84,885
NICO PRONK PHD ..... VP & HEALTH SCIENCE OFFICE	12 20 ..... 41 80			X				347,920	0	86,607
KEVIN R RONNEBERG ..... VP - ASSOCIATE MEDICAL DIRECTOR	39 50 ..... 0 50			X				386,480	0	50,605
KATIE B SAYRE ..... SR VP HLTH PLAN OPS & GOV	13 30 ..... 36 70			X				482,605	0	165,540
SCOTT A SCHNUCKLE ..... SR VP PHARMACY & BUSINESS	8 10 ..... 41 90			X				443,021	0	115,584
DOUG N SMITH ..... SR VP SALES	9 80 ..... 50 20			X				486,644	0	139,186
ELIZABETH L SWANSON ..... VP HUMAN RESOURCES	3 90 ..... 36 10			X				281,421	0	81,937
TOBI TANZER ..... VP CORPORATE INTEGRITY	10 70 ..... 39 30			X				345,983	0	84,184
BARBARA E TRETHEWAY ..... SR VP GENERAL COUNSEL	13 10 ..... 41 90			X				729,217	0	168,232
ANDREA M WALSH ..... EXEC VP & CHIEF MARKETING	14 70 ..... 40 30			X				816,842	0	240,458

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			
BETH A WATERMAN ..... CHIEF IMPROVEMENT OFFICER		12 20 ..... 37 80			X				375,921	0	98,436
DONNA J ZIMMERMAN ..... SR VP GOVT & COMMUNITY RELATIONS		15 40 ..... 39 60			X				380,862	0	116,054
PAMELA S ZOELLER ..... VP - SPECIALTY CARE & CLINIC		0 50 ..... 49 50			X				299,443	0	49,491
DENNIS M ZUZEK ..... VP - HEALTH PLAN & ENTERPRISES		7 80 ..... 37 20			X				285,315	0	48,547
TIMOTHY KROSHUS MD ..... PHYSICIAN		40 00 .....					X		1,527,884	0	66,564
DENNIS ZHU MD ..... PHYSICIAN		40 00 .....					X		1,221,928	0	95,397
MATTHEW KANG MD ..... PHYSICIAN		70 00 .....					X		933,430	0	61,139
RICHARD DAVIS MD ..... PHYSICIAN		40 00 .....					X		954,270	0	59,957
ALEJANDRO MENDEZ MD ..... PHYSICIAN		40 00 .....					X		1,112,983	0	58,884
GREGG DAHLGREN ..... VP DENTAL PLAN		0 50 ..... 39 50						X	264,912	0	61,298

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

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			
ROBERT H VAN WHY ..... SR VP PRIMARY CARE/CLINIC	0 50 ..... 39 50						X	465,934	0	45,948

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2016</b> <b>Open to Public Inspection</b>
	Department of the Treasury Internal Revenue Service <b>Name of the organization</b> GROUP HEALTH PLAN INC	<b>Employer identification number</b> 41-0797853

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						
Section B. Total Support						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					<b>14</b>	
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14					<b>15</b>	
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in 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 2016 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-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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****990 Schedule A, Supplemental Information**

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

Schedule A Form 990 or 990-EZ 2016

**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

**2016**

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	561,095													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	561,095													
<b>d</b> Other exempt purpose expenditures	1,636,871,437													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	1,637,432,532													
<b>f</b> 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													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	593,145	577,344	583,391	561,095	2,314,975
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318038837	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
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

b

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

	Yes	No
3a(i)		
3a(ii)		
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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,179,467		9,179,467
b Buildings		224,832,433	100,282,750	124,549,683
c Leasehold improvements		80,048,541	62,696,429	17,352,112
d Equipment		212,378,168	160,149,333	52,228,835
e Other		180,493,896	122,015,703	58,478,193
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				261,788,290

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives . . . . .		
(2)Closely-held equity interests . . . . .		
(3)Other _____		
(A) PROFESSIONAL LIABILITY TRUST	46,822,950	C
(B) DEFERRED COMPENSATION INVESTMENTS	72,619,209	C
(C) INVESTMENT IN CRITICAL ACCESS HOSPITALS LOCATED IN WISCONSIN	4,735,610	C
(D) INVESTMENT IN SUBURBAN IMAGING, LLC	4,306,151	C
(E) INVESTMENT IN "PET" IMAGING EQUIPMENT	7,162	C
(F) OTHER INVESTMENTS	3	C
(G) INVESTMENT IN MYRTLE DIALYSIS	405,123	C
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	128,896,208	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CLAIMS PAYABLE	26,199,774
DEFERRED COMPENSATION AND BENEFITS	80,045,046
POST RETIREMENT BENEFIT OBLIGATION	5,466,109
PROFESSIONAL LIABILITY	35,257,615
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	146,968,544

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	GROUP HEALTH PLAN, INC (GHI) IS INCLUDED IN THE HEALTHPARTNERS, INC (HP) CONSOLIDATED AU DITED FINANCIAL STATEMENT HP'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCE RTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WIL L BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATIO N PROCESSES, BASED ON THE TECHNICAL MERITS HP RECORDED NO LIABILITIES AT DECEMBER 31, 201 6 OR 2015 FOR UNRECOGNIZED TAX BENEFITS

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As Filed Data -

DLN: 93493318038837

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

OMB No 1545-0047

2016

Open to Public  
Inspection

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

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

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

Name of the organization  
GROUP HEALTH PLAN INC

Employer identification number  
41-0797853

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 28

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	GROUP HEALTH PLAN, INC (GHI) MANAGEMENT STAFF 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
AMERICAN COLLEGE OF SPORTS MEDICINE 401 W MICHIGAN ST INDIANAPOLIS, IN 46202			5,000				PROGRAM SUPPORT
AMERICAN MEDICAL GROUP FOUNDATION ONE PRINCE STREET ALEXANDRIA, VA 223143318			5,200				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 55422			9,740				PROGRAM SUPPORT
CATHOLIC CHARITIES OF ST PAUL AND MINNEAPOLIS 1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 554032005			20,850				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRACARE HEALTH FOUNDATION 1406 SIXTH AVENUE NORTH ST CLOUD, MN 563031901			6,000				PROGRAM SUPPORT
COMMUNITY HEALTH CHARITIES 121 HENNEPIN AVENUE SOUTH MINNEAPOLIS, MN 55401			11,526				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE ST PAUL PUBLIC LIBRARY 325 CEDAR STREET SUITE 555 ST PAUL, MN 551011055			10,000				PROGRAM SUPPORT
GIVE MN 55 5TH ST E SUITE 600 ST PAUL, MN 551011797			10,498				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER ST CLOUD DEVELOPMENT 501 W ST GERMAIN ST 100 ST CLOUD, MN 56301			35,000				PROGRAM SUPPORT
INERNATIONAL MYOPAIN SOCIETY PO BOX 268 NINE MILE FALLS, WA 99026			5,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ITASCA PROJECT FUND 3800 IDS CENTER MINNEAPOLIS, MN 55402			18,000				PROGRAM SUPPORT
LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			7,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIND BODY SOLUTIONS 17516 MINNETONKA BOULEVARD MINNETONKA, MN 553451020			6,000				PROGRAM SUPPORT
MINNESOTA ALLIANCE FOR PATIENT SAFETY 2550 UNIVERSITY AVE SUITE 350-S ST PAUL, MN 551141900			7,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA DENTAL ASSOCIATION 1335 INDUSTRIAL BLVD SUITE 200 MINNEAPOLIS, MN 554134801			15,000				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.							
(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
NATIONAL KIDNEY FOUNDATION 1970 OAKCREST AVE SUITE 208 ST PAUL, MN 55113			5,000				PROGRAM SUPPORT
NORTHERN DENTAL ACCESS CENTER 1405 ANNE ST NW BEMIDJI, MN 56601			10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OPEN ARMS MN 2500 BLOOMINGTON AVE MINNEAPOLIS, MN 55404			10,000				PROGRAM SUPPORT
PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426			503,750				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RAINBOW HEALTH INITIATIVE 2021 E HENNEPIN AVE 220 MINNEAPOLIS, MN 55413			5,000				PROGRAM SUPPORT
REACH OUT AND READ INC 89 SOUTH ST STE 201 BOSTON, MA 02111			5,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			506,080				PROGRAM SUPPORT
ST ANTHONY PARK COMMUNITY FOUNDATION 2183 COMMONWEALTH AVE ST PAUL, MN 55108			5,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCIS REGIONAL MEDICAL CENTER NW86705 PO BOX 9345 MINNEAPOLIS, MN 554401309			10,000				PROGRAM SUPPORT
UNITED WAY OF CENTRAL MINNESOTA 3001 CLEARWATER RD STE 201 ST CLOUD, MN 56301			5,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA BUSINESS OFFICE 321 19TH AVENUE S CSOM 2-212 MINNEAPOLIS, MN 55455			5,500				PROGRAM SUPPORT
WESTFIELDS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			19,967				PROGRAM SUPPORT

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

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).

Name of the organization  
GROUP HEALTH PLAN INC

Employer identification number  
41-0797853

Part I

Questions Regarding Compensation

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

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

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

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

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



**Part III** Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	TOTAL COMPENSATION IN COLUMN E OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM SEVERANCE FOR THE FOLLOWING FORMER DIRECTORS AND OFFICERS GREG K DAHLGREN \$ 105,606 ROBERT H VAN WHY \$ 305,587 DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS ALAN ABRAMSON \$ 18,207 SCOTT A AEBISCHER \$ 13,871 CALVIN U ALLEN \$ 40,400 BABETTE APLAND \$ 12,409 MARY K BRAINERD \$148,306 KATHLEEN M COONEY \$ 58,834 ROBERT B CUMMING \$ 18,536 DAVID A DZIUK \$ 41,532 CHARLES J FAZIO \$ 34,997 DAVID S GESKO \$ 21,556 SUSAN M KNUDSON \$ 11,841 NANCY A MCCLURE \$ 34,487 BRIAN H RANK \$ 37,165 KATHERINE B SAYRE \$ 32,071 SCOTT A SCHNUCKLE \$ 11,437 DOUGLAS N SMITH \$ 14,588 BARBARA E TRETHEWAY \$ 27,308 ANDREA M WALSH \$ 67,979 DONNA J ZIMMERMAN \$ 24,967
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, AND FORMER OFFICERS ALAN V ABRAMSON \$ 58,537 SCOTT AEBISCHER \$ 172,257 CALVIN U ALLEN \$ 19,591 BABETTE A APLAND \$ 9,408 MARY K BRAINERD \$ 592,699 KATHLEEN M COONEY \$ 53,743 ROBERT B CUMMING \$ 21,347 PATRICA DENNIS \$ 7,179 DAVID A DZIUK \$ 49,042 CHARLES FAZIO \$ 18,378 DAVID GESKO, DDS \$ 14,205 NANCY A MCCLURE \$ 29,263 BRIAN H RANK, MD \$ 1,563,465 KATIE B SAYRE \$ 28,382 SCOTT A SCHNUCKLE \$ 10,161 DOUG A SMITH \$ 13,764 BARBARA E TRETHEWAY \$ 63,735 ROBERT H VAN WHY \$ 9,272 ANDREA M WALSH \$ 62,553 DONNA J ZIMMERMAN \$ 22,584. 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)	614,649	184,069	1,578,191	199,672	59,000	2,635,581	1,563,465
	(ii)	0	0	0	0	-0	-0	0
1CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER	(i)	253,353	59,281	7,365	19,875	29,175	369,049	0
	(ii)	0	0	0	0	-0	-0	0
2ALAN V ABRAMSON SRVP & CIO	(i)	395,346	118,580	87,030	124,764	33,249	758,969	58,537
	(ii)	0	0	0	0	-0	-0	0
3SCOTT A AEBISCHER SR VP CUSTOMER SERV/PROD	(i)	363,892	104,987	181,888	117,052	33,304	801,123	172,257
	(ii)	0	0	0	0	-0	-0	0
4CALVIN U ALLEN SR VP STRAT PLANNING/HR	(i)	396,477	163,514	26,075	127,611	33,033	746,710	19,591
	(ii)	0	0	0	0	-0	-0	0
5FELIX ANKEL MD EXEC DIR - HEALTH PROFESSIONAL	(i)	385,754	90,040	22,973	57,156	31,767	587,690	0
	(ii)	0	0	0	0	-0	-0	0
6BABETTE A APLAND SR VP, MELROSE INSTITUTE	(i)	329,195	107,562	26,497	107,039	20,435	590,728	9,408
	(ii)	0	0	0	0	-0	-0	0
7SHANNON B BEAUDIN-KLEIN VP MARKETING & COMMUNICATIONS	(i)	236,650	55,599	8,329	46,518	28,893	375,989	0
	(ii)	0	0	0	0	-0	-0	0
8COURTNEY BIBEE VP CARE GROUP COMPLIANCE OFFICER	(i)	177,910	0	5,154	0	25,206	208,270	0
	(ii)	0	0	0	0	-0	-0	0
9MARY K BRAINERD PRESIDENT & CEO	(i)	1,305,446	564,364	636,260	468,540	57,202	3,031,812	592,699
	(ii)	0	0	0	0	-0	-0	0
10RICK J BRUZEK VP PHARMACY SERVICES	(i)	217,821	56,246	8,215	62,410	28,628	373,320	0
	(ii)	0	0	0	0	-0	-0	0
11STEVEN D BUNDE VP INTERNAL AUDIT, INTEGRITY	(i)	202,900	47,568	6,062	51,324	28,083	335,937	0
	(ii)	0	0	0	0	-0	-0	0
12DAVID BUSCH VP PHARMACY SERVICES	(i)	205,889	31,056	11,334	0	28,135	276,414	0
	(ii)	0	0	0	0	-0	-0	0
13KATHLEEN M COONEY EXECUTIVE VP & CAO	(i)	608,106	234,671	89,061	256,047	38,047	1,225,932	53,743
	(ii)	0	0	0	0	-0	-0	0
14ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRITING	(i)	346,960	167,641	41,774	109,293	32,431	698,099	21,347
	(ii)	0	0	0	0	-0	-0	0
15TRICIA L DEGE VP FINANCE & PLANNING	(i)	268,358	66,070	36,453	42,091	29,913	442,885	0
	(ii)	0	0	0	0	-0	-0	0
16PATRICIA S DENNIS SR VP HEALTH & CARE ENGAGEMENT	(i)	326,637	96,362	20,479	19,875	20,656	484,009	7,179
	(ii)	0	0	0	0	-0	-0	0
17AMY L DEWANE VP - CARE SYSTEMS GROWTH	(i)	266,850	21,560	13,507	19,875	28,913	350,705	0
	(ii)	0	0	0	0	-0	-0	0
18LESLIE DOCKAN VP, PRIMARY CARE & CLINIC OPERATIONS	(i)	97,430	32,500	17,390	11,035	16,094	174,449	0
	(ii)	0	0	0	0	-0	-0	0
19DAVID A DZIUK SR VP & CHIEF FINANCIAL OFFICER	(i)	424,044	136,814	77,402	170,875	33,790	842,925	49,042
	(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				
21CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECTOR	(i)	351,751	117,173	51,200	80,620	22,095	622,839	18,378
	(ii)	0	0	0	0	0	0	0
1JASON GALLAGHER VP, HEALTH INFORMATICS	(i)	199,651	56,604	8,137	40,528	28,197	333,117	0
	(ii)	0	0	0	0	0	0	0
2DAVID S GESKO SR VP - DENTAL DIRECTOR	(i)	421,375	146,116	26,879	63,937	32,982	691,289	14,205
	(ii)	0	0	0	0	0	0	0
3TIM M HALEY VP BROKER SALES	(i)	237,509	6,201	10,340	57,955	28,047	340,052	0
	(ii)	0	0	0	0	0	0	0
4MARK HANSBERRY VP, BUSINESS DEVELOPMENT INITIATIVES	(i)	179,536	0	2,982	10,570	19,811	212,899	0
	(ii)	0	0	0	0	0	0	0
5SUSAN M KNUDSON VP HEALTH INFORMATICS	(i)	301,391	127,780	8,984	91,118	30,888	560,161	0
	(ii)	0	0	0	0	0	0	0
6STEVEN C HOUSH VP ORTHOPEDIC SERVICES	(i)	304,704	66,628	10,310	19,875	30,069	431,586	0
	(ii)	0	0	0	0	0	0	0
7GEORGE J ISHAM MD MS SENIOR ADVISOR	(i)	156,000	0	1,911	39,461	9,637	207,009	0
	(ii)	0	0	0	0	0	0	0
8KIM R LAREAU VP IS&T CARE DELIVERY	(i)	285,669	74,193	16,853	54,412	29,997	461,124	0
	(ii)	0	0	0	0	0	0	0
9VINI T MANCHANDA VP - SUPPLY CHAIN SERVICES	(i)	212,583	69,781	6,767	38,282	28,727	356,140	0
	(ii)	0	0	0	0	0	0	0
10NANCY A MCCLURE CHIEF OPERATING OFFICER	(i)	561,860	174,783	68,012	191,093	36,203	1,031,951	29,263
	(ii)	0	0	0	0	0	0	0
11FRANK P MCQUILLAN VP - TREASURY & REAL ESTATE	(i)	246,545	57,288	11,270	73,668	29,104	417,875	0
	(ii)	0	0	0	0	0	0	0
12FRANK MULLER VP - TECHNOLOGY & INFRASTRUCTURE	(i)	199,583	46,903	6,636	48,802	28,796	330,720	0
	(ii)	0	0	0	0	0	0	0
13PEGGY S NEALE VP - NATIONAL ACCOUNT HEALTH	(i)	207,826	96,940	16,670	43,005	29,291	393,732	0
	(ii)	0	0	0	0	0	0	0
14ANDREW F NELSON VP - HPIER EXECUTIVE DIRECTOR	(i)	216,371	52,318	11,403	73,624	29,187	382,903	0
	(ii)	0	0	0	0	0	0	0
15KEVIN J PALATTAO VP CLINIC PATIENT CARE SYSTEMS	(i)	275,151	65,431	11,910	55,239	29,646	437,377	0
	(ii)	0	0	0	0	0	0	0
16NICO PRONK PHD VP & HEALTH SCIENCE OFFICE	(i)	276,149	63,581	8,190	57,198	29,409	434,527	0
	(ii)	0	0	0	0	0	0	0
17KEVIN R RONNEBERG VP - ASSOCIATE MEDICAL DIRECTOR	(i)	282,006	87,750	16,724	19,875	30,730	437,085	0
	(ii)	0	0	0	0	0	0	0
18KATIE B SAYRE SR VP HLTH PLAN OPS & GOV	(i)	326,927	105,644	50,034	134,007	31,533	648,145	28,382
	(ii)	0	0	0	0	0	0	0
19SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS	(i)	315,452	98,429	29,140	84,625	30,959	558,605	10,161
	(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				
41DOUG N SMITH SR VP SALES	(i)	313,872	145,613	27,159	107,004	32,182	625,830	13,764
	(ii)	0	0	0	0	- 0	- 0	0
1ELIZABETH L SWANSON VP HUMAN RESOURCES	(i)	212,158	50,715	18,548	53,321	28,616	363,358	0
	(ii)	0	0	0	0	- 0	- 0	0
2TOBI TANZER VP CORPORATE INTEGRITY	(i)	272,320	64,241	9,422	54,632	29,552	430,167	0
	(ii)	0	0	0	0	- 0	- 0	0
3BARBARA E TRETHERWAY SR VP GENERAL COUNSEL	(i)	499,666	151,511	78,040	143,941	24,291	897,449	63,735
	(ii)	0	0	0	0	- 0	- 0	0
4ANDREA M WALSH EXEC VP & CHIEF MARKETING	(i)	508,137	209,528	99,177	204,177	36,281	1,057,300	62,553
	(ii)	0	0	0	0	- 0	- 0	0
5BETH A WATERMAN CHIEF IMPROVEMENT OFFICER	(i)	269,032	86,475	20,414	68,452	29,984	474,357	0
	(ii)	0	0	0	0	- 0	- 0	0
6DONNA J ZIMMERMAN SR VP GOVT & COMMUNITY RELATIONS	(i)	262,892	81,797	36,173	103,161	12,893	496,916	22,584
	(ii)	0	0	0	0	- 0	- 0	0
7PAMELA S ZOELLER VP - SPECIALTY CARE & CLINIC	(i)	233,115	55,787	10,541	20,614	28,877	348,934	0
	(ii)	0	0	0	0	- 0	- 0	0
8DENNIS M ZUZEK VP - HEALTH PLAN & ENTERPRISES	(i)	235,100	33,688	16,527	19,875	28,672	333,862	0
	(ii)	0	0	0	0	- 0	- 0	0
9TIMOTHY KROSHUS MD PHYSICIAN	(i)	1,466,278	0	61,606	19,875	46,689	1,594,448	0
	(ii)	0	0	0	0	- 0	- 0	0
10DENNIS ZHU MD PHYSICIAN	(i)	1,123,102	0	98,826	53,144	42,253	1,317,325	0
	(ii)	0	0	0	0	- 0	- 0	0
11MATTHEW KANG MD PHYSICIAN	(i)	916,453	10,500	6,477	19,875	41,264	994,569	0
	(ii)	0	0	0	0	- 0	- 0	0
12RICHARD DAVIS MD PHYSICIAN	(i)	944,334	0	9,936	19,875	40,082	1,014,227	0
	(ii)	0	0	0	0	- 0	- 0	0
13ALEJANDRO MENDEZ MD PHYSICIAN	(i)	1,071,004	0	41,979	19,875	39,009	1,171,867	0
	(ii)	0	0	0	0	- 0	- 0	0
14GREGG DAHLGREN VP DENTAL PLAN	(i)	104,780	49,264	110,868	33,168	28,130	326,210	0
	(ii)	0	0	0	0	- 0	- 0	0
15ROBERT H VAN WHY SR VP PRIMARY CARE/CLINIC	(i)	37,667	95,197	333,070	15,998	29,950	511,882	9,272
	(ii)	0	0	0	0	- 0	- 0	0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
GROUP HEALTH PLAN INC

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

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 . . . . .	12,840,000		1,545,000					
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 . . . . .			172,737,000					
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)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 050 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .	0 050 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . .	X		X					
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X			X				

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493318038837
<b>SCHEDULE O</b> (Form 990 or 990-EZ)  <div>Department of the Treasury <del>Internal Revenue Service</del> Name of the organization GROUP HEALTH PLAN INC</div>	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2016</b> <b>Open to Public Inspection</b>
		<b>Employer identification number</b>  41-0797853	

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE GROUP HEALTH PLAN, INC (GHI) IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND PART OF THE 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 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 PLANS SERVE MORE THAN 16 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,700 PHYSICIANS AND DENTISTS, SIX OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 100 OWNED AND LEASED PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND 24 DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS ALSO CONTRACTS WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED 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 COLLABORATES WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2016 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 PRACTICE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>S), 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 EMPLOYS APPROXIMATELY 599 FULL TIME EQUIVALENT PHYSICIANS HPMG PHYSICIANS PR</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>ACTICE 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 HPDG REMAINS COMMITTED TO FINDING THE MOST EFFECTIVE WAYS TO IMPROVE OUR PATIENTS' DENTAL HEALTH AND IS ONE OF THE FEW DENTAL PRACTICES THAT CONDUCTS A RISK ASSESSMENT FOR PATIENTS, WHICH ALLOWS US TO CREATE AN INDIVIDUALIZED PROGRAM OF TRUE PREVENTIVE DENTAL CARE BASED ON PATIENT NEEDS AND DESIRES THE DIVERSITY OF THE PATIENTS WE SERVE ENCOURAGED HEALTHPARTNERS TO OPEN A DENTAL CLINIC IN THE HEART OF ST. PAUL IN 2005 THE HEALTH PARTNERS MIDWAY DENTAL CLINIC FOCUSES ON SERVING NEW AMERICANS AND PROVIDES ASSISTANCE TO PATIENTS ENROLLING IN MINNESOTA PUBLIC PROGRAMS THIS CLINIC PROVIDES INTERPRETER SERVICES AND SAME-DAY ACCESS TO URGENT CARE AND APPOINTMENTS THIS MODEL OF CARE HAS BEEN ADOPTED BY THE MINNESOTA LEGISLATURE'S "DENTAL ACCESS ADVISORY COMMITTEE AND WAS IMPLEMENTED AT OTHER CLINICS IN THE STATE IN ADDITION TO PROVIDING CARE TO PERSONS ENROLLED IN GHI'S HMO PRODUCTS, HPMG AND HPDG WORKS TOGETHER TO IMPROVE THE HEALTH OF THE COMMUNITY BY PROVIDING MEDICAL AND DENTAL CARE TO A GROWING NUMBER OF PATIENTS WHO ARE MEMBERS OF HPI, HEALTHPARTNERS INSURANCE COMPANY (HPIC), HEALTHPARTNERS ADMINISTRATORS, INC (HPAI), UNRELATED MANAGED CARE ORGANIZATIONS, INSURED BY COMMERCIAL PAYERS, SELF-PAY PATIENTS AND/OR CHARITY CARE PATIENTS HPMG AND HPDG FOCUS THEIR EFFORTS ON COMPASSIONATE, PATIENT-CENTERED CARE, RANGING FROM PREVENTIVE CARE TO MANAGEMENT OF PATIENTS WITH ACUTE AND/OR CHRONIC CONDITIONS</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IN 2016, HPMG AND HPDG CONTRIBUTED TO THE COMMUNITY IN MANY WAYS, INCLUDING 58 HOURS DONATED TO HOSPICE AND HOME CARE IN-SERVICE, ASSISTED LIVING AND PALLIATIVE CARE TO VARIOUS COMMUNITY ORGANIZATIONS, 185 HOURS DONATED TO PARTICIPATION IN COMMUNITY FESTIVALS AND FAIRS, 92 HOURS DONATED TO EDUCATION IN THE COMMUNITY ABOUT HEALTH TOPICS AND MENTORING STUDENTS, 10 HOURS DONATED TO SUPPORTING EFFORTS ON THE TOPIC OF GRIEF IN THE COMMUNITY, 19 HOURS DONATED TO THE MINNESOTA HOME CARE ASSOCIATION (MHCA) BOARD OF DIRECTORS MEETINGS. HPMG AND HPDG ALSO PROVIDED SUPPORT GROUPS IN MUSIC THERAPY, BREAST, BLOOD, HEAD AND NECK CANCERS AND VOUCHERS FOR PATIENTS FOR TRANSPORTATION AND FOOD BENEFIT TO THE COMMUNITY. MEMBERSHIP: GHI MEMBERS RECEIVE A FULL RANGE OF PREPAID HEALTH CARE SERVICES, INCLUDING PROFESSIONAL CARE IN HOSPITALS AND PHYSICIAN OFFICES, IMAGING AND LABORATORY SERVICES, VARIOUS THERAPIES, PREVENTIVE SERVICES, HEALTH EDUCATION, AND CERTAIN PRESCRIPTION DRUGS. GHI PROVIDES THESE SERVICES TO ITS MEMBERS AND PATIENTS THROUGH A BROAD NETWORK OF PHYSICIANS AND HOSPITALS. THIS NETWORK INCLUDES CLINICS STAFFED BY GHI- AND PARK NICOLLET CLINIC (PNC)- EMPLOYED PHYSICIANS AND SIX HEALTHPARTNERS HOSPITALS: REGIONS HOSPITAL, A LEVEL I ADULT AND PEDIATRIC CENTER IN ST. PAUL, MINNESOTA, WESTFIELDS HOSPITAL, A CRITICAL ACCESS HOSPITAL IN NEW RICHMOND, WISCONSIN, HUDSON HOSPITAL, A CRITICAL ACCESS HOSPITAL IN HUDSON, WISCONSIN, AMERY REGIONAL MEDICAL CENTER, A CRITICAL ACCESS HOSPITAL IN AMERY, WISCONSIN, LAKEVIEW MEMORIAL HOSPITAL, A COMMUNITY HOSPITAL IN STILLWATER, MINNESOTA, AND PARK NICOLLET METHODIST HOSPITAL, A LEADER IN CANCER, CARDIOVASCULAR AND MATERNITY CARE IN ST. LOUIS PARK, MINNESOTA. IN ADDITION, GHI'S MEMBERS RECEIVE HEALTH CARE SERVICES THROUGH HEALTHPARTNERS' EXTENSIVE NETWORK OF OWNED AND CONTRACTED MEDICAL AND DENTAL PROVIDERS, INCLUDING OVER 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 2016, THESE ORGANIZATIONS PROVIDED COMPREHENSIVE, PREPAID HEALTH CARE SERVICES TO 980,170 FULLY INSURED MEMBERS, ENCOMPASSING BOTH MEDICAL AND DENTAL PRODUCTS. THESE MEMBERS FIT WITHIN THE FOLLOWING CATEGORIES: 312,181 FULLY INSURED COMMERCIAL GROUP MEDICAL MEMBERS, 70,180 FULLY INSURED INDIVIDUAL MEMBERS, 55,474 MEDICARE (INCLUDES COST, SUPPLEMENT/SELECT, AND MEDICARE ADVANTAGE PLAN, BOTH GROUP AND INDIVIDUAL) MEMBERS, 98,599 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 443,736 DENTAL MEMBERS. IN ADDITION, HEALTHPARTNERS ALSO PROVIDES ADMINISTRATIVE SERVICES, THROUGH HPAI, TO 487,435 SELF-INSURED COMMERCIAL MEMBERS. IN ADDITION TO PR</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>OVING 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 LAUNCHED IN 2010 FOR MINNESOTA RESIDENTS. 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 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. 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 M</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ORE THAN 30 COUNTRIES, WITH A STAFF OF PROVIDERS COMBINING MORE THAN 100 YEARS OF EXPERIENCE IN INTERNATIONAL HEALTH WITH EXTENSIVE EXPERIENCE PRACTICING BOTH INTERNATIONALLY AND IN THE UNITED STATES THE INTERNATIONAL MENTAL HEALTH PROGRAM WAS ESTABLISHED IN 1984 OFFERING PSYCHIATRY, PSYCHOLOGY, AND GROUP THERAPY GHI ALSO EMPLOYS A FULL TIME SOCIAL WORKER AND OFFERS ONSITE INTERPRETERS FOR OVER 10 LANGUAGES OR LANGUAGE LINE INTERPRETERS VIA PHONE FOR VIRTUALLY ANY LANGUAGE THE BILINGUAL STAFF IS DEDICATED TO PROVIDING CULTURALLY COMPETENT HEALTH CARE TO ALL PATIENTS ADDITIONAL SERVICES AT CIH INCLUDE ADULT INTERNAL MEDICINE PRIMARY CARE FOR NON-ENGLISH SPEAKING AND LIMITED ENGLISH SPEAKING PATIENTS, MEDICAL ISSUES/CHRONIC ILLNESS, REFUGEE &amp; IMMIGRANT HEALTH CARE, MEDICATION EVALUATION &amp; MANAGEMENT, CROSS CULTURAL HEALTH CARE CONSULTS, WORKERS COMPENSATION EXAMS FOR FOREIGN BORN PATIENTS, AND INS ADJUSTMENT OF STATUS EXAMS FOR FAMILIES (CIVIL SURGEON ON STAFF) IN ADDITION, CIH OFFERS SAME-DAY APPOINTMENTS FOR PRIMARY CARE, REMOVING THE NEED FOR MOST REFERRALS TO SPECIALISTS WITHIN HPMG HEALTH PROFESSIONAL EDUCATION HEALTHPARTNERS SEEKS TO BE THE BEST AND MOST TRUSTED PROVIDER OF HEALTH CARE, HEALTH PROMOTION, HEALTH CARE FINANCING AND HEALTH CARE ADMINISTRATION IN THE UNITED STATES HEALTHPARTNERS' MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY IN PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, HEALTHPARTNERS INSTITUTE (INSTITUTE) TRAINS MORE THAN 500 RESIDENT PHYSICIANS (130 FTES) ANNUALLY IN 22 PROGRAMS HO SPITAL AND HPMG FOR A FULL REPORT ON THE INSTITUTE'S 2016 RESEARCH, PLEASE SEE THE INSTITUTE'S FORM 990 RETURN HOSPICE AND PALLIATIVE CARE (HPC) GHI ALSO OPERATES HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE (HPC), A COMPREHENSIVE CARE PROGRAM FOR PATIENTS WITH A TERMINAL DIAGNOSIS OF SIX MONTHS OR LESS HPC IS MEDICARE-CERTIFIED AND LICENSED BY THE STATE OF MINNESOTA WITH AN EMPHASIS ON ENABLING PATIENTS TO REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE, HOSPICE TEAMS INCLUDE SPECIALLY-TRAINED HPMG PHYSICIANS AND NURSES, SOCIAL WORKERS, HOME HEALTH AIDES, VOLUNTEERS, CHAPLAINS AND COUNSELORS WHO TOGETHER PROVIDE, EMOTIONAL, SPIRITUAL, AND MEDICAL SUPPORT HEALTHPARTNERS SPECIALTY CENTER THE HEALTHPARTNERS SPECIALTY CENTER IS COMPRISED OF TWO BUILDINGS - 401 PHALEN BOULEVARD AND 435 PHALEN BOULEVARD - AND CONTAINS HPMG CLINICS AND REGIONS HOSPITAL-BASED SPECIALTY DEPARTMENTS THAT ARE ALL CONNECTED WITH THE LATEST IN ELECTRONIC MEDICAL RECORDS AND EASILY ACCESSIBLE DIGITAL X-RAYS THE LOCATION FEATURES MORE THAN 25 SPECIALTIES ON ONE CAMPUS GHI CONTINUED TO PROVIDE FREE SHUTTLE SERVICES FROM REGIONS HOSPITAL TO THE HEALTHPARTNERS SPECIALTY CENTER FOR PATIENTS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<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 IN 2016, 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 FINANCIAL CONTRIBUTIONS HEALTHPARTNERS GIVES PRIORITY TO FUNDING PARTNERSHIPS AND PROJECTS THAT ARE CONSISTENT WITH HEALTH PARTNERS' STRATEGIC HEALTH PROMOTION INITIATIVES, FOCUS ON ACTIVITIES THAT PREVENT HEALTH PROBLEMS, ADDRESS THE NEEDS OF PEOPLE IN OUR SERVICE AREA, AND/OR DISPLAY UNDERSTANDING OF THE DIVERSE NEEDS OF OUR POPULATION AND INDICATE HOW THEY WILL REDUCE DISPARITIES IN HEALTH OUTCOMES HEALTHPARTNERS EMPLOYEES GAVE WITH THEIR MILLION DOLLAR HEARTS TO THE COMMUNITY AND OUR FOUNDATION MISSIONS THROUGH THE COMMUNITY GIVING AND SHARING AT WORK CAMPAIGNS, AS WELL AS OUR WALK ENGAGEMENTS ADDITIONALLY, HEALTHPARTNERS PARTICIPATED IN COMMUNITY FESTIVALS AND EVENTS PROVIDING OUTREACH AND EDUCATION RESOURCES TO THE COMMUNITY ON A VARIETY OF HEALTH TOPICS, INCLUDING BODY MASS INDEX, HEALTHY EATING, SMOKING CESSATION, CHOLESTEROL, BLOOD PRESSURE, IMMUNIZATIONS AND MORE FUNDRAISING WALKS AMERICAN HEART WALK (MAY 14, 2016) - 437 REGISTERED WALKERS PLUS FRIENDS AND FAMILY RAISED \$34,609 MARCH FOR BABIES (APRIL 30, 2016) - 27 REGISTERED WALKERS PLUS FRIENDS AND FAMILY RAISED \$3,712 NAMI WALK (SEPT 26, 2016) - 260 REGISTERED WALKERS PLUS FRIENDS AND FAMILY RAISED OVER \$17,000 FESTIVALS AND HEALTH FAIRS FREEDOM SCHOOL SOMALI INDEPENDENCE DAY RONDO DAYS FIESTA LATINA FAIR NATIVE AMERICAN INDIAN HEALTH FAIR Hmong HEALTH FAIR AT JULY 4TH SOCCER TOURNAMENT Hmong Mental HEALTH CONFERENCE, "KOJ PUAS NYOB ZOO" BRIGHT FUTURES PARTNERSHIP WITH GREATER TWIN CITIES UNITED WAY BARAZA POWER TO END STROKE TWIN CITIES PRIDE FESTIVAL LOCAL HEALTHY FOODS EXHIBIT AT THE MINNESOTA STATE FAIR HABITAT FOR HUMANITY HEALTHPARTNERS SPONSORED A TWO-WEEK BUILD IN ST PAUL IN 2016 OUR 116 VOLUNTEERS CONTRIBUTED 826 HOURS OF BUILD SERVICE SPEED VOLUNTEERING SPEED VOLUNTEERING ARE VOLUNTEERING OPPORTUNITIES ORGANIZED BY HEALTH PARTNERS COMMUNITY RELATIONS TO CONTINUE OUR EMPLOYEE ENGAGEMENT WITH OUR COMMUNITY ORGANIZATIONS TWO-HOUR DROP-IN VOLUNTEERING SESSIONS ARE ORGANIZED ON SITE AND EMPLOYEES DONATE THEIR TIME VOLUNTEER TIMES HAVE RANGED ANYWHERE FROM FIVE MINUTES UP TO 120 MINUTES, DEPENDING ON THE EMPLOYEE VOLUNTEER AVAILABILITY MARTIN LUTHER KING, JR DAY OF SERVICE - 1/18 - 384 POUNDS OF FOOD DONATED</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>D, 1, 348 POUNDS OF PERSONAL HYGIENE, 330 SNACK PACKS AND 138 DETERGENT BAGS WERE DONATED TO COMMUNITY ORGANIZATIONS WITH OVER 40 VOLUNTEERS AND A TOTAL OF 25 HOURS DONATED FOR THIS EVENT</p> <p>GARDENING MATTERS - 3/10, 4/27 - SINCE 2008, GARDENING MATTERS HAS BEEN DEDICATED TO THE SUCCESS AND SUSTAINABILITY OF COMMUNITY GARDENS THIS IS THE GO-TO ORGANIZATION FOR ALL THINGS COMMUNITY GARDENING-RELATED GARDENING MATTERS PROVIDES RESOURCES, TRAINING, REFERRALS, AND MUCH MORE</p> <p>HEALTHPARTNERS EMPLOYEES DONATED OVER 30 HOURS TO THIS EVENT AND REPACKAGED HUNDREDS OF SEEDS! CARD COLORING PARTNERSHIP WITH MINNESOTA BRAIN INJURY ALLIANCE - 6/22 - THE MINNESOTA BRAIN INJURY ALLIANCE OFFERS SUPPORT TO MINNESOTANS AFFECTED BY BRAIN INJURY THROUGH ADVOCACY AND PUBLIC POLICY AND RESOURCE FACILITATION SERVICES, WHICH PROVIDE PERSONAL ONE-ON-ONE CONNECTION TO INFORMATION AND RESOURCES HEALTHPARTNERS HAD 16 VOLUNTEERS WHO MADE OVER 80 CARDS FOR THIS EVENT AND TOTALED 11 HOURS DONATED DONATIONS HEALTHPARTNERS HAS HAD A WONDERFUL PARTNERSHIP WITH THE FOOD GROUP THE FOOD GROUP IS A FULL-SERVICE FOOD BANK WITH OVER 200 HUNGER RELIEF PARTNERS STATEWIDE PROVIDING FREE FOOD, ACCESS TO BULK FOOD PURCHASING, AND FORMALIZED FOOD DRIVE PROGRAMS WE ALSO OFFER FOOD SERVICES FREE DELIVERY, AND OUTREACH AND ADVOCACY OPPORTUNITIES UNLIKE SOME FOOD BANKS, WE DO NOT CHARGE MEMBERSHIP OR HANDLING FEES TO OUR NETWORK OF HUNGER-RELIEF PROGRAMS IN 2016, HEALTHPARTNERS CONTRIBUTED 1,348 POUNDS OF NON-FOOD ITEMS THAT INCLUDES PERSONAL HYGIENE ITEMS AND 2,532 NONFOOD ITEMS EMPLOYEE GIVING HEALTHPARTNERS COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITY EXTENDS BEYOND ITS DOORS ADDRESSING DISPARITIES IS ONE OF THE REASONS HEALTHPARTNERS HAS A COMMITMENT TO WORKPLACE GIVING A COMPREHENSIVE EMPLOYEE GIVING CAMPAIGN IS A KEY WAY TO PROVIDE A SAFETY NET OF SERVICES AND SUPPORT TO IMPROVE THE HEALTH OF THE COMMUNITY TWICE A YEAR, HEALTHPARTNERS EMPLOYEES HAVE THE OPPORTUNITY TO MAKE DONATIONS THAT BENEFIT HEALTHPARTNERS PROGRAMS INTERNALLY AND THEIR OVERALL COMMUNITIES EXTERNALLY THESE OPPORTUNITIES ARE THE SHARING AT WORK CAMPAIGN WHICH OCCURS DURING THE SPRING AND THE COMMUNITY GIVING CAMPAIGN WHICH OCCURS DURING THE FALL IN 2016, REGIONS HOSPITAL AND OTHER HEALTHPARTNERS ORGANIZATION EMPLOYEES DONATED \$498,042 TO THE FOUNDATION'S ANNUAL SHARING AT WORK CAMPAIGN, WHICH RAISES FUNDS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION WITH A HEALTHPARTNERS MATCH, THE CAMPAIGN RAISED \$996,084 PATIENT CARE FUNDS FROM THE CAMPAIGN WERE SPLIT BETWEEN WISHING WELL, REACH OUT AND READ AND CARE IMPROVEMENT GRANTS THIRTY PROGRAMS RECEIVED PATIENT CARE GRANT SUPPORT FOR A TOTAL OF \$172,141 WORTH OF ASSISTANCE THE 2016 SHARING AT WORK CAMPAIGN ALSO RAISED MONEY FOR HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE AND OTHER ORGANIZATIONS WITHIN HEALTHPARTNERS, INCLUDING AMERY HOSPITAL FOUNDATION, HUDSON HOSPITAL FOUNDATION, WESTFIELDS HOSPITAL FOUNDATION AND LAKEVIEW MEMORIAL HOSPITAL FOUNDATION TH</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>E FUNDS RAISED THROUGH THE COMMUNITY GIVING CAMPAIGN SUPPORTS SEVEN LOCAL FEDERATIONS GREATER TWIN CITIES UNITED WAY, UNITED WAY OF WASHINGTON COUNTY-EAST, ST CROIX VALLEY UNITED WAY, AND UNITED WAY OF CENTRAL MINNESOTA, COMMUNITY SHARES MINNESOTA, COMMUNITY HEALTH CHARITIES-MINNESOTA AND THE MINNESOTA ENVIRONMENTAL FUND IN 2016, HEALTHPARTNERS' COMMUNITY GIVING CAMPAIGN RAISED \$341,708, WHICH INCLUDED EMPLOYEE PLEDGES THROUGH AUTOMATIC PAYROLL DEDUCTIONS, \$60,000 FROM HEALTHPARTNERS THAT WAS DISTRIBUTED TO ALL FEDERATIONS, AND ADDITIONAL EMPLOYEE FUNDRAISING DOLLARS THROUGH SPECIAL EVENTS ACROSS THE ORGANIZATION IN-KIND DONATIONS HEALTHPARTNERS SUPPORTS AND CONTRIBUTES TO NUMEROUS NON-PROFIT ORGANIZATIONS THROUGHOUT THE YEAR BY PROVIDING MEETING SPACE AND DONATING USED EQUIPMENT IN 2016, HEALTHPARTNERS DONATED OFFICE SUPPLIES AND FURNITURE TO LOCAL ORGANIZATIONS IN ADDITION, HEALTHPARTNERS PROVIDES TIME AND OPPORTUNITIES FOR EMPLOYEES TO COORDINATE DRIVES FOR FOOD, CLOTHING, BOOKS AND TOYS ON LOCATION AT THE WORK PLACE COMMUNITY BUILDING ACTIVITIES TRIPLE AIM HEALTHPARTNERS IS WORKING TO TRANSFORM HEALTH CARE BY DELIVERING OUTSTANDING CARE AND SERVICE THAT IS CONSISTENT WITH THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S "TRIPLE AIM" INITIATIVE HEALTHPARTNERS IS ONE OF 12 ORGANIZATIONS PARTICIPATING IN THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM PROJECT, AN INTERNATIONAL INITIATIVE TO DEVELOP MODELS OF CARE THAT SIMULTANEOUSLY OPTIMIZE THE HEALTH OF THE POPULATION AND THE EXPERIENCE OF EACH INDIVIDUAL, AND REDUCE PER CAPITA HEALTH CARE COSTS THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) SELECTED HEALTHPARTNERS IN 2007 FOR THIS MULTI-YEAR PROJECT BASED ON INITIATIVES HEALTHPARTNERS HAD IN PLACE THAT SUPPORT THE TRIPLE AIM BEING PART OF AN INTEGRATED ORGANIZATION ALLOWS ENTITIES TO ADOPT AND SHARE IMPROVEMENTS SUCH AS BEST PRACTICES AND PATIENT EDUCATION MATERIALS ACROSS THE SYSTEM HEALTHPARTNERS CONTINUES TO WORK WITH THE TRIPLE AIM AS WE WORK TOWARDS EXCELLENCE IN HEALTH CARE HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS LIVE HEALTHIER LIVES AND LOWERS COSTS THROUGH OUR UNIQUE WELLNESS PROGRAMS, ADVOCACY EFFORTS AND INNOVATIVE PAYMENT APPROACHES WHICH INCENT AND REWARD QUALITY, WE ARE ABLE TO PROVIDE BETTER VALUE FOR OUR CUSTOMERS WE COLLABORATE WITH OTHER PLANS, CARE PROVIDERS AND NON-PROFIT ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND DISSEMINATE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY AND COLLABORATE ON SYSTEM IMPROVEMENTS BY PARTNERING WITH PROVIDERS, MEMBERS, PURCHASERS, AND THE COMMUNITY, WE ARE LEVERAGING OUR PLAN CAPABILITIES TO DEVELOP INITIATIVES, WHICH IMPROVE HEALTH, MEMBER EXPERIENCE AND AFFORDABILITY</p>

**990 Schedule O, Supplemental Information**

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.</p> <p>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.</p> <p>HEALTHPARTNERS FINANCIALLY INCENTIVIZES PROVIDERS THROUGH ITS TCOC PROGRAM TO ACHIEVE THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM: IMPROVING THE HEALTH OF THE POPULATION, ENHANCING THE PATIENT'S 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).</p> <p>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 MEASURE, 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. HEALTH.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>HPARTNERS 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. ORGANIZATION-WIDE PROGRAMMING FOR EQUITABLE CARE AND SERVICE ENCOMPASSES THE HEALTHPARTNERS HEALTH PLANS, HPMG AND HPDG CLINICS AND REGIONS HOSPITAL. EQUITABLE CARE CHAMPIONS IN 2016, THE EQUITABLE CARE CHAMPION WAS LAUNCHED (PREVIOUSLY KNOWN AS THE EQUITABLE CARE FELLOWS PROGRAM). "A CHAMPION IS A PERSON WHO VOLUNTARILY TAKES EXTRAORDINARY INTEREST IN THE ADOPTION, IMPLEMENTATION AND SUCCESS OF A CAUSE, POLICY OR PROGRAM THROUGHOUT AN ORGANIZATION. ALSO CALLED CHANGE ADVOCATE, CHANGE AGENT OR IDEA CHAMPION." THIS IS HOW WE DEFINE OUR EQUITABLE CARE CHAMPIONS ACROSS THE HEALTHPARTNERS ORGANIZATION. 2016 ACCOMPLISHMENTS INCLUDE PARTICIPATION OF 170 EQUITABLE CHAMPIONS ORG-WIDE, 650 SUBSCRIBERS TO THE CULTURE ROOTS NEWSLETTER, HOSTED ANNUAL EQUITABLE CARE CHAMPIONS EVENT, LAUNCHED THE QUARTERLY EDUCATIONAL OPPORTUNITIES NEWSLETTER, OFFERED NEW CHAMPION ORIENTATIONS IN EARLY 2016, DIVERSITY &amp; INCLUSION COMMITTEE WAS FORMED WITH REPRESENTATIVES FROM HR, PRIMARY CARE CLINICS AND CLINICAL PROJECTS. IN SEPTEMBER 2016, PRIMARY CARE SERVICE LINE KICKED OFF EMBRACING DIVERSITY WITH SCENARIO-BASED ACTIVITIES. CULTURE ROOTS IS A BIMONTHLY SERIES OF SHORT ARTICLES FOCUSED ON EQUITABLE CARE TOPICS. EQUITABLE CARE IS GENERALLY DEFINED AS A STATE IN WHICH EVERY PERSON CAN ACHIEVE THEIR HIGHEST POSSIBLE LEVEL OF HEALTH. THESE ARTICLES CAN HELP US IMPROVE THE CULTURE OF HEALTH CARE FOR PATIENTS AND MEMBERS WHO MAY FACE DISCRIMINATION OR MARGINALIZATION IN SOCIETY. EACH ARTICLE PRESENTS A SCENARIO, PROVIDES BACKGROUND ON ITS RELATED CONCEPTS AND SUGGESTS ACTION STEPS TOWARD REMOVING THE BARRIERS TO FAIR AND EQUITABLE CARE. WE HAVE BUILT A CULTURE OF EQUITABLE CARE IN OUR ORGANIZATION THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS. COMMUNITY PARTNERSHIP DEVELOPMENT IS A CORE STRATEGY IN OUR WORK TO PROMOTE EQUITABLE CARE. THOSE CONSIST OF LARGER, MULTI-YEAR PARTNERSHIPS, SUCH AS THE ST. PAUL PRO-MISE NEIGHBORHOOD, THE YWCA, IT'S TIME TO TALK SERIES, THE AFRICAN AMERICAN LEADERSHIP FORUM, OUR SCHOOL-BASED CLINICS AND THE YUMPOWER SCHOOL CHALLENGE, AS WELL AS MANY OTHER PROGRAMS AND SERVICES AS HIGHLIGHTED IN THIS SECTION. IN 2016, WE INITIATED A SERIES OF CONVERSATIONS ON EMBRACING DIFFERENCES ACROSS THE ORGANIZATION AND WITH OUR BOARDS OF DIRECTORS THROUGH OUR DIVERSITY AND INCLUSION EFFORTS "BREAKING ICE" PROGRAM, IN PARTNERSHIP WITH THE PILLSBURY THEATER. 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.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>AL 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 -</p> <p>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 -</p> <p>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 -</p> <p>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</p> <p>FINAL PRIORITIZED NEEDS - MENTAL AND BEHAVIORAL HEALTH - ACCESS AND AFFORDABILITY - CHRONIC DISEASE AND ILLNESS PREVENTION -</p> <p>EQUITABLE CARE 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ORGANIZATION AWARDS AND ACHIEVEMENTS IN 2016, 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 MORE THAN 50 AWARDS AND RECOGNITION FROM THIRD-PARTY ORGANIZATIONS IN 2016 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 THE MINNESOTA BUSINESS ETHICS AWARD, WHICH IS GIVEN TO ORGANIZATIONS THAT EXEMPLIFY HIGH ETHICAL STANDARDS IN BUSINESS BEING NAMED THE TOP-RATED PRIVATE HEALTH PLAN IN MINNESOTA BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE FOR THE 12TH YEAR IN A ROW! HAVING OUR REGIONS HOSPITAL "STREET TO TREAT" STROKE PROGRAM NAMED "INNOVATION OF THE YEAR IN PATIENT CARE" BY THE MINNESOTA HOSPITAL ASSOCIATION RECEIVING MORE THAN A DOZEN PRACTICE GREENHEALTH "ENVIRONMENTAL EXCELLENCE" AWARDS FOR HEALTHPARTNERS, HUDSON HOSPITAL AND WESTFIELDS HOSPITAL, WHICH RECOGNIZE OUR SUSTAINABILITY EFFORTS OTHER AWARDS INCLUDE J D POWER AND ASSOCIATES TOP HEALTH PLAN IN MINNESOTA AND WISCONSIN REGION MINNEAPOLIS ST PAUL BUSINESS JOURNAL EUREKA! INNOVATION AWARD (MAKE IT OK) HUMAN RIGHTS CAMPAIGN 2016 LGBT HEALTHCARE EQUALITY LEADER (METHODIST, REGIONS AND LAKEVIEW HOSPITALS) FORBES AMERICA'S BEST EMPLOYER (PARK NICOLLET HEALTH SERVICES) MINNEAPOLIS ST PAUL BUSINESS JOURNAL 40 UNDER 40 (DR DREW ZINKEL) HEALTH DATA MANAGEMENT MOST POWERFUL WOMEN IN HEALTHCARE IT (MARY BRAINERD) CITY OF ST PAUL SUSTAINABLE ST PAUL AWARDS (REGIONS HOSPITAL) MINNESOTA SAFETY COUNCIL GOVERNOR'S WORKPLACE SAFETY AWARD (PARK NICOLLET) MPLS ST PAUL MAGAZINE TOP DOCTORS MINNESOTA MONTHLY BEST DOCTORS HOSPITAL AND HEALTH NETWORK MAGAZINE'S MOST WIRED (HEALTHPARTNERS) MODERN HEALTHCARE 100 MOST INFLUENTIAL PEOPLE IN HEALTHCARE (MARY BRAINERD) MINNESOTA PHYSICIAN TOP 100 LEADERS IN HEALTH CARE (MARY BRAINERD, DR BRIAN RANK, DR STEVE CONNELLY, MEGAN REMARK) MINNESOTA BUSINESS MAGAZINE LEADERS IN HEALTH CARE AWARDS (DR DREW ZINKEL) CENTERS FOR MEDICARE AND MEDICAID SERVICES CMS 5 STAR RATING (MEDICARE PLANS) ASSOCIATION OF COMMUNITY CANCER CENTERS INNOVATOR AWARD (FRAUENSHUH CANCER CENTER) BECKER'S HOSPITAL REVIEW 130 WOMEN HOSPITAL AND HEALTH SYSTEM LEADERS TO KNOW (MARY BRAINERD)</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	HPI IS THE SOLE CORPORATE MEMBER OF GHI. ADDITIONALLY, EACH CONTRACT HOLDER OF GHI OR ITS RELATED ORGANIZATIONS IS AN "ASSOCIATE MEMBER" OF GHI. EACH ASSOCIATE MEMBER HAS ONE VOTE. BYLAWS, SECTION 1.1

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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>

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 1, 2, & 11	PRESENTING CASH POSTIONS THAT WERE CHARACTERIZED AS OVERNIGHT TO INVESTMENTS DUE TO TIMING



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFER TO AN AFFILIATED ORGANIZATION -9,500,000 FASB 158 PENSION ADJUSTMENT -137,783 FASB 158 POST RETIREMENT ADJUSTMENT 600,012

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318038837	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships  ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization GROUP HEALTH PLAN INC			Employer identification number 41-0797853

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

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

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTHPARTNERS INC - MANAGEMENT AND HEALTHCARE SUPPORT SERVICES	L	116,704,000	CASH AMOUNT
(2) HEALTHPARTNERS INC - HEALTHCARE SERVICES	L	61,344,458	CASH AMOUNT
(3) PHYSICIANS NECK & BACK CLINICS - OPERATIONAL SERVICES	Q	5,525,032	CASH AMOUNT
(4) PHYSICIANS NECK & BACK CLINICS - HEALTHCARE SERVICES	P	527,072	CASH AMOUNT

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
(1)  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
(1)  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
(2)  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
(3)  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
(4)  8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE SUPPORT TO HOSPITAL AND TO IMPROVE COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY		No
(5)  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
(6)  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
(7)  8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	N/A	Yes	
(8)  8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)1) (A)(III)	RH-WISCONSIN		No
(9)  8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND TO IMPROVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC		No
(10)  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
(11)  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
(12)  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
(13)  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
(14)  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
(15)  8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	PHYSICIANS GROUP	MN	501(C)(3)	509(A)(3) TYPE I	STILLWATER HEALTH SYSTEM		No
(16)  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
(17)  8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN		No
(18)  6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	HEALTHPARTNERS INC		No
(19)  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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21)  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
(1)  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
(2)  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
(3)  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
(4)  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
(5)  8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND TO IMPROVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC	Yes	



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

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