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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

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

Activities & Governance

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 2017 (Part V, line 2a)

5

8,671

6 Total number of volunteers (estimate if necessary)

6

284

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)

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)

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

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

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2018-11-13

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 13-5565207

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 (2017)

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 1,331,181,524	including grants of \$ 4,514,880)	(Revenue \$ 1,769,698,839)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	1,331,181,524
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	16,872
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8,671
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: MN	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	32,470,444	0	5,624,195

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 ► 1,940

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
KRAUS-ANDERSON CONSTRUCTION COMPANY 525 S 8TH STREET MINNEAPOLIS, MN 55404	CONSTRUCTION SERVICES	8,747,594
UNIVERSITY OF MN PHYSICIANS BOX 195 516 DELAWARE ST SE MINNEAPOLIS, MN 55455	PHYSICIAN SERVICES	8,712,898
UNIVERSITY OF MN MED CTR-WEST PO BOX 147 MINNEAPOLIS, MN 554400147	PHYSICIAN SERVICES	7,095,590
GREINER CONSTRUCTION COMPANY 121 S 8TH ST STE 1200 MINNEAPOLIS, MN 55402	CONSTRUCTION SERVICES	6,810,871
INTEREUM 9800 8TH AVE N PLYMOUTH, MN 55441	STAFFING SERVICES	5,612,061

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 297

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII						<input type="checkbox"/>	
			(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	532,285,226	532,285,226		
	b	MEDICARE & MEDICAID PA	621400	520,402,599	520,402,599		
	c	MEDICAL PREMIUMS	524114	167,756,442	167,756,442		
	d	OTHER MEDICAL SERVICE	621400	152,561,676	152,561,676		
	e	DENTAL PATIENT SERVICE	524114	42,842,223	42,842,223		
	f	All other program service revenue		16,550,103	16,550,103		
	g	Total. Add lines 2a-2f		1,432,398,269			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	2,846,602		2,846,602	
	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		142,595,183			
		b Less cost or other basis and sales expenses		139,245,405			
		c Gain or (loss)		3,349,778			
	d		Net gain or (loss)	3,349,778		3,349,778	
	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	191,195,751	191,195,751		
b		NON-TAXABLE AFFIL A&G	561000	146,104,819	146,104,819		
c							
d		All other revenue					
e		Total. Add lines 11a-11d		337,300,570			
12		Total revenue. See Instructions		1,775,895,219	1,769,698,839	0	
						6,196,380	

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
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,514,880	4,514,880		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	24,759,465		24,759,465	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	637,426,821	497,406,074	140,020,747	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	53,135,086	33,712,590	19,422,496	
9 Other employee benefits.	104,144,768	66,076,676	38,068,092	
10 Payroll taxes.	55,260,489	35,061,093	20,199,396	
11 Fees for services (non-employees):				
a Management.				
b Legal.	660,711		660,711	
c Accounting.	2,433,479		2,433,479	
d Lobbying.	546,513		546,513	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	50,286,249	19,825,264	30,460,985	
12 Advertising and promotion.	8,390,015	1,093,087	7,296,928	
13 Office expenses.	25,436,365	12,306,486	13,129,879	
14 Information technology.	59,340,624	1,796,696	57,543,928	
15 Royalties.				
16 Occupancy.	43,140,720	24,320,222	18,820,498	
17 Travel.	3,543,228	2,164,578	1,378,650	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,023,660	331,276	692,384	
20 Interest.	687,433	687,300	133	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	42,712,961	23,222,952	19,490,009	
23 Insurance.	2,346,440	2,346,440		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a HOSPITAL & MEDICAL SERV	404,595,236	404,534,474	60,762	
b SUPPLIES - MEDICAL & PH	182,334,952	182,098,049	236,903	
c OTHER EXPENSE	31,352,023	9,893,658	21,458,365	
d TAXES & ASSESSMENTS	11,074,476	7,208,524	3,865,952	
e All other expenses	2,581,205	2,581,205		
25 Total functional expenses. Add lines 1 through 24e.	1,751,727,799	1,331,181,524	420,546,275	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		101,639,143	1	103,582,349
	2	Savings and temporary cash investments		129,771,133	2	137,526,198
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		216,207,832	4	181,852,661
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		10,562,321	8	14,655,788
	9	Prepaid expenses and deferred charges		16,739,259	9	57,829,462
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 768,236,316			
	b	Less: accumulated depreciation	10b 480,510,345	261,788,290	10c	287,725,971
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		128,896,208	12	149,026,432
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		5,887,344	15	4,360,623
16	Total assets. Add lines 1 through 15 (must equal line 34)		871,491,530	16	936,559,484	
Liabilities	17	Accounts payable and accrued expenses		479,056,250	17	468,007,142
	18	Grants payable			18	
	19	Deferred revenue		4,141,903	19	6,483,590
	20	Tax-exempt bond liabilities		30,019,362	20	33,332,911
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		146,968,544	25	159,797,003
	26	Total liabilities. Add lines 17 through 25		660,186,059	26	667,620,646
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		211,305,471	27	268,938,838
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		211,305,471	33	268,938,838	
34	Total liabilities and net assets/fund balances		871,491,530	34	936,559,484	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,775,895,219
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,751,727,799
3	Revenue less expenses Subtract line 2 from line 1	3	24,167,420
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	211,305,471
5	Net unrealized gains (losses) on investments	5	8,614,015
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	24,851,932
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	268,938,838

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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 (2017)

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			
THOMAS BRINSKO DIRECTOR	4 70	X						30,000	0	0
SUSAN HOYT DIRECTOR	4 20	X						28,000	0	0
RUTH MICKELSEN DIRECTOR & CHAIR	5 00	X						40,000	0	0
PHILIP DONALDSON DIRECTOR	3 10	X						22,917	0	0
KEN THOME DIRECTOR	0 50	X						2,333	0	0
BRIAN H RANK MD DIRECTOR & MEDICAL DIRECTOR	3 20 66 80	X		X				960,750	0	111,150
CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER	9 80 30 20			X				323,928	0	50,751
ALAN V ABRAMSON SR VP & CIO	7 90 39 10			X				618,526	0	131,640
SCOTT A AEBISCHER SR VP CUSTOMER SERV/PROD	12 40 37 60			X				742,896	0	160,633
CALVIN U ALLEN SR VP, MELROSE INSTITUTE	4 90 45 10			X				683,082	0	192,419

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			
FELIX ANKEL MD EXEC DIR - HEALTH PROF	0 50 49 50			X				500,853	0	92,679
BABETTE A APLAND SR VP, MELROSE INSTITUTE	0 50 49 50			X				397,668	0	87,061
SHANNON B BEAUDIN-KLEIN VP MARKETING & COMMUNICATION	14 90 45 10			X				112,386	0	13,415
COURTNEY BIBEE VP CARE GROUP COMPLIANCE	0 50 39 50			X				248,405	0	49,069
MARY K BRAINERD PRESIDENT & CEO	12 80 37 20			X				1,625,970	0	83,812
RICK J BRUZEK VP PHARMACY SERVICES	7 80 37 20			X				227,779	0	41,578
STEVEN D BUNDE VP INTERNAL AUDIT	9 10 40 90			X				261,841	0	88,561
DAVID BUSCH VP PHARMACY SERVICES	17 80 42 20			X				286,043	0	77,510
KATHLEEN M COONEY EXECUTIVE VP & CAO	12 70 42 80			X				991,272	0	229,887
ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRIT	8 90 25 10			X				557,406	0	144,904

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			
TRICIA L DEGE VP FINANCE & PLANNING	0 50 39 50			X				356,403	0	74,800
PATRICIA S DENNIS SR VP HEALTH & CARE ENGAGE	0 50 54 50			X				328,165	0	26,757
AMY L DEWANE VP - CARE SYSTEMS GROWTH	0 50 49 50			X				352,955	0	51,172
LESLIE DOCKAN VP, PRIMARY CARE & CLINIC	0 50 49 50			X				347,771	0	51,096
DAVID A DZIUK SR VP & CFO	12 90 42 10			X				654,806	0	223,250
JAMES EPPEL EXECUTIVE VP & CAO	0 50 54 50			X				443,129	0	89,467
CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECTOR	12 20 41 80			X				545,389	0	105,486
JASON GALLAGHER VP,HEALTH INFORMATICS	12 20 37 80			X				308,296	0	72,529
YOUNG FRIED VP PHARMACY SERVICES	39 50 0 50			X				224,076	0	40,599
DAVID S GESKO SR VP - DENTAL DIRECTOR	0 50 59 50			X				629,698	0	103,363

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			
TIM M HALEY VP BROKER SALES	8 80 36 20			X				352,797	0	91,842
MARK HANSBERRY VP, BUSINESS DEVELOPMENT	0 50 49 50			X				422,303	0	73,131
SUSAN M KNUDSON VP HEALTH INFORMATICS	12 20 37 80			X				458,397	0	130,147
CHAD HEIM VP - HEALTH INFORMATICS	49 50 0 50			X				304,566	0	80,127
STEVEN C HOUSH VP ORTHOPEDIC SERVICES	0 50 59 50			X				395,015	0	51,781
CARA HULL CHIEF QUALTY OFFICER	39 50 0 50			X				352,362	0	88,328
GEORGE J ISHAM MD MS SENIOR ADVISOR	2 40 37 60			X				214,355	0	18,901
KIM R LAREAU VP IS&T CARE DELIVERY	8 60 41 40			X				386,862	0	88,159
VINI T MANCHANDA VP - SUPPLY CHAIN SERVICES	1 70 48 30			X				275,708	0	69,649
NANCY A MCCLURE CHIEF OPERATING OFFICER	0 50 49 50			X				1,988,548	0	127,082

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK P MCQUILLAN VP - TREASURY & REAL ESTATE	7 60 42 40			X				318,499	0	107,489
FRANK MULLER VP - TECHNOLOGY & INFRAST	8 30 38 70			X				260,751	0	79,975
PEGGY S NEALE VP - NATIONAL ACCOUNT	0 30 44 70			X				281,359	0	77,787
ANDREW F NELSON VP - INST EXECU DIR	0 50 53 50			X				280,104	0	106,887
JEFFREY OGDEN VP - HP DENTAL PLAN	0 50 39 50			X				229,340	0	47,035
KEVIN J PALATTAO VP CLINIC PATIENT CARE SYS	0 50 54 50			X				361,797	0	92,813
NICO PRONK PHD VP & HEALTH SCIENCE OFFICE	12 20 44 80			X				398,375	0	96,698
KEVIN R RONNEBERG VP - ASSOCIATE MEDICAL DIR	39 50 0 50			X				373,077	0	50,521
KATIE B SAYRE SR VP HLTH PLAN OPS & GOV	13 30 36 70			X				535,083	0	175,306
SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS	8 10 41 90			X				459,235	0	121,497

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS ZHU MD PHYSICIAN	40 00					X		1,261,907	0	99,498
MATTHEW KANG MD PHYSICIAN	70 00					X		1,356,382	0	63,105
RICHARD DAVIS MD PHYSICIAN	40 00					X		1,260,539	0	64,308
FOTIS SOUSLIAN MD PHYSICIAN	40 00					X		1,125,787	0	62,414

SCHEDULE A (Form 990 or 990EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization GROUP HEALTH PLAN INC		Employer identification number 41-0797853

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a 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>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a 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>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 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>	7	
8 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>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a 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>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
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>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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 C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶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 <u>www.irs.gov/form990</u>.	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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		546,513													
c Total lobbying expenditures (add lines 1a and 1b)		546,513													
d Other exempt purpose expenditures		1,751,181,286													
e Total exempt purpose expenditures (add lines 1c and 1d)		1,751,727,799													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	577,344	583,391	561,095	546,513	2,268,343
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
GROUP HEALTH PLAN INC

Employer identification number
41-0797853

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ 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?

☐ Yes ☐ 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)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		9,384,304		9,384,304
b Buildings		236,639,991	110,496,726	126,143,265
c Leasehold improvements		87,149,151	70,256,131	16,893,020
d Equipment		229,687,820	165,557,620	64,130,200
e Other		205,375,050	134,199,868	71,175,182
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				287,725,971

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) PROFESSIONAL LIABILITY TRUST	51,220,918	C
(B) DEFERRED COMPENSATION INVESTMENTS	88,429,467	C
(C) INVESTMENT IN CRITICAL ACCESS HOSPITALS LOCATED IN WISCONSIN	4,735,611	C
(D) INVESTMENT IN SUBURBAN IMAGING, LLC	4,251,911	C
(E) INVESTMENT IN "PET" IMAGING EQUIPMENT	26,691	C
(F) INVESTMENT IN MYRTLE DIALYSIS	361,834	C
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	149,026,432	

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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
CLAIMS PAYABLE	29,812,718	
DEFERRED COMPENSATION AND BENEFITS	89,178,708	
POST RETIREMENT BENEFIT OBLIGATION	5,952,942	
PROFESSIONAL LIABILITY	34,852,635	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	159,797,003	

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.

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

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

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

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

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 7 OR 2016 FOR UNRECOGNIZED TAX BENEFITS

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
GROUP HEALTH PLAN INC

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

Complete if the organization answered "Yes," 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.

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number
41-0797853

Part I

General Information on Grants and Assistance

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

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

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	GROUP HEALTH PLAN, INC (GHI) MANAGEMENT STAFF 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
TWIN CITIES HABITAT FOR HUMANITY 3001 FOUTH STREET SE MINNEAPOLIS, MN 55414	36-3363171	501(C)(3)	8,000				PROGRAM SUPPORT
MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	15,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF ST PAUL AND MINNEAPOLIS 1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 554032005	41-1302487	501(C)(3)	15,000				PROGRAM SUPPORT
AFRICAN AMERICAN LEADERSHIP FORUM 222 SOUTH 9TH STREET SUITE 1600 MINNEAPOLIS, MN 55402	47-2200830	501(C)(3)	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
RENEWING THE COUNTRYSIDE 782 HAGUE AVE ST PAUL, MN 55104	20-0189339	501(C)(3)	10,000				PROGRAM SUPPORT
FRIENDS OF THE ST PAUL PUBLIC LIBRARY 325 CEDAR STREET SUITE 555 ST PAUL, MN 551011055	41-6029683	501(C)(3)	11,000				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
THINK SMALL 10 YOURKTON COURT ST PAUL, MN 55117	41-1260581	501(C)(3)	10,000				PROGRAM SUPPORT
GREATER TWIN CITIES UNITED WAY 404 S EIGHTH ST MINNESPOLIS, MN 55404	41-1973442	501(C)(3)	30,859				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 ST THOMAS 2115 SUMMIT AVE ST PAUL, MN 55105	41-0693970	501(C)(3)	10,000				PROGRAM SUPPORT
YWCA OF MINNEAPOLIS 1130 NICOLLET AVE MINNEAPOLIS, MN 55403	41-0693891	501(C)(3)	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
LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	41-1386635	501(C)(3)	45,100				PROGRAM SUPPORT
MINNESOTA DENTAL ASSOCIATION 1335 INDUSTRIAL BLVD SUITE 200 MINNEAPOLIS, MN 554134801	41-0418600	501(C)(3)	16,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426	23-7346465	501(C)(3)	115,605				PROGRAM SUPPORT
REGIONS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	41-1888902	501(C)(3)	312,543				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	41-0907986	501(C)(3)	10,000				PROGRAM SUPPORT
AMERY REGIONAL MEDICAL CENTER FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	39-0908320	501(C)(3)	22,596				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
RAMSEY INTEGRATED HEALTH SERVICES 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	41-1503090	501(C)(3)	960,000				PROGRAM SUPPORT

Schedule J (Form 990)	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.	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold;">2017</div> Open to Public Inspection
	Name of the organization GROUP HEALTH PLAN INC	Employer identification number 41-0797853

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div style="width: 48%;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) </div> </div>			
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div style="width: 48%;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>			
4 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			
a Receive a severance payment or change-of-control payment?	4a	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 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			
a The organization?	5a		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No
6 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			
a The organization?	6a	Yes	
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	Yes	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8 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	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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.

See Additional Data Table

Schedule J (Form 990) 2017

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	TOTAL COMPENSATION IN COLUMN E OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM SEVERANCE FOR THE FOLLOWING DIRECTORS AND OFFICERS: PATRICIA DENNIS \$ 161,124. DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS: SCOTT A. AEBISCHER \$ 15,340; CALVIN U. ALLEN \$ 58,382; KATHLEEN M. COONEY \$ 59,031; ROBERT B. CUMMING \$ 18,641; DAVID A. DZIUK \$ 42,301; JAMES EPPEL \$ 39,704; CHARLES J. FAZIO \$ 35,583; DAVID S. GESKO \$ 23,695; MARK HANSBERRY \$ 9,304; SUSAN M. KNUDSON \$ 12,390; KATHERINE B. SAYRE \$ 33,647; SCOTT A. SCHNUCKLE \$ 12,396; DOUGLAS N. SMITH \$ 14,631; BARBARA E. TRETHEWAY \$ 29,051; ANDREA M. WALSH \$ 91,631; DONNA J. ZIMMERMAN \$ 25,370.
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 \$ 63,610; SCOTT AEBISCHER \$ 243,159; CALVIN U. ALLEN \$ 45,414; BABETTE A. APLAND \$ 12,032; MARY K. BRAINERD \$ 578,092; KATHLEEN M. COONEY \$ 129,768; ROBERT B. CUMMING \$ 21,035; DAVID A. DZIUK \$ 55,672; CHARLES J. FAZIO \$ 35,233; DAVID S. GESKO, DDS \$ 18,187; GEORGE ISHAM \$ 88,671; SUSAN M. KNUDSON \$ 12,762; NANCY A. MCCLURE \$ 1,199,775; BRIAN H. RANK, MD \$ 131,318; KATIE B. SAYRE \$ 58,620; SCOTT A. SCHNUCKLE \$ 12,433; DOUG A. SMITH \$ 16,274; BARBARA E. TRETHEWAY \$ 27,628; ANDREA M. WALSH \$ 68,020; DONNA J. ZIMMERMAN \$ 27,391. 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)	613,703	179,316	167,731	71,415	39,735	1,071,900	131,318
	(ii)	0	0	0	0	0	0	0
1CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER	(i)	264,150	58,681	1,097	20,250	30,501	374,679	0
	(ii)	0	0	0	0	0	0	0
2ALAN V ABRAMSON SR VP & CIO	(i)	393,345	117,379	107,802	96,868	34,772	750,166	63,610
	(ii)	0	0	0	0	0	0	0
3SCOTT A AEBISCHER SR VP CUSTOMER SERV/PROD	(i)	365,607	103,924	273,365	124,486	36,147	903,529	243,159
	(ii)	0	0	0	0	0	0	0
4CALVIN U ALLEN SR VP, MELROSE INSTITUTE	(i)	484,091	146,977	52,014	156,711	35,708	875,501	45,414
	(ii)	0	0	0	0	0	0	0
5FELIX ANKEL MD EXEC DIR - HEALTH PROF	(i)	398,590	89,128	13,135	59,613	33,066	593,532	0
	(ii)	0	0	0	0	0	0	0
6BABETTE A APLAND SR VP, MELROSE INSTITUTE	(i)	290,328	72,422	34,918	67,008	20,053	484,729	12,032
	(ii)	0	0	0	0	0	0	0
7COURTNEY BIBEE VP CARE GROUP COMPLIANCE	(i)	194,872	42,735	10,798	19,663	29,406	297,474	0
	(ii)	0	0	0	0	0	0	0
8MARY K BRAINERD PRESIDENT & CEO	(i)	503,641	521,378	600,951	44,080	39,732	1,709,782	578,092
	(ii)	0	0	0	0	0	0	0
9RICK J BRUZEK VP PHARMACY SERVICES	(i)	176,900	23,088	27,791	11,744	29,834	269,357	0
	(ii)	0	0	0	0	0	0	0
10STEVEN D BUNDE VP INTERNAL AUDIT	(i)	209,357	47,086	5,398	58,900	29,661	350,402	0
	(ii)	0	0	0	0	0	0	0
11DAVID BUSCH VP PHARMACY SERVICES	(i)	226,344	51,060	8,639	47,559	29,951	363,553	0
	(ii)	0	0	0	0	0	0	0
12KATHLEEN M COONEY EXECUTIVE VP & CAO	(i)	597,250	228,611	165,411	189,710	40,177	1,221,159	129,768
	(ii)	0	0	0	0	0	0	0
13ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRIT	(i)	341,896	165,080	50,430	110,957	33,947	702,310	21,035
	(ii)	0	0	0	0	0	0	0
14TRICIA L DEGE VP FINANCE & PLANNING	(i)	289,784	65,401	1,218	43,828	30,972	431,203	0
	(ii)	0	0	0	0	0	0	0
15PATRICIA S DENNIS SR VP HEALTH & CARE ENGAGE	(i)	33,464	95,386	199,315	10,430	16,327	354,922	0
	(ii)	0	0	0	0	0	0	0
16AMY L DEWANE VP - CARE SYSTEMS GROWTH	(i)	288,698	63,403	854	20,250	30,922	404,127	0
	(ii)	0	0	0	0	0	0	0
17LESLIE DOCKAN VP, PRIMARY CARE & CLINIC	(i)	295,322	49,325	3,124	20,250	30,846	398,867	0
	(ii)	0	0	0	0	0	0	0
18DAVID A DZIUK SR VP & CFO	(i)	454,588	135,428	64,790	187,952	35,298	878,056	55,672
	(ii)	0	0	0	0	0	0	0
19JAMES EPPEL EXECUTIVE VP & CAO	(i)	346,154	95,000	1,975	68,263	21,204	532,596	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECTOR	(i)	376,181	113,598	55,610	82,200	23,286	650,875	35,233
	(ii)	0	0	0	0	0	0	0
1JASON GALLAGHER VP, HEALTH INFORMATICS	(i)	226,895	78,840	2,561	42,194	30,335	380,825	0
	(ii)	0	0	0	0	0	0	0
2YOUNG FRIED VP PHARMACY SERVICES	(i)	198,462	10,000	15,614	14,943	25,656	264,675	0
	(ii)	0	0	0	0	0	0	0
3DAVID S GESKO SR VP - DENTAL DIRECTOR	(i)	432,750	156,434	40,514	68,368	34,995	733,061	18,187
	(ii)	0	0	0	0	0	0	0
4TIM M HALEY VP BROKER SALES	(i)	245,816	0	106,981	60,862	30,980	444,639	0
	(ii)	0	0	0	0	0	0	0
5MARK HANSBERRY VP, BUSINESS DEVELOPMENT	(i)	351,231	41,440	29,632	41,143	31,988	495,434	0
	(ii)	0	0	0	0	0	0	0
6SUSAN M KNUDSON VP HEALTH INFORMATICS	(i)	303,415	127,734	27,248	97,696	32,451	588,544	12,762
	(ii)	0	0	0	0	0	0	0
7CHAD HEIM VP - HEALTH INFORMATICS	(i)	219,989	78,840	5,737	50,849	29,278	384,693	0
	(ii)	0	0	0	0	0	0	0
8STEVEN C HOUSH VP ORTHOPEDIC SERVICES	(i)	318,331	70,656	6,028	20,250	31,531	446,796	0
	(ii)	0	0	0	0	0	0	0
9CARA HULL CHIEF QUALTY OFFICER	(i)	292,020	60,270	72	52,876	35,452	440,690	0
	(ii)	0	0	0	0	0	0	0
10GEORGE J ISHAM MD MS SENIOR ADVISOR	(i)	123,561	0	90,794	7,906	10,995	233,256	88,671
	(ii)	0	0	0	0	0	0	0
11KIM R LAREAU VP IS&T CARE DELIVERY	(i)	304,133	68,083	14,646	56,746	31,413	475,021	0
	(ii)	0	0	0	0	0	0	0
12VINI T MANCHANDA VP - SUPPLY CHAIN SERVICES	(i)	219,234	49,284	7,190	39,847	29,802	345,357	0
	(ii)	0	0	0	0	0	0	0
13NANCY A MCCLURE CHIEF OPERATING OFFICER	(i)	591,131	170,269	1,227,148	72,444	54,638	2,115,630	1,199,775
	(ii)	0	0	0	0	0	0	0
14FRANK P MCQUILLAN VP - TREASURY & REAL ESTATE	(i)	250,638	56,708	11,153	77,067	30,422	425,988	0
	(ii)	0	0	0	0	0	0	0
15FRANK MULLER VP - TECHNOLOGY & INFRAST	(i)	208,328	46,428	5,995	51,333	28,642	340,726	0
	(ii)	0	0	0	0	0	0	0
16PEGGY S NEALE VP - NATIONAL ACCOUNT	(i)	219,666	0	61,693	49,335	28,452	359,146	0
	(ii)	0	0	0	0	0	0	0
17ANDREW F NELSON VP - INST EXECU DIR	(i)	216,314	51,787	12,003	77,022	29,865	386,991	0
	(ii)	0	0	0	0	0	0	0
18JEFFREY OGDEN VP - HP DENTAL PLAN	(i)	202,218	15,170	11,952	17,906	29,129	276,375	0
	(ii)	0	0	0	0	0	0	0
19KEVIN J PALATTAO VP CLINIC PATIENT CARE SYS	(i)	285,782	64,768	11,247	61,763	31,050	454,610	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41NICO PRONK PHD VP & HEALTH SCIENCE OFFICE	(i)	327,490	62,937	7,948	65,057	31,641	495,073	0
	(ii)	0	0	0	0	0	0	0
1KEVIN R RONNEBERG VP - ASSOCIATE MEDICAL DIR	(i)	288,464	68,598	16,015	20,250	30,271	423,598	0
	(ii)	0	0	0	0	0	0	0
2KATIE B SAYRE SR VP HLTH PLAN OPS & GOV	(i)	349,872	104,577	80,634	141,744	33,562	710,389	58,620
	(ii)	0	0	0	0	0	0	0
3SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS	(i)	310,434	97,432	51,369	89,034	32,463	580,732	12,433
	(ii)	0	0	0	0	0	0	0
4DOUG N SMITH SR VP SALES	(i)	305,868	134,645	50,233	118,268	31,977	640,991	16,274
	(ii)	0	0	0	0	0	0	0
5ELIZABETH L SWANSON VP HUMAN RESOURCES	(i)	221,442	59,958	16,930	61,005	30,130	389,465	0
	(ii)	0	0	0	0	0	0	0
6TOBI TANZER VP CORPORATE INTEGRITY	(i)	276,351	63,590	11,736	56,975	30,903	439,555	0
	(ii)	0	0	0	0	0	0	0
7BARBARA E TRETHERWAY SR VP GENERAL COUNSEL	(i)	514,179	146,179	59,753	164,692	24,968	909,771	27,628
	(ii)	0	0	0	0	0	0	0
8ANDREA M WALSH EXEC VP & CHIEF MARKETING	(i)	795,442	204,117	86,397	271,560	40,608	1,398,124	68,020
	(ii)	0	0	0	0	0	0	0
9BETH A WATERMAN CHIEF IMPROVEMENT OFFICER	(i)	211,745	85,599	16,131	13,500	29,046	356,021	0
	(ii)	0	0	0	0	0	0	0
10DONNA J ZIMMERMAN SR VP GOV'T & COMMUNITY REL	(i)	268,608	80,969	42,516	106,461	13,596	512,150	27,391
	(ii)	0	0	0	0	0	0	0
11PAMELA S ZOELLER VP - SPECIALTY CARE & CLIN	(i)	266,002	55,221	7,378	21,023	30,569	380,193	0
	(ii)	0	0	0	0	0	0	0
12DENNIS M ZUZEK VP - HEALTH PLAN & ENTERPR	(i)	242,670	57,165	15,961	20,250	30,383	366,429	0
	(ii)	0	0	0	0	0	0	0
13TIMOTHY KROSHUS MD PHYSICIAN	(i)	1,025,261	0	642,507	20,250	49,963	1,737,981	0
	(ii)	0	0	0	0	0	0	0
14DENNIS ZHU MD PHYSICIAN	(i)	577,549	0	684,358	55,420	44,078	1,361,405	0
	(ii)	0	0	0	0	0	0	0
15MATTHEW KANG MD PHYSICIAN	(i)	1,091,020	7,980	257,382	20,250	42,855	1,419,487	0
	(ii)	0	0	0	0	0	0	0
16RICHARD DAVIS MD PHYSICIAN	(i)	774,530	0	486,009	20,250	44,058	1,324,847	0
	(ii)	0	0	0	0	0	0	0
17FOTIS SOUSLIAN MD PHYSICIAN	(i)	708,269	0	417,518	20,250	42,164	1,188,201	0
	(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.

OMB No 1545-0047

2017

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	17,280,000		3,495,000					
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								
7	Issuance costs from proceeds	312,231		2,528,203					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2007		2009					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 030 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 030 %							
7 Does the bond issue meet the private security or payment test? . . .	X		X					
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X			X				

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493317077088
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2017 Open to Public Inspection
Name of the organization GROUP HEALTH PLAN INC		Employer identification number 41-0797853	

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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 REFERRED TO COLLECTIVELY AS "HEALTHPARTNERS" FORMED 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, WESTERN WISCONSIN AND EXPANDING TO SEVERAL OTHER MIDWESTERN STATES HEALTHPARTNERS PROVIDES A FULL RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PATIENT CARE, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 1.8 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,800 PHYSICIANS AND DENTISTS, SIX OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 100 OWNED AND LEASED PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND 25 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, WESTERN WISCONSIN AND EXPANDING TO OTHER MIDWESTERN STATES 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 HEALTH PARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIVE HEALTHIER LIVES HEALTH PARTNERS 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 2017 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE</p>

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>HE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-BASED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT) HEALTHPARTNERS, INC (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(4) AND IS THE SOLE CORPORATE MEMBER OF GHI. GHI IS THE SOLE CORPORATE MEMBER OF PHYSICIANS NECK & BACK CLINICS (PNBC), WHICH EMPLOY S PHYSICIANS AND SUPPORT STAFF TO PROVIDE TREATMENT OF CHRONIC NECK AND/OR BACK PAIN. PNBC IS A MINNESOTA NOT-FOR-PROFIT CORPORATION THAT IS TAX-EXEMPT UNDER IRC SECTION 501(C)(3). GHI IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITY BY PROVIDING PREPAID MEDICAL AND DENTAL CARE TO ITS ENROLLED MEMBERS AND MEDICAL AND DENTAL CARE TO FEE FOR SERVICE PATIENTS, INCREASING ACCESS TO AFFORDABLE MEDICAL AND DENTAL CARE IN THE COMMUNITY AND RAISING THE STANDARDS OF MEDICAL AND DENTAL CARE IN THE COMMUNITY. THE GHI STAFF MODEL HMO COMBINES FINANCING AND HEALTH CARE SERVICES FOR THE PURPOSE OF IMPROVING THE HEALTH OF ITS MEMBERS AND PATIENTS. GHI OFFERS COMMERCIAL HMO PRODUCTS, INDIVIDUAL/CONVERSION PRODUCTS, AND MEDICARE COST PRODUCTS. PEOPLE WHO ENROLL IN A GHI MANAGED CARE PRODUCT RECEIVE A FULL RANGE OF PREPAID HEALTH CARE SERVICES, INCLUDING PROFESSIONAL CARE IN HOSPITALS, PHYSICIAN SERVICES, IMAGING AND LABORATORY SERVICES, VARIOUS THERAPIES, PREVENTIVE SERVICES, HEALTH EDUCATION AND CERTAIN PRESCRIPTION DRUGS. ADDITIONALLY, GHI'S EMPLOYED AND CONTRACTED PHYSICIANS PROVIDE A 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) & 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 MI</p>

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FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>MINNESOTA'S LARGEST MEDICAL GROUPS HPMG EMPLOYS APPROXIMATELY 599 FULL TIME EQUIVALENT PHYSICIANS HPMG PHYSICIANS PRACTICE IN MORE THAN 36 MEDICAL AND SURGICAL SPECIALTIES FOR MORE THAN 30 YEARS, HPDG HAS BEEN RECOGNIZED AS A LEADER IN INNOVATIVE DENTISTRY HPDG OWNS AND OPERATES 25 DENTAL CLINICS AND A DENTAL SPECIALTY CLINIC WITH APPROXIMATELY 75 DENTISTS AND CONTRACTS WITH AN ADDITIONAL 2,200 PLUS DENTISTS IN THE HEALTHPARTNERS DENTAL NETWORK TO PROVIDE DENTAL CARE HPDG DENTAL CLINICS 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 HEALTHPARTNERS 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 WORK 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>

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FORM 990, PART III, LINE 4A	<p>IN 2017, HPMG CONTRIBUTED TO THE COMMUNITY IN MANY WAYS INCLUDING A SOCK DRIVE WHERE A TOTAL OF 2,370 PAIRS OF SOCKS WERE COLLECTED AND A PORTION WERE DONATED TO THE HEALTHPARTNERS MIDWAY/CENTER FOR INTERNATIONAL HEALTH CLINIC AND THE MAJORITY TO LOVE ONE ANOTHER - "THE SANDWICH MAN" HPMG CLINICS ALSO HOSTED MULTIPLE WINTER COAT DRIVES, ADOPTED A FAMILY OF FOUR (MOTHER AND THREE CHILDREN) FOR THE WINTER HOLIDAY, PARTICIPATED IN TWO COMMUNITY PARADES AND FESTIVALS, PROVIDED TAXI VOUCHERS FOR PATIENTS WHO NEEDED TRANSPORTATION SUPPORT AND PROVIDED EDUCATION AND RESOURCES ABOUT END OF LIFE CARE TO PATIENTS AND COMMUNITY MEMBERS 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 (REGIONS), A LEVEL I ADULT AND PEDIATRIC CENTER IN ST. PAUL, MINNESOTA, WESTFELDS HOSPITAL, A CRITICAL ACCESS HOSPITAL IN NEW RICHMOND, WISCONSIN, HUDSON HOSPITAL, A CRITICAL ACCESS HOSPITAL IN HUDSON, WISCONSIN, AMERY REGIONAL MEDICAL CENTER, A CRITICAL ACCESS HOSPITAL IN AMERY, WISCONSIN, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION (LAKEVIEW HOSPITAL), A COMMUNITY HOSPITAL IN STILLWATER, MINNESOTA, AND PARK NICOLLET METHODIST HOSPITAL, A LEADER IN CANCER, CARDIOVASCULAR AND MATERNITY CARE IN ST. LOUIS PARK, MINNESOTA IN ADDITION, GHI'S MEMBERS RECEIVE HEALTH CARE SERVICES THROUGH HEALTHPARTNERS' EXTENSIVE NETWORK OF OWNED AND CONTRACTED MEDICAL AND DENTAL PROVIDERS, INCLUDING OVER 100 MULTI-SPECIALTY CLINICS OWNED AND OPERATED BY GHI, KNOWN AS THE HPMG CLINICS, THE PNC CLINICS, THE STILLWATER MEDICAL GROUP CLINICS AND PHYSICIANS NECK AND BACK CLINICS HPI, GHI AND HPIC PROVIDE COMMERCIAL GROUP, COMMERCIAL INDIVIDUAL, MEDICARE, AND MEDICAID MANAGED CARE PRODUCTS TO THEIR MEMBERS IN 2017, THESE ORGANIZATIONS PROVIDED COMPREHENSIVE, PREPAID HEALTH CARE SERVICES TO 1,111,627 FULLY INSURED MEMBERS, ENCOMPASSING BOTH MEDICAL AND DENTAL PRODUCTS THESE MEMBERS FIT WITHIN THE FOLLOWING CATEGORIES 329,105 FULLY INSURED COMMERCIAL GROUP MEDICAL MEMBERS, 59,020 FULLY INSURED INDIVIDUAL MEMBERS, 59,652 MEDICARE (INCLUDES COST, SUPPLEMENT/SELECT, AND MEDICARE ADVANTAGE PLAN, BOTH GROUP AND INDIVIDUAL) MEMBERS, 165,460 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 498,390 DENTAL MEMBERS IN ADDITION, HEALTHPARTNERS ALSO PROVIDES ADMINISTRATIVE SERVICES, THROUGH HPAI, TO 473,071 SELF-INSURED COMMERCIAL MEMBERS IN ADDITION TO PROVIDING DIRECT CARE TO PERSONS ENROLLED I</p>

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FORM 990, PART III, LINE 4A	<p>N GHI'S HMO PRODUCTS, HPMG PHYSICIANS SERVE PATIENTS WHO ARE UNINSURED AND UNABLE TO PAY F OR CARE GHI EMPLOYS FINANCIAL COUNSELORS WHO PROVIDE PATIENTS WITH OPTIONS WHEN THEY ARE UNINSURED OR UNDERINSURED FINANCIAL COUNSELORS LINK PATIENTS TO COMMUNITY RESOURCES, PROV IDE INFORMATION AND ASSISTANCE ON HPMG'S FINANCIAL ASSISTANCE PROGRAM AND ASSISTANCE WITH APPLYING FOR MINNESOTA HEALTH CARE PROGRAMS THROUGH THE MINNESOTA DEPARTMENT OF HUMAN SERV ICES 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 ASS ISTANCE 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 P LANS TIME AND MONEY IT WAS CREATED TO BE SIMPLE, CONVENIENT AND AFFORDABLE AND LAUNCHED I N 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 THE 13 STATES VIRTUWELL L SERVES ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, IOWA, MICHIGAN, MINNESOTA, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, SOUTH DAKOTA, VIRGINIA, WISCONSIN, AND CAN BE ACCESSED ANYTIM E FROM A SMART PHONE, TABLET OR COMPUTER IN 2017, VIRTUWELL SUCCESSFULLY LAUNCHED A FRESH NEW LOOK OF A RE-DESIGNED WEBSITE TO CONTINUE BRINGING SAFE, AFFORDABLE, 24/7 CARE TO OUR MEMBERS AND PATIENTS MORE INFO AT WWW VIRTUWELL COM VIRTUWELL PROVIDES OUR MEMBERS WITH UNLIMITED FREE VISITS TO GET THEIR HEALTH QUESTIONS ANSWERED NOW WITH 56 CONDITIONS, MORE THAN 300,000 TREATMENT PLANS AND SAVINGS OF \$30 MILLION IN HEALTH CARE COSTS, AND THOUSAN DS MORE REFERRED SAFELY TO IN-PERSON CARE, VIRTUWELL MAINTAINS OUTSTANDING EFFECTIVENESS A ND 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 DIAGNOS IS AND TREATMENT BY CERTIFIED NURSE PRACTITIONERS IN MINUTES IN ADDITION, NURSE PRACTITIO NERS CAN SEND PATIENTS' PRESCRIPTIONS TO THEIR PHARMACY IF NEEDED THERE IS NO COST IF VIR TUWELL 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 O F 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, IMMIGRAN TS AND NON-ENGLISH SPEAKING FAMILIES CIH WAS ESTABLISHED IN 1980 IN RESPONSE TO THE INFLU X OF SOUTHEAST ASIANS TO MINNE</p>

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FORM 990, PART III, LINE 4A	<p>SOTA AFTER THE END OF THE VIETNAM WAR. INITIALLY CALLED THE HMONG CLINIC, OR THE SOUTHEAST ASIAN CLINIC, THE CLINIC NOW SEES MANY MORE RUSSIAN, AFRICAN AND BURMESE PATIENTS AS IMMIGRATION TRENDS CHANGE MINNESOTA'S DEMOGRAPHICS. SINCE 1980, THE PROGRAM HAS EXPANDED TO INCLUDE PATIENTS FROM MORE THAN 30 COUNTRIES, WITH A STAFF OF PROVIDERS COMBINING MORE THAN 100 YEARS OF EXPERIENCE IN INTERNATIONAL HEALTH WITH EXTENSIVE EXPERIENCE PRACTICING BOTH INTERNATIONALLY AND IN THE UNITED STATES. THE INTERNATIONAL MENTAL HEALTH PROGRAM WAS ESTABLISHED IN 1984, OFFERING PSYCHIATRY, PSYCHOLOGY, AND GROUP THERAPY. GHI ALSO EMPLOYS A FULL-TIME SOCIAL WORKER AND OFFERS ON-SITE 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 & IMMIGRANT HEALTH CARE, MEDICATION EVALUATION & 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 AT REGIONS AND HPMG. FOR A FULL REPORT ON THE INSTITUTE'S 2017 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 HEALTH PARTNERS 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.</p>

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FORM 990, PART III, LINE 4A	<p>THE LOCATION FEATURES MORE THAN 25 SPECIALTIES ON ONE CAMPUS. 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. TOTAL COST OF CARE (TCOC), IS A METHOD OF MEASURING HEALTH CARE AFFORDABILITY. TCOC MEASURES ARE POWERFUL ANALYTICAL TOOLS FOR HEALTH PLANS, PROVIDERS, MEDICAL GROUPS, GOVERNMENT AGENCIES, EMPLOYERS AND OTHERS WITH A STAKE IN REDUCING HEALTH CARE COST TRENDS. THEY CAN HELP PINPOINT WAYS TO MAKE HEALTH CARE MORE AFFORDABLE WITHOUT SACRIFICING QUALITY OR EXPERIENCE. MANY ORGANIZATIONS HAVE EXPERIMENTED WITH TCOC MODELS IN RECENT YEARS. HEALTHPARTNERS' TOTAL COST OF CARE AND RESOURCE USE (TCOC) FRAMEWORK ADDRESSES ONE OF THE MOST FUNDAMENTAL PROBLEMS RELATED TO POPULATION HEALTH: RISING HEALTH CARE COSTS. HEALTHPARTNERS HAS DEVELOPED A TCOC MODEL THAT IS UNIQUE IN A SIGNIFICANT WAY. IT IS A FULL-POPULATION, PERSON-CENTERED MEASUREMENT TOOL THAT ACCOUNTS FOR 100 PERCENT OF THE CARE PROVIDED TO A PATIENT. ADDITIONALLY, IT SUPPLIES A REPORTING SUITE TO SUPPORT MULTIPLE LEVELS OF ANALYSIS, CONSIDERING THE COST OF CARE PROVIDED TO A PATIENT (OR "TOTAL COST INDEX"), AND INCORPORATES AN INNOVATIVE APPROACH TO MEASURING RESOURCES USED IN PROVIDING THAT CARE (OR "TOTAL RESOURCE USE INDEX"). WHEN USED IN COMBINATION, THESE MEASURES YIELD MORE COMPREHENSIVE, REVEALING AND ACTIONABLE.</p>

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FORM 990, PART III, LINE 4A	<p>RESULTS THAN COST MEASURES ALONE USING THIS SYSTEM, WHICH HAS BEEN MORE THAN A DECADE IN DEVELOPMENT AND STAGED-IN USE, HEALTHPARTNERS HAS OUTPERFORMED MINNESOTA, REGIONAL AND NATIONAL RISK-ADJUSTED COST OF CARE BENCHMARKS FOR MANY YEARS. HEALTHPARTNERS FINANCIALLY IN CENTS PROVIDERS THROUGH ITS TCOC PROGRAM TO ACHIEVE THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM: IMPROVING THE HEALTH OF THE POPULATION, ENHANCING THE PATIENTS EXPERIENCE AND MAKING HEALTH CARE MORE AFFORDABLE. HEALTHPARTNERS HAS BEEN DEVELOPING HEALTH CARE COST OF CARE AND RESOURCE USE MEASURES SINCE 1995. AS OF 2017, 200 ORGANIZATIONS ARE USING OUR TOTAL COST OF CARE AND RESOURCE USE MEASURES, WHICH WERE RECENTLY RE-ENDORSED BY THE NATIONAL QUALITY FORUM. HEALTHPARTNERS HAS BEEN DEVELOPING AND USING THE MEASURES FOR MORE THAN 15 YEARS. 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 HUNDREDS OF ONE-ON-ONE DISCUSSIONS TO HELP INDIVIDUALS UNDERSTAND THEIR OPTIONS AND MAKE THE CHOICES THAT ARE BEST FOR THEM. HEALTH CARE REFORM IS A TEST OF ANY ORGANIZATION'S COMMITMENT TO PARTNERSHIP. WE CONTINUE TO HELP COLLEAGUES UNDERSTAND HEALTH REFORM AND ENSURE, WHILE EQUIPPING THEM TO ADDRESS MEMBER AND PATIENT QUESTIONS. HEALTH REFORM WILL CONTINUE TO EVOLVE, AND OUR MISSION TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH THOSE WE SERVE WILL BE AS IMPORTANT AS EVER. WE HAVE BEEN A TRUSTED PARTNER FOR MORE THAN 55 YEARS AND OUR COMMITMENT WILL NEVER CHANGE. EQUITABLE CARE. HEALTHPARTNERS HAS A LONGSTANDING COMMITMENT TO IMPROVING THE HEALTH OF THE DIVERSE COMMUNITIES WE SERVE. HEALTHPARTNERS CREATED A CROSS-CULTURAL CARE AND SERVICE TASK FORCE IN 2001 TO LAY THE FOUNDATION FOR DELIVERING EQUITABLE CARE AND REDUCING DISPARITIES. ORGANIZATION-WIDE PROGRAMMING FOR EQUITABLE CARE AND SERVICE ENCOMPASSES THE HEALTHPARTNERS HEALTH PLANS, HPMG AND HPDG CLINICS AND REGIONS. 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. 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.</p>

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FORM 990, PART III, LINE 4A	<p>LTH 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 PROMISE 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 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2015, A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") COLLABORATION WAS CONDUCTED FOR HEALTHPARTNERS AND ITS HOSPITALS (REGIONS, LAKEVIEW HOSPITAL, HUDSON HOSPITAL, WESTFIELDS HOSPITAL, AMERY REGIONAL MEDICAL CENTER, AND PARK NICOLLET METHODIST HOSPITAL) BY COMMUNITY HOSPITAL CONSULTING TO DETERMINE THE GREATEST HEALTH NEEDS IN THE COMMUNITIES THEY SERVE THESE HOSPITALS SERVE SIMILAR COMMUNITIES AND HAVE OVERLAPPING STUDY AREAS THE SYSTEM'S STUDY AREA IS DEFINED AS DAKOTA, HENNEPIN, RAMSEY, SCOTT, AND WASHINGTON COUNTIES IN MINNESOTA AND POLK AND ST CROIX COUNTIES IN WISCONSIN DATA ELEMENTS REGARDING ALL SEVEN COUNTIES IN THE SYSTEM'S STUDY AREA ARE INCLUDED IN THIS REPORT FOR COMPARISON, AND ARE ALSO PROVIDED AS AN OPPORTUNITY FOR THE HOSPITALS TO WORK TOGETHER TO MEET THE NEEDS IDENTIFIED IN THE OVERLAPPING COUNTIES DEMOGRAPHICS CHC CONSULTING ANALYZED THE MOST CURRENT DEMOGRAPHICS OF RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING OVERALL POPULATION, POPULATION BY RACE AND ETHNICITY, MEDIAN AGE, MEDIAN HOUSEHOLD INCOME, POVERTY LEVELS, FOOD INSECURITY, AND EDUCATIONAL ATTAINMENT HEALTH DATA COLLECTION CHC CONSULTING ANALYZED THE MOST CURRENT HEALTH DATA AVAILABLE PERTAINING TO RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES, INCLUDING MORTALITY RATES, CHRONIC CONDITIONS, HEALTH BEHAVIORS, MENTAL HEALTH, COMMUNICABLE DISEASES, PREVENTION AND NATALITY COMMUNITY INPUT AS A PART OF COUNTY-WIDE ASSESSMENTS, SURVEYS AND LISTENING SESSIONS WERE CONDUCTED TO GATHER INPUT FROM COMMUNITY RESIDENTS IN ADDITION, REGIONS HOSPITAL CONDUCTED COMMUNITY CONVERSATIONS ON JUNE 16, 2015 AND JULY 14, 2015 TO GAIN INSIGHT SURROUNDING SIGNIFICANT HEALTH NEEDS</p>

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FORM 990, PART III, LINE 4A	<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 CONDUCT ED COMMUNITY CONVERSATIONS ON JUNE 16, 2015 AND JULY 14, 2015 TO GAIN INSIGHT SURROUNDING SIGNIFICANT HEALTH NEEDS. FINAL PRIORITIZED NEEDS: MENTAL AND BEHAVIORAL HEALTH ACCESS AND AFFORDABILITY; CHRONIC DISEASE AND ILLNESS PREVENTION; EQUITABLE CARE. IN 2017, WE STARTED OUR CHNA FOR THE NEXT THREE YEARS (2018-2020) WITH THE IMPROVE GROUP. 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, WHOSE NAME WAS CHANGED TO COLLECTIVE ACTION MAKING A COLLECTIVE IMPACT (CACI), WAS TASKED WITH DEVELOPING AND IMPLEMENTING ACTIVITIES THAT ADDRESS A SHARED PUBLIC HEALTH PRIORITY AREA BASED ON CHNAs. THEIR FOCUS HAS BEEN ON MENTAL HEALTH. THE ASSESSMENT ALIGNMENT WORKGROUP WAS TASKED WITH ASSESSING AND DEVELOPING A FRAMEWORK WITH COMMON LANGUAGE AND PROCESSES TO GUIDE MEMBERS IN CONDUCTING FUTURE COMMUNITY HEALTH NEEDS ASSESSMENTS AND ALLOWS FOR AGGREGATE ANALYSIS OF COMMUNITY HEALTH NEEDS ACROSS THE TWIN CITIES SEVEN-COUNTY METRO AREA. ADDITIONALLY, THE GROUP WILL DETERMINE MORE EFFECTIVE USE OF DATA BY IDENTIFYING OPPORTUNITIES FOR COLLABORATIVE DATA COLLECTION AND ANALYSIS AND ELIMINATING BARRIERS TO DATA SHARING AMONG MEMBERS. ITS MEMBERS INCLUDE REPRESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH SECTORS. THE WORKGROUPS MEET ONCE EACH MONTH AND ITS MEMBERS INCLUDE REPRESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH SECTORS. WORKPLACE DIVERSITY HEALTHPARTNERS ACTIVELY SEEKS TO HIRE A DIVERSE STAFF AND OUR RECRUITMENT TEAM PARTICIPATED IN SEVERAL CAREER FAIRS THAT FOCUSED ON DIVERSITY. THESE EVENTS PARTNER WITH LOCAL COMMUNITY ORGANIZATIONS TO PROMOTE THEIR EVENTS AND PROVIDE AN OPPORTUNITY FOR RECRUITERS TO MEET WITH COMMUNITY MEMBERS IN AN EFFORT TO INCREASE DIVERSE HIRING. WE ARE A PREMIER SPONSOR OF THE UNIVERSITY OF ST. THOMAS COLLEGE AND TWIN CITIES BLACK MBA 'THE FORUM ON WORKPLACE INCLUSION,' WHICH OFFERS WORKSHOPS ON CULTURAL COMPETENCE AND WORKPLACE DIVERSITY. HEALTHPARTNERS COLLABORATED WITH THE AFRICAN AMERICAN LEADERSHIP FORUM ON BARAZA - A BLACK WOMAN'S HEALTH GATHERING. BARAZA IS AN ANNUAL HEALTH CONFERENCE TARGETING AFRICAN AMERICAN WOMEN. HEALTHPARTNERS IS A PROUD SPONSOR OF THE BLACK WOMAN'S HEALTH GATHERING AT ST. PAUL COLLEGE. CAREER FAIRS: MLK JR. DIVERSITY CAREER FAIR, UMN CAREER NETWORKING, DIVERSITY RECEPTION, MOCK INTERVIEWS AT AVIVO, MULTICULTURAL CAREER AND LEADERSHIP SUMMIT, CAREER PREP CONFERENCE.</p>

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FORM 990, PART III, LINE 4A	<p>E PEOPLE OF COLOR CAREER FAIR DEED VETERANS CAREER FAIR CONNECT Z CAREER DAY WITH GIRL SCO UTS VA MEDICAL CENTER VETERANS JOB FAIR WE WORKED WITH MINNEAPOLIS PUBLIC SCHOOLS AND THEI R STEP-UP ACHIEVE INTERNSHIP PROGRAM TO PROVIDE SUMMER INTERNSHIPS, MENTORING AND CAREER C OACHING FOR 10 DIVERSE STUDENTS IN 2017 IN ADDITION, WE OFFERED TRAINING ON MICROSOFT OUT LOOK AND RESUME BUILDING TO ADVANCE OUR WORK AROUND LGBTQ INCLUSION AND EQUITY, HEALTHPAR TNERS WAS A SPONSOR OF THE RAINBOW HEALTH INITIATIVE INAUGURAL OPPORTUNITY HEALTH CONFEREN CE AND HAD AN EXPANDED PRESENCE AT TWIN CITIES PRIDE FESTIVAL AND PARADE IN 2017 THE ORGA NIZATION PROMOTED WOMEN'S HEALTH WITH MOBILE MAMMOGRAPHY SERVICES, AND TRANSGENDER AND GEN DER SERVICES THROUGH SUPPORT AND PROMOTION OF HEALTHPARTNERS GENDER SERVICES CLINIC HEALT HPARTNERS ALSO VOLUNTEERED AT THE MN AIDS WALK AND THE RED RIBBON RIDE IN 2017, HEALTHPAR TNERS PARTNERED WITH TWIN CITIES PUBLIC TELEVISION TO HOST A COMMUNITY SCREENING OF OUT NO RTH, THE FIRST EVER DOCUMENTARY ABOUT THE HISTORY OF THE LGBTQ COMMUNITY IN MINNESOTA THE SCREENING WAS FOLLOWED BY A PANEL OF COMMUNITY LEADERS DISCUSSING THE RELEVANCE OF THE FI LM AND THE CHALLENGES TO INCLUSION THAT LGBTQ-IDENTIFIED PEOPLE STILL EXPERIENCE HEALTHPA RTNERS CONTINUES TO BE A SPONSOR OF THE YWCA IT'S TIME TO TALK EVENT AS WELL AS THE YWCA C IRCLE OF WOMEN BENEFIT IN 2017, THE DIVERSITY AND INCLUSION DEPARTMENT HOSTED AN IT'S TIM E TO TALK EVENT ABOUT TRANSGENDER AND GENDER IDENTITY THIS EVENT LEVERAGED EMPLOYEE AND M EMBER STORIES TO HELP COLLEAGUES DIALOGUE ABOUT THESE TOPICS AND BEING MORE INCLUSIVE IN T HE WORKPLACE IN ADDITION, THE CROSS CULTURAL LEADERSHIP NETWORK (AN EMPLOYEE RESOURCE GRO UP) HOSTED A LEARNING EXPERIENCE FOR THE GIRL SCOUTS OF MINNESOTA THE SESSION BROUGHT APP ROXIMATELY 30 GIRLS SCOUTS BETWEEN 5TH AND 8TH GRADE TO CAMPUS FOR A DAY TO LEARN ABOUT CA REERS IN HEALTH CARE AND NETWORK WITH WOMEN WHO WORK IN HEALTH CARE THE CROSS CULTURAL LE ADERSHIP NETWORK ALSO PARTNERED WITH THE HEALTHPARTNERS COMMUNITY RELATIONS TEAM TO PROMOT E AND SUPPORT THE NATIONAL ALLIANCE ON MENTAL HEALTH (NAMI) WALK ALL MEMBERS OF THE CROSS CULTURAL LEADERSHIP NETWORK WERE ALSO TRAINED MAKE IT OK AMBASSADORS, AN INTERNAL HEALTHP ARTNERS PROGRAM THAT PROMOTES ENDING THE STIGMA OF MENTAL ILLNESS WE PARTNERED WITH AVIVO (PREVIOUSLY RESOURCE), A NONPROFIT ORGANIZATION THAT HELPS ALL JOB SEEKERS ACHIEVE THEIR GOALS THROUGH ITS SPECIALIZED JOB-SKILLS TRAINING AND EMPLOYMENT SERVICES FOR CANDIDATES, TO PROVIDE THEIR JOB SEEKERS WITH AN OVERVIEW OF ENTRY-LEVEL CORPORATE AND CLINIC POSITION S WE ALSO PRESENTED ON RESUME BUILDING, PROVIDING INTERVIEW TIPS AND WALKED THROUGH OUR O NLINE APPLICATION PROCESS WE PARTNERED WITH THE KAREN ORGANIZATION OF MINNESOTA (KOM), A NONPROFIT ORGANIZATION SUPPORTING KAREN AND BURMESE REFUGEES WITH TOOLS AND RESOURCES TO H ELP THEM SETTLE, INTEGRATE AND BECOME SELF-SUFFICIENT IN ADDITION, KOM PROVIDES EDUCATION AND EMPLOYMENT CLASSES AND OP</p>

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FORM 990, PART III, LINE 4A	<p>PORTUNITIES WE PARTNER BY HELPING THEIR COMMUNITY UNDERSTAND OUR JOB POSTINGS AND WALK TH EM THROUGH OUR ONLINE APPLICATION PROCESS IN ADDITION, IN 2017, OVER FORTY DIVERSITY AND INCLUSION COURSES WERE TAUGHT ONE OF THE SESSIONS, RECOGNIZING AND MANAGING BIAS, WAS ATT ENDED BY HUNDREDS OF LEADERS AND COLLEAGUES ACROSS THE ORGANIZATION THE SESSION EXPLORED HOW BIASES IMPACT OUR DECISIONS AND WHAT WE CAN DO TO RECOGNIZE AND TAKE STEPS TO MINIMIZE THE IMPACT OF BIAS ON OUR WORK WITH PATIENTS, MEMBERS, AND COLLEAGUES FINANCIAL CONTRIBUT IONS HEALTHPARTNERS GIVES PRIORITY TO FUNDING PARTNERSHIPS AND PROJECTS THAT ARE CONSISTEN T WITH ITS STRATEGIC HEALTH PROMOTION INITIATIVES, FOCUS ON ACTIVITIES THAT PREVENT HEALTH PROBLEMS, ADDRESS THE NEEDS OF PEOPLE IN OUR SERVICE AREA, AND/OR DISPLAY UNDERSTANDING O F THE DIVERSE NEEDS OF OUR POPULATION AND INDICATE HOW THEY WILL REDUCE DISPARITIES IN HEA LTH OUTCOMES HEALTHPARTNERS EMPLOYEES GAVE WITH THEIR MILLION DOLLAR HEARTS TO THE COMMUN ITY 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 VARI ETY OF HEALTH TOPICS, INCLUDING BODY MASS INDEX, HEALTHY EATING, SMOKING CESSATION, CHOLES TEROL, BLOOD PRESSURE, IMMUNIZATIONS AND MORE FUNDRAISING WALKS MARCH FOR BABIES (APRIL 2 017) - HEALTHPARTNERS WALK TEAM INCLUDED 88 WALKERS WHO RAISED \$6,300 OUR MARKETING ENGAG EMENT INCLUDED AN ART ACTIVITY AREA AND PET THERAPY DOGS FOR OVER 10,000 PARTICIPANTS NAM I WALK (SEPTEMBER 2017)- 276 WALKERS RAISING \$18,000 FESTIVALS AND WALKS BARAZA BRIGHT FU TURES PARTNERSHIP WITH GREATER TWIN CITIES UNITED WAY CINCO DE MAYO PARADE- WITH ST PAUL PUBLIC LIBRARIES BOOKMOBILE FIESTA LATINA FAIR FREEDOM SCHOOL HEALTH FAIR GRAND OLD DAY PA RADE- WITH ST PAUL PUBLIC LIBRARIES BOOKMOBILE HABITAT FOR HUMANITY HMONG HEALTH FAIR AT JULY 4TH SOCCER TOURNAMENT HMONG STROKE PROGRAM WITH REGIONS HOSPITAL STROKE CENTER MN AID S WALK - CHAMPIONED BY HEALTHPARTNERS GLBTQ BUSINESS ENGAGEMENT GROUP MINNESOTA STATE FAIR - HEALTHY LOCAL FOOD EXHIBIT - WORKED WITH CARE DELIVERY MARKETING TO EXECUTE AN ENTIRELY NEW AND FULLY- BRANDED HEALTHPARTNERS BETTER EATING EXPERIENCE WITHIN THE RENEWING THE COU NTRYSIDE ECO EXPERIENCE BUILDING STATE FAIR SPACE OVER 10,000 VISITORS TOUCHED DURING THE 10-DAY FAIR RUN</p>

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FORM 990, PART III, LINE 4A	<p>IN 2017, EMPLOYEES FROM GHI AND OTHER HEALTHPARTNERS ORGANIZATIONS DONATED \$484,870 TO THE REGIONS HOSPITAL FOUNDATION'S ANNUAL ONE CAMPAIGN, WHICH RAISES FUNDS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION. WITH A HEALTHPARTNERS MATCH, THE CAMPAIGN RAISED \$817,644. PATIENT CARE FUNDS FROM THE CAMPAIGN WERE SPLIT BETWEEN WISHING WELL, INTEGRATIVE MEDICINE, PATIENT EDUCATION MATERIALS, REGIONS DRUG ASSISTANCE PROGRAM, AN EMPLOYEE ASSISTANCE FUND, CARE CHANNELS IN HOSPITAL ROOMS, NEWSPAPERS FOR PATIENTS AND CARE IMPROVEMENT GRANTS. TWENTY-TWO PROGRAMS RECEIVED PATIENT CARE GRANT SUPPORT FOR A TOTAL OF \$137,924 WORTH OF ASSISTANCE. THE 2017 ONE 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. THE FUNDS RAISED THROUGH THE COMMUNITY GIVING CAMPAIGN SUPPORTED EIGHT LOCAL FEDERATIONS: GREATER TWIN CITIES UNITED WAY, UNITED WAY OF WASHINGTON COUNTY-EAST, ST. CROIX VALLEY UNITED WAY, AND UNITED WAY OF CENTRAL MINNESOTA, COMMUNITY SHARES MINNESOTA, COMMUNITY HEALTH CHARITIES-MINNESOTA, COMMUNITY HEALTH FUND AND THE MINNESOTA ENVIRONMENTAL FUND. IN 2017, HEALTHPARTNERS' COMMUNITY GIVING CAMPAIGN RAISED \$347,562, 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 2017, HEALTHPARTNERS DONATED OFFICE SUPPLIES AND FURNITURE TO LOCAL ORGANIZATIONS INCLUDING COMPANIES TO CLASSROOMS, FURNISH OFFICE AND HOME. IN ADDITION, HEALTHPARTNERS PROVIDES TIME AND OPPORTUNITIES FOR EMPLOYEES TO COORDINATE DRIVES FOR FOOD, CLOTHING, BOOKS AND TOYS ON LOCATION AT THE WORK PLACE. TOYS FOR TOTS RECEIVED BOXES OF TOYS FROM OUR ANNUAL TOY DRIVE OVER THE HOLIDAY SEASON. ORGANIZATION AWARDS AND ACHIEVEMENTS IN 2017, 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. 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. TOP HEALTH SYSTEM HEALTHPARTNERS WAS NAMED A WATSON HEALTH TOP 15 HEALTH SYSTEM (FORMERLY TRUVEN HEALTH ANALYTICS). HIGH-QUALITY CLINICAL CARE HEALTHPARTNERS, PARK NICOLLET AND STILLWATER MEDICAL GROUP WERE RATED AMONG THE HIGHEST QUALITY CLINICS CARE B.</p>

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FORM 990, PART III, LINE 4A	<p>Y MN COMMUNITY MEASUREMENT RECOGNIZED MEDICARE MODEL PARK NICOLLET IS NAMED ONE OF BECKER HOSPITAL REVIEW'S 110 ACCOUNTABLE CARE ORGANIZATIONS GENERATION ACO THE NEXT GENERATION ACO MODEL WAS LAUNCHED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) INNOVATION CENTER IN 2016 PATIENTS WITH DIABETES, VASCULAR DISEASE OR CLINICAL DEPRESSION ARE GETTING SOME OF THE BEST POSSIBLE CARE AT DOZENS OF HEALTHPARTNERS AND PARK NICOLLET CLINICS THESE CLINICS ONCE AGAIN EARNED HIGH MARKS FROM THE 2017 MINNESOTA BRIDGES TO EXCELLENCE (MN BTE) PROGRAM TOP-RATED HEALTH PLANS HEALTHPARTNERS IS THE TOP-RATED PRIVATE (COMMERCIAL) PLAN IN MINNESOTA AND IS ONE OF THE HIGHEST-RATED PLANS IN THE NATION, WITH A RATING OF 4.5 OUT OF 5 ACCORDING TO THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE PRIVATE HEALTH INSURANCE PLAN RATINGS 2017-2018 NCQA GAVE OUR FREEDOM MEDICARE PLAN A 5 OUT OF 5 RATING AWARD-WINNING TECHNOLOGY FOR MORE THAN A DECADE, HEALTHPARTNERS HAS BEEN NAMED A MOST WIRELESS SYSTEM BY HOSPITALS & HEALTH NETWORK FOR USING TECHNOLOGY TO IMPROVE PATIENT CARE, SERVICE, QUALITY AND COMMUNICATION THROUGH THE ELECTRONIC HEALTH RECORD AND OTHER TOOLS SUCH AS TELEHEALTH AND SMARTPHONES PHARMACY OUR PROGRAM TO HELP CURE HEPATITIS C RECEIVED THE PHARMACY BENEFIT MANAGEMENT INSTITUTE'S EXCELLENCE AWARD OUR MEDICATION THERAPY MANAGEMENT PROGRAM EARNED THE AMERICAN PHARMACISTS ASSOCIATION PINNACLE AWARD BEST HOSPITALS REGIONS HOSPITAL IS AMONG HEALTHGRADES AMERICA'S 50 BEST HOSPITALS (2016-2018) METHODIST HOSPITAL IS AMONG HEALTHGRADES AMERICA'S 100 BEST HOSPITALS (2017-2018) CANCER CARE FRAUENSHUHEIMER CANCER CENTER RECEIVED THE EUREKA INNOVATION AWARD FROM THE MINNEAPOLIS/ST. PAUL BUSINESS JOURNAL FOR REDUCING PAIN AND AVOIDING OPIOIDS ORTHOPEDICS METHODIST AND REGIONS HOSPITALS WERE NAMED OWN THE BONE STAR PERFORMERS FOR PREVENTING FRACTURES SAFETY REGIONS AND METHODIST HOSPITALS EARNED THE MINNESOTA HOSPITAL ASSOCIATION'S CHAIN AWARD FOR EXCELLENCE FOR INFECTION PREVENTION SUSTAINABILITY WESTFIELDS HOSPITAL AND AMERY REGIONAL MEDICAL CENTER HAVE BEEN RECOGNIZED WITH A GREEN MASTERS AWARD FROM THE WISCONSIN SUSTAINABLE BUSINESS COUNCIL BECKER'S HOSPITAL REVIEW HAS NAMED REGIONS, METHODIST HOSPITAL, LAKEVIEW HOSPITAL AND HUDSON HOSPITAL AMONG ITS 60 GREENEST HOSPITALS IN AMERICA ALL SIX HOSPITALS IN THE HEALTHPARTNERS SYSTEM HAVE RECEIVED THIS YEAR'S GREENING THE OR AWARD FROM PRACTICE GREENHEALTH AMERY REGIONAL MEDICAL CENTER, HUDSON HOSPITAL, LAKEVIEW HOSPITAL, METHODIST HOSPITAL, REGIONS AND WESTFIELDS HOSPITAL WERE HONORED FOR THEIR WORK TO REDUCE THE ENVIRONMENTAL FOOTPRINT OF THEIR OPERATING ROOMS LEADERSHIP MARY BRAINERD, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF HEALTHPARTNERS, WAS NAMED ONE OF THE "TOP 25 WOMEN IN HEALTHCARE" BY MODERN HEALTHCARE THIS HONOR IS PRESENTED TO FEMALE EXECUTIVES FROM AROUND THE UNITED STATES WHO ARE DEVELOPING POLICY, LEADING CHANGE AND GUIDING THE DELIVERY OF HEALTH CARE HEALTH DATA MANAGEMENT MOST POWERFUL WOMEN</p>

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FORM 990, PART III, LINE 4A	MEN IN HEALTHCARE IT (MARY BRAINERD) CITY OF ST PAUL SUSTAINABLE ST PAUL AWARDS (REGIONS) MINNESOTA SAFETY COUNCIL GOVERNOR'S WORKPLACE SAFETY AWARD (PARK NICOLLET) MINNEAPOLIS S T PAUL MAGAZINE TOP DOCTORS MINNESOTA MONTHLY BEST DOCTORS HOSPITAL AND HEALTH NETWORK MA GAZINE'S MOST WIRED (HEALTHPARTNERS) MODERN HEALTHCARE 100 MOST INFLUENTIAL PEOPLE IN HEAL THCARE (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 H EALTH CARE AWARDS (DR DREW ZINKEL) CENTERS FOR MEDICARE AND MEDICAID SERVICES CMS 5 STAR RATING (MEDICARE PLANS) ASSOCIATION OF COMMUNITY CANCER CENTERS INNOVATOR AWARD (FRAUENSHU H CANCER CENTER) BECKER'S HOSPITAL REVIEW 130 WOMEN HOSPITAL AND HEALTH SYSTEM LEADERS TO KNOW (MARY BRAINERD)

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FORM 990, PART VI, SECTION A, LINE 6	GHI HAS ASSOCIATED MEMBERS THESE ASSOCIATE MEMBERS ARE INDIVIDUAL CONTRACT HOLDERS OF GHI OR ITS RELATED ORGANIZATION THAT ADMINISTERS SELF-INSURED CONTRACTS HPI IS THE SOLE CORPORATE MEMBER OF GHI AND EXERCISES CERTAIN RESERVED POWERS EACH ASSOCIATE MEMBER HAS ONE VOTE BYLAWS, SECTION 1 1

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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

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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	THE GHI BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF ITS BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, AND KEY EMPLOYEES ("COVERED PERSONS") BY MAINTAINING A CONFLICT OF INTEREST POLICY UNDER THE POLICY, COVERED PERSONS ANNUALLY ARE PROVIDED WITH A COPY OF THE POLICY AND REQUESTED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTERESTS THE LEGAL DEPARTMENT OF HEALTHPARTNERS REVIEWS THE QUESTIONNAIRE RESPONSES AND DEVELOPS A REPORT DETAILING ANY POTENTIALLY MATERIAL CONFLICTS FOR THE PRESIDENT AND CHAIR OF THE BOARD A VERBAL SUMMARY IS ALSO GIVEN TO THE FULL BOARD OR APPROPRIATE COMMITTEE, AND REINFORCES THE POLICY'S MANDATE THAT EACH PERSON IS OBLIGATED TO DISCLOSE ANY NEW POTENTIAL CONFLICTS AS THEY MAY ARISE THROUGHOUT THE YEAR BOARD AGENDAS AND EXECUTIVE DECISIONS ARE MONITORED IN RELATION TO THIS POLICY

990 Schedule O, Supplemental Information

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 XI, LINE 9	EQUITY TRANSFER TO AN AFFILIATED ORGANIZATION -14,902,775 FASB 158 PENSION ADJUSTMENT 41,605,861 FASB 158 POST RETIREMENT ADJUSTMENT -1,090,390 FASB 124 FAIR MARKET VALUATION ADJUSTMENT -760,764

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As Filed Data -

DLN: 93493317077088

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
GROUP HEALTH PLAN INC

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

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
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(2) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPM, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(3) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(7) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTHPARTNERS INC - MANAGEMENT AND HEALTHCARE SUPPORT SERVICES	L	132,556,696	CASH AMOUNT
(2) HEALTHPARTNERS INC - HEALTHCARE SERVICES	L	58,556,699	CASH AMOUNT
(3) PHYSICIANS NECK & BACK CLINICS - HEALTHCARE SERVICES	P	520,243	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)

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1693838	HYBRID STAFF MODEL/NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(4)		N/A		No
8171 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
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION AND RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	TRANSITIONAL CARE SERVICES, STEP DOWN FROM INPATIENT HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0956618	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE SUPPORT TO HOSPITAL AND IMPORVE COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING AND INTENSE REHAB SERVICES	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	GROUP HEALTH PLAN INC		No
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND IMPORVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	STILLWATER HEALTH SYSTEM		No
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	CLINIC STAFF AND FACILITIES	MN	501(C)(3)	509(A)(3) TYPE I	STILLWATER HEALTH SYSTEM		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1) (A)(VI)	WESTFIELDS HOSPITAL INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	HOME CARE AND HOSPICE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	HEALTHPARTNERS INC		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	SUPPORT TO RELATED ENTITIES AND COMMUNITY TO IMPROVE HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	PARK NICOLLET HEALTH SERVICES		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0132080	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 01-0638901	DURABLE MEDICAL EQUIPMENT , PHARMACY AND OTHER HEALTH CARE RETAIL SALES	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0834920	CLINIC SERVICES	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1741792	HEALTHCARE REAL ESTATE	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0908320	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND IMPORVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC		No

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

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