

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2014**  
**Open to Public Inspection**

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

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: MEDICA HEALTH PLANS  
 Doing business as:  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 401 CARLSON PARKWAY CP 330  
 City or town, state or province, country, and ZIP or foreign postal code: MINNETONKA, MN 55305

**D** Employer identification number: 41-1242261  
**E** Telephone number: (952) 992-2058  
**G** Gross receipts \$ 2,090,854,668

**F** Name and address of principal officer: DAVID TILFORD, 401 CARLSON PARKWAY CP 330, MINNETONKA, MN 55305

**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)(4) (insert no )  4947(a)(1) or  527

**J** Website: WWW.MEDICA.COM

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1973  
**M** State of legal domicile: MN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 MEDICA'S MISSION IS TO MEET OUR CUSTOMERS' NEEDS FOR HEALTH PLAN PRODUCTS AND SERVICES IN DOING SO, WE WORK WITH OUR MEMBERS AND PROVIDERS TO MAKE HEALTH CARE ACCESSIBLE, AFFORDABLE AND A MEANS BY WHICH OUR MEMBERS IMPROVE THEIR HEALTH

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	1,581
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	290,857,820
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-965,736

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	1,396,459,145	1,882,713,161
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,125,222	14,203,362
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,888,065	2,006,809
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,412,472,432	1,898,923,332

	Prior Year	Current Year
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,254,801	1,254,800
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,204,147,936	1,318,132,740
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	111,121,112	119,494,104
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100,265,009	410,913,504
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,416,788,858	1,849,795,148
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-4,316,426	49,128,184

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	686,464,242	856,911,737
<b>21</b> Total liabilities (Part X, line 26)	281,950,229	396,812,972
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	404,514,013	460,098,765

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including 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: \*\*\*\*\*  
 MARK L BAIRD CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: TODD A JACKSON  
 Preparer's signature: TODD A JACKSON  
 Firm's name: RSM US LLP  
 Firm's address: 801 NICOLLET MALL SUITE 1100, MINNEAPOLIS, MN 55402

May the IRS discuss this return with the preparer shown above? (see instructions)  
**For Paperwork Reduction Act Notice, see the separate instructions.**

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission  
 MEDICA'S MISSION IS TO MEET OUR CUSTOMERS' NEEDS FOR HEALTH PLAN PRODUCTS AND SERVICES IN DOING SO, WE WORK WITH MEMBERS AND PROVIDERS TO MAKE HEALTH CARE ACCESSIBLE, AFFORDABLE AND A MEANS BY WHICH OUR MEMBERS IMPROVE THEIR HEALTH

**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 \$ 1,290,505,938 including grants of \$ ) (Revenue \$ 1,401,288,600 )  
 MEDICA HEALTH PLANS (MHP) IN 2014 PROVIDED NONPROFIT HMO COVERAGE TO ENROLLEES IN THE STATE OF MINNESOTA'S MEDICAL ASSISTANCE, MINNESOTACARE, AND SPECIAL NEEDS BASIC CARE PROGRAMS MEDICAL ASSISTANCE IS MINNESOTA'S MEDICAID PROGRAM MINNESOTACARE IS A PUBLICLY SUBSIDIZED HEALTH CARE PROGRAM FOR RESIDENTS WHO DO NOT HAVE ACCESS TO AFFORDABLE HEALTH CARE COVERAGE SPECIAL NEEDS BASIC CARE (SNBC) PROVIDES COVERAGE FOR INDIVIDUALS AGES 18-64 THAT ARE ON MEDICAL ASSISTANCE AND HAVE BEEN CERTIFIED WITH PHYSICAL, DEVELOPMENTAL OR MENTAL DISABILITIES A TOTAL OF 171,483 MEDICA MEMBERS - 93 3% OF MHP'S TOTAL ENROLLMENT - WERE IN MINNESOTA STATE PROGRAMS AS OF 12/31/2014 THERE WERE 129,953 PREPAID MEDICAL ASSISTANCE PROGRAM (MEDICAID) MEMBERS, 20,329 MINNESOTACARE MEMBERS, AND 21,201 SPECIAL NEEDS BASIC CARE MEMBERS IN NCQA'S 2014 SURVEY OF CONSUMER SATISFACTION, PREVENTION AND TREATMENT, MEDICA'S MEDICAID HMO WAS RANKED #1 IN MINNESOTA AND #18 AMONG MEDICAID HMO PLANS IN THE UNITED STATES MEDICA'S MEDICAID HMO HAS SINCE 2005 BEEN IN THE TOP 20 OF NCQA'S ANNUAL RANKINGS OF U S MEDICAID PLANS IN 2014 MEDICA HEALTH PLANS MINNESOTA MEDICAID HMO RECEIVED THE HIGHEST ACCREDITATION STATUS, EXCELLENT, FROM THE NCQA STATE OF MINNESOTA HEALTH CARE PROGRAMS - MINNESOTA REQUIRES STATE-LICENSED HMOS TO BE NONPROFIT AND TO PARTICIPATE IN STATE OF MINNESOTA HEALTH CARE PROGRAMS MINNESOTA HEALTH CARE PROGRAMS COVER PEOPLE WHO CANNOT GET OR AFFORD HEALTH INSURANCE ELSEWHERE AND HELPS THEM PAY SOME OR ALL-MEDICAL BILLS ACCORDING TO THE MINNESOTA DEPARTMENT OF HUMAN SERVICES, COVERAGE IS AVAILABLE FOR QUALIFYING INDIVIDUALS WHO MEET RULES ABOUT INCOME, ASSETS AND OTHER FACTORS THESE PROGRAMS FOCUS ON PREGNANT WOMEN, FAMILIES AND CHILDREN, ADULTS WITH DISABILITIES, CHILDREN WITH DISABILITIES, PEOPLE 65 OR OLDER, ADULTS WITHOUT CHILDREN, AND LOW-INCOME ADULTS UNABLE TO FIND AFFORDABLE CARE COVERAGE IS ALSO AVAILABLE FOR PEOPLE WHO MEET ELIGIBILITY RULES FOR NURSING HOME CARE, HOME CARE, FOR CHILDREN WHO HAVE A DISABILITY AND FOR EMPLOYED PERSONS WITH DISABILITIES THE STATE OF MINNESOTA SETS RATES WHEN IT CONTRACTS WITH THE STATE'S NONPROFIT HMOS, PAYING A FIXED SUM PER ENROLLEE MHP BEARS THE RISK FOR COSTS ABOVE THE PREDETERMINED RATE MEDICA HEALTH PLAN'S 2014 PERFORMANCE ON BEHALF OF THE STATE OF MINNESOTA WAS EFFICIENT - IN 2014 MEDICA HEALTH PLANS MEDICAL LOSS RATIO FOR STATE OF MINNESOTA HEALTH PROGRAMS WAS 89.9% APPROXIMATELY 90-CENTS OF EACH STATE PROGRAM DOLLAR WENT TO PROVIDE CARE, - THE ADMINISTRATIVE COST RATIO WAS APPROXIMATELY 6.5% INCLUDING PREMIUM TAXES














**4b** (Code ) (Expenses \$ 15,826,948 including grants of \$ ) (Revenue \$ 10,742,879 )  
 IN 2014 MHP PROVIDED FULLY INSURED COMMERCIAL HMO HEALTH INSURANCE COVERAGE TO GROUPS AND INDIVIDUALS IN MINNESOTA AS OF 12/31/2014, THE ENROLLMENT IN MHP FULLY INSURED MINNESOTA GROUP PLANS WAS 624, WHICH WAS APPROXIMATELY 0.3% OF MHP'S TOTAL 2014 ENROLLMENT

**4c** (Code ) (Expenses \$ 11,799,854 including grants of \$ ) (Revenue \$ 12,282,701 )  
 IN 2014 MHP PARTICIPATED IN MINNESOTA SENIOR HEALTH OPTIONS (MSHO), A MEDICARE-RELATED PRODUCT, IN MINNESOTA ENROLLMENT IN THAT PRODUCT WAS 9,990 OR 5.4% OF MHP'S TOTAL ENROLLMENT MSHO IS A PRODUCT FOR PEOPLE AGE 65 AND OLDER AND ELIGIBLE FOR BOTH MEDICARE AND MEDICAID  
 See Additional Data

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 1,254,800 including grants of \$ 1,254,800 ) (Revenue \$ 167,995,085 )

**4e Total program service expenses** 1,319,387,540

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, federal employment tax returns, unrelated business gross income, prohibited tax shelter transactions, deductible contributions, and Form 990 filings.

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**MARY QUIST**

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID TILFORD PRESIDENT/CEO	40 00	X		X			2,141,543	0	33,964	
(2) JOHN BUCK CHAIR	15 00	X		X			104,000	0	0	
(3) ESTHER TOMLIJANOVICH VICE CHAIR	10 00	X		X			72,000	0	0	
(4) KRIS SANDA SECRETARY (1/1 - 6/24)	10 00	X		X			50,500	0	0	
(5) EARL STRATTON DIRECTOR	10 00	X					65,000	0	0	
(6) PETER KELLY MD DIRECTOR	10 00	X					65,000	0	0	
(7) AARON L REYNOLDS EVP/TREASURER/CFO UNTIL 1/3	40 00			X			1,272,691	0	2,781	
(8) JAMES P JACOBSON SVP/SECRETARY (6/24 - 12/31)	40 00			X			804,926	0	42,839	
(9) MARK L BAIRD SVP/TREASURER	40 00			X			764,070	0	41,382	
(10) GLENN E ANDIS SVP	40 00				X		687,695	0	44,139	
(11) ROBERT LONGENDYKE SVP	40 00				X		574,272	0	39,052	
(12) DEBBY S KNOTSON SVP	40 00				X		544,478	0	28,673	
(13) JANA L JOHNSON SVP	40 00				X		631,713	0	44,310	
(14) TIMOTHY D THULL SVP	40 00				X		626,414	0	57,564	

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

(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			
(15) JOHN W NAYLOR SVP	40 00				X			863,684	0	80,315
(16) DANNETTE M COLEMAN GM/VP	40 00				X			547,697	0	33,140
(17) MARK WERNER MD SVP	40 00				X			870,323	0	81,244
(18) THEODORE J LOFTNESS VP & MEDICAL DIRECTOR	40 00					X		435,469	0	34,669
(19) RICHARD H SYKORA GM/VP	40 00					X		479,430	0	39,976
(20) BARBARA LYNCH VP	40 00					X		436,827	0	30,795
(21) ANDREW DAVIS VP	40 00					X		433,600	0	49,730
(22) GEOFFREY J BARTSH VP	40 00					X		422,232	0	53,207
(23) THOMAS JIM GUYN MD FORMER VP	0 00						X	334,965	0	4,453

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	13,228,529	0	742,233

**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 **279**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED HEALTHCARE SERVICES INC 9900 BREN DR E MN008-T380 MINNETONKA, MN 55343	CLAIMS PROCESSING	90,335,233
DAHL CONSULTING INC 418 COUNTY ROAD D E ST PAUL, MN 55117	TEMP SERVICES	7,658,486
LOFFLER COMPANIES INC 1101 EAST 78TH STREET SUITE 200 BLOOMINGTON, MN 55420	PRINTING	1,362,064
NTT DATA INC 5601 GRANITE PARKWAY SUITE 1000 PLANO, TX 75024	TECHNOLOGY SERVICES	943,686
HEALTHEDGE SOFTWARE INC 30 CORPORATE DR BURLINGTON, MA 01803	TECHNOLOGY SERVICES	679,966

**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 **27**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>						
	<b>g</b>	Noncash contributions included in lines 1a-1f \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .						
<b>Program Service Revenue</b>	<b>2a</b>	MEDICAID REVENUE	Business Code 524114	1,401,288,600	1,401,288,600			
	<b>b</b>	GROUP & INDIVIDUAL PREMIUMS	524114	301,146,775	10,744,672	290,402,103		
	<b>c</b>	INTERCOMPANY ADMIN FEES	561000	167,995,085	167,995,085			
	<b>d</b>	MEDICARE REVENUE	524114	12,282,701	12,282,701			
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		1,882,713,161				
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		12,518,819		12,518,819	
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .						
<b>5</b>		Royalties . . . . .						
<b>6a</b>		Gross rents	(i) Real	5,229,808				
			(ii) Personal					
			<b>b</b>	Less rental expenses	3,676,917			
			<b>c</b>	Rental income or (loss)	1,552,891			
<b>d</b>		Net rental income or (loss) . . . . .		1,552,891		1,552,891		
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities	189,938,962				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	188,254,419			
			<b>c</b>	Gain or (loss)	1,684,543			
<b>d</b>		Net gain or (loss) . . . . .		1,684,543		1,684,543		
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b>		Less direct expenses . . . . . <b>b</b>						
<b>c</b>		Net income or (loss) from fundraising events . . . . .						
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
			<b>b</b>	Less direct expenses . . . . . <b>b</b>				
	<b>c</b>		Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	Business Code						
<b>11a</b>	MEDICA TAX PARTNERSHIP DENTAL REV	900099	455,717		455,717			
<b>b</b>	MN EXCHANGE PARTNERSHIP	561499	-1,799	-1,799				
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		453,918					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		1,898,923,332	1,592,309,259	290,857,820	15,756,253		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,254,800	1,254,800		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .	1,318,132,740	1,318,132,740		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	11,228,211		11,228,211	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	83,538,011		83,538,011	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	7,427,049		7,427,049	
<b>9</b>	Other employee benefits . . . . .	10,557,205		10,557,205	
<b>10</b>	Payroll taxes . . . . .	6,743,628		6,743,628	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	1,563,469		1,563,469	
<b>c</b>	Accounting . . . . .	489,656		489,656	
<b>d</b>	Lobbying . . . . .	497,888		497,888	
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	641,772		641,772	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	33,992,996		33,992,996	
<b>12</b>	Advertising and promotion . . . . .	7,294,733		7,294,733	
<b>13</b>	Office expenses . . . . .	4,111,656		4,111,656	
<b>14</b>	Information technology . . . . .	12,096,611		12,096,611	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	4,728,753		4,728,753	
<b>17</b>	Travel . . . . .	465,610		465,610	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	703,895		703,895	
<b>20</b>	Interest . . . . .	20,069		20,069	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	23,081,392		23,081,392	
<b>23</b>	Insurance . . . . .	1,355,913		1,355,913	
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .				
<b>a</b>	REINSURANCE	291,823,556		291,823,556	
<b>b</b>	PREMIUM TAXES	18,571,397		18,571,397	
<b>c</b>	PRINTING AND PUBLICATIO	6,872,409		6,872,409	
<b>d</b>					
<b>e</b>	All other expenses	2,601,729		2,601,729	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	1,849,795,148	1,319,387,540	530,407,608	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,325,685	<b>1</b>	17,033,570
	<b>2</b> Savings and temporary cash investments . . . . .	25,776,967	<b>2</b>	235,131,277
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	89,654,172	<b>4</b>	91,381,387
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 115,104,811		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 20,746,064	97,318,475	<b>10c</b> 94,358,747
	<b>11</b> Investments—publicly traded securities . . . . .	293,185,386	<b>11</b>	271,578,475
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	68,708,875	<b>12</b>	68,719,038
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	105,494,682	<b>15</b>	78,709,243
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	686,464,242	<b>16</b>	856,911,737	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	281,746,313	<b>17</b>	280,508,823
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	203,916	<b>19</b>	116,304,149
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	281,950,229	<b>26</b>	396,812,972
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	404,514,013	<b>27</b>	460,098,765
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	404,514,013	<b>33</b>	460,098,765	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	686,464,242	<b>34</b>	856,911,737	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,898,923,332
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,849,795,148
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	49,128,184
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	404,514,013
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,286,713
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	2,169,855
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	460,098,765

**Part XII Financial Statements and Reporting**

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

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-1242261  
**Name:** MEDICA HEALTH PLANS

**Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)**

(Code ) (Expenses \$ 1,254,800 including grants of \$ 1,254,800 ) (Revenue \$ 167,995,085 )

MEDICA HEALTH PLANS (MHP), A NON-PROFIT HEALTH MAINTENANCE ORGANIZATION (HMO), IS A SUBSIDIARY OF MEDICA HOLDING COMPANY (MHC), A NON-PROFIT, TAXABLE CORPORATION MEDICA HEALTH PLANS (MHP) IS LICENSED UNDER MINNESOTA STATUTES CHAPTER 62D AS A MINNESOTA NONPROFIT HEALTH MAINTENANCE ORGANIZATION (HMO), REGULATED BY THE MINNESOTA DEPARTMENT OF HEALTH (MDH) IT IS INCORPORATED AS A NONPROFIT ORGANIZATION UNDER MINNESOTA STATUTES CHAPTER 317A MHP IS AUTHORIZED TO PROVIDE PREPAID COMPREHENSIVE HMO SERVICES AND IN 2014 DID SO TO THREE MARKET SEGMENTS 1) STATE OF MINNESOTA HEALTH CARE PROGRAMS, 2) COMMERCIAL FULLY INSURED GROUPS AND INDIVIDUALS CONVERTED FROM GROUP PLANS, AND 3) MEDICARE (THESE THREE PROGRAMS ARE EXPLAINED IN MORE DETAIL IN PSA'S 4A, B & C) TO MEET ITS MISSION AND ITS TAX-EXEMPT OBLIGATION AS AN ORGANIZATION DESCRIBED UNDER IRC 501(C)(4), MHP PROVIDED SIGNIFICANT COMMUNITY BENEFITS MEDICA HEALTH PLANS INTERCOMPANY ADMINISTRATIVE AGREEMENTS - MHP HAS MANAGEMENT AGREEMENTS WITH RELATED ENTITIES TO PROVIDE ADMINISTRATIVE SERVICES MHP IS REIMBURSED FOR THESE SERVICES MONTHLY IN 2014, MHP WAS REIMBURSED FOR \$167,995,085 IN INTERCOMPANY ADMINISTRATIVE EXPENSES, REPORTED AS REVENUE ON THE 990 CONTRIBUTIONS BY MEDICA ON BEHALF OF MEMBERS BEYOND CONTRACTED SERVICES - IN 2014 MHP SPENT APPROXIMATELY \$4.03 MILLION TO PROVIDE ADDITIONAL, BEYOND-CONTRACT SUPPORT ON BEHALF OF THE FOLLOWING CATEGORIES OF MINNESOTA STATE HEALTH CARE PROGRAMS PMAP FAMILIES AND CHILDREN, PMAP ADULTS WITHOUT CHILDREN, MSC+, MNCARE FAMILIES AND CHILDREN, MNCARE ADULTS WITHOUT CHILDREN, MSHO, SNBC EXPENDITURES INCLUDED MY HEALTH REWARDS (MHR) PROGRAM, \$345,068, VALUE OF WAIVED FAMILY DEDUCTIBLES, \$202,378, MSC+ ELDERLY WAIVER FOR NON-ELIGIBLE MEMBERS, \$1,368,292, NON-MEDICARE PART D PHARMACY COPAYMENTS, \$1,005,623, NON-MEDICARE VALUE OF COST-SHARING WAIVED COPAYS, \$748,170, ADDITIONAL SERVICES, \$359,983 OTHER COMMUNITY BENEFITS - MHP PROVIDED OTHER COMMUNITY BENEFITS WITH A WIDE RANGE OF PROGRAMS AND INITIATIVES TO PROMOTE PUBLIC AND INDIVIDUAL HEALTH, REDUCE DISPARITIES IN ACCESS TO CARE, IMPROVE HEALTH CARE SYSTEM PERFORMANCE, AND HELP PROVIDE FINANCIAL ASSISTANCE TO ACCESS CARE COLLABORATIVE EFFORTS MHP DONATES FUNDING, EMPLOYEE TIME AND OTHER RESOURCES IN SUPPORT OF MORE THAN TWO DOZEN COLLABORATIVE EFFORTS WITH LOCAL, STATE, REGIONAL AND NATIONAL ORGANIZATIONS EXAMPLES INCLUDE MINNESOTA COMMUNITY MEASUREMENT, WHICH PROMOTES COMMUNITY-BASED, EVIDENCE-BASED CARE, AND QUALITY COMPARISONS OF PROVIDER GROUPS AND CLINICS, INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT, WHICH PROVIDES EVIDENCE-GRADED GUIDELINES AND ASSESSMENTS, MINNESOTA HEALTH INFORMATION EXCHANGE, WHICH CONNECTS DOCTORS, HOSPITALS AND CLINICS STATEWIDE MEDICA ANNUALLY HELPS FUND A NUMBER OF COLLABORATIVE EDUCATION AND TRAINING SEMINARS AND CONFERENCES HEALTH AND WELLNESS PROGRAMS PROVIDING COMMUNITY BENEFIT MEDICA UNDERTAKES A VARIETY OF INITIATIVES TO MAKE HEALTH CARE MORE AFFORDABLE, AVAILABLE AND EFFECTIVE EXAMPLES INCLUDE - IMPROVEMENTS IN RATES OF ANNUAL SCREENINGS AMONG MEMBERS FOR DISEASES SUCH AS CANCERS, HEART DISEASE AND DIABETES, PRE AND POST-BIRTH MATERNITY CARE, IMMUNIZATIONS, AND CHILD AND TEEN CHECKUPS - REDUCTIONS IN MEDICALLY UNNECESSARY ER VISITS AND IN-PATIENT HOSPITAL ADMISSIONS - TYING PROVIDER REIMBURSEMENT TO IMPROVEMENTS IN CARE OUTCOMES, QUALITY AND EFFICIENCY - INCREASED PARTICIPATION IN EXERCISE AND NUTRITION PROGRAMS ASTHMA, DIABETES AND WEIGHT-LOSS CAMPS FOR CHILDREN MEDICA FUNDS MEDICALLY SUPERVISED SUMMER CAMPS SO CHILDREN CAN LEARN HOW TO BETTER MANAGE CHRONIC CONDITIONS MY HEALTH REWARDS FROM MEDICA INCLUDES AN ARRAY OF ONLINE TOOLS AND RESOURCES THAT MAKE IT EASY FOR MEDICA MEMBERS TO ASSESS THEIR HEALTH STATUS, AND TO CUSTOMIZE AND FOLLOW PERSONALIZED PROGRAMS FOR A HEALTHIER LIFESTYLE AND DIET IN 2014 THE CORE MY HEALTH REWARDS FROM MEDICA PROGRAM WAS PROVIDED AT NO ADDITIONAL CHARGE TO FULLY INSURED GROUPS FIT CHOICES BY MEDICA PROVIDED MEDICA MEMBERS WITH (A) A \$20 MONTHLY MEMBERSHIP CREDIT FOR EXERCISING AT A PARTICIPATING HEALTH CLUB TWELVE OR MORE DAYS PER MONTH AND (B) THE OPPORTUNITY FOR PERSONAL COACHING AND A PERSONALIZED NUTRITION AND FITNESS PLAN IN 2014 FIT CHOICES BY MEDICA WAS AVAILABLE AT NO COST TO MHP'S FULLY INSURED AND MINNESOTACARE MEMBERS IN A MEDICA STUDY OF FIT CHOICES PARTICIPATION, AFTER TWO YEARS, THE AVERAGE MONTHLY MEDICAL COSTS OF STUDY PARTICIPANTS WERE 33.6% LOWER THAN THOSE IN A MATCHED CONTROL GROUP PEOPLE NOT ENROLLED IN THE FIT CHOICES PROGRAM AND WHO DID NOT EXERCISE TWELVE TIMES A MONTH WERE 43% TO 105% MORE LIKELY TO HAVE BEEN TO A CLINIC, HOSPITAL OR EMERGENCY ROOM HEALTH AND WELLNESS COACHING MEDICA'S HEALTH AND WELLNESS COACHING PROGRAM IS A SELF-DIRECTED PROGRAM OFFERING A WIDE VARIETY OF TOOLS AND RESOURCES TO HELP MEMBERS MAKE CHANGES TO IMPROVE THEIR HEALTH HEALTH COACHING SUPPORT INCLUDES PRIVATE, CONFIDENTIAL ACCESS TO TRAINED HEALTH COACHES THERE WAS NO COST TO MEDICA MEMBERS TO PARTICIPATE IN THE HEALTH AND WELLNESS COACHING PROGRAM MEDICAL AND MENTAL HEALTH DISEASE MANAGEMENT AND PATIENT SUPPORT MEDICA IN 2014 OFFERED A PORTFOLIO OF DISEASE MANAGEMENT PROGRAMS FOR PHYSICAL AND MENTAL HEALTH, TOBACCO CESSATION, HEALTHY PREGNANCY, COMMON CHRONIC MEDICAL DISEASES, AND RARE AND COMPLEX DISEASES THESE PROGRAMS PROVIDE EDUCATION AND RESOURCES THAT HELP SUPPORT THE MEMBERS' ABILITY TO MANAGE CHRONIC CONDITIONS THE GOALS ARE TO IMPROVE HEALTH AND QUALITY OF LIFE, REDUCE COMPLICATIONS THROUGH EARLY INTERVENTION AND MONITORING, PROMOTE MEDICAL CARE AND COMPLIANCE WITH THE PATIENT'S PHYSICIAN-RECOMMENDED MEDICAL TREATMENT REGIMEN, AND TO IMPROVE SATISFACTION WITH HEALTH CARE SERVICES MEDICA'S DISEASE MANAGEMENT PROGRAMS WERE PROVIDED AT NO ADDITIONAL CHARGE TO FULLY INSURED GROUPS, AND TO MINNESOTA STATE HEALTH CARE PROGRAM ENROLLEES SERVED BY MEDICA THERE IS NO COST TO ELIGIBLE MEDICA MEMBERS

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (MEDICA HEALTH PLANS) and Employer identification number (41-1242261)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, description, and response (Yes/No). Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, description, and response (Yes/No). Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		18,775,799		18,775,799
<b>b</b> Buildings . . . . .		67,824,201	3,724,603	64,099,598
<b>c</b> Leasehold improvements . . . . .		15,010,733	9,007,206	6,003,527
<b>d</b> Equipment . . . . .		13,494,078	8,014,255	5,479,823
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				94,358,747

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to 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) PRUDENTIAL INVESTMENT	68,719,038	C
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	68,719,038	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to 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
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
(1) INVESTMENT RELATED RECEIVABLES	1,373,987
(2) HEALTH CARE RECEIVABLES	31,083,628
(3) DUE FROM AFFILIATES	8,335,039
(4) FUNDS HELD BY REINSURED COMPANIES	30,307,414
(5) ACCOUNTS RECEIVABLE RELATING TO UNINSURED PLANS	4,618,360
(6) ACCOUNTS RECEIVABLE RELATING TO REINSURERS	1,477,145
(7) FEDERAL & FOREIGN INCOME TAX RECOVERABLE	1,513,670
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	78,709,243

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

**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' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,735,508,872
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	184,999
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	184,999
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,735,323,873
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	163,599,460
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	163,599,460
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	1,898,923,333

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,688,598,175
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-162,104,920
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-162,104,920
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,850,703,095
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-907,946
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-907,946
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	1,849,795,149

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2	THE COMPANY IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(4) OF THE IRC FOLLOWING AN EXAMINATION OF MHP FOR THE 2008-2011 TAX YEARS DURING 2013, MEDICA AGREED TO RECOGNIZE REINSURANCE ACTIVITY WITH MIC AS UNRELATED BUSINESS INCOME (UBI), NET OF ANY INVESTMENT INCOME GENERATED BY THE TRANSACTION THE ADJUSTMENTS RESULTED IN ADDITIONAL TAX OF \$938,000 FOR THE 2008-2011 TAX YEARS THE COMPANY REALIZED A FEDERAL AND STATE INCOME TAX EXPENSE OF APPROXIMATELY \$211,000 AND \$3,198,000 IN 2014 AND 2013, RESPECTIVELY THE FEDERAL PROVISION IS INCLUDED IN THE INCOME TAX EXPENSE IN THE STATUTORY STATEMENTS OF REVENUE AND EXPENSES THE STATE INCOME TAX EXPENSE PROVISION IS INCLUDED IN ADMINISTRATIVE EXPENSES IN THE STATUTORY STATEMENTS OF REVENUE AND EXPENSES
PART XI, LINE 2D - OTHER ADJUSTMENTS	INVESTMENT EXPENSE RECLASSED AS EXPENSE -641,772 INTEREST EXPENSE RECLASSED AS EXPENSE -20,069 DEPRECIATION ON REAL ESTATE RECLASSED AS EXPENSE -2,824,039 STATUTORY GROSS UP FOR RENTAL INCOME 3,670,879
PART XI, LINE 4B - OTHER ADJUSTMENTS	MN HEALTH INFO EXCHANGE K-1 -1,799 INTERCOMPANY ADMIN FEES RECLASSED FROM EXPENSE 167,995,085 DENTAL EXPENSES (MEDICA TAX PARTNERSHIP K-1) -4,393,826
PART XII, LINE 2D - OTHER ADJUSTMENTS	INTERCOMPANY ADMIN FEES RECLASSED AS REVENUE -167,995,085 STATUTORY GROSS UP FOR DEPRECIATION EXPENSE 2,219,286 STATUTORY GROSS UP FOR RENTAL INCOME 3,670,879
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT EXPENSE RECLASSED AS REVENUE 641,772 INTEREST EXPENSE RECLASSED AS REVENUE 20,069 DEPRECIATION ON REAL ESTATE RECLASSED AS EXPENSE 2,824,039 DENTAL EXPENSES (MEDICA TAX PARTNERSHIP K-1), RECLASSED AS REVENUE -4,393,826



Schedule I (Form 990)

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization MEDICA HEALTH PLANS

Employer identification number 41-1242261

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

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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT, 41-1782168, 501(C)(3), 1,254,800, SUPPORT THE BEST PRACTICES IN THE MEDICAL WORLD.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
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" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 2	MEDICA HEALTH PLANS (MHP) DONATES TO 501(C)(3) ORGANIZATIONS MHP HAS MEETINGS TO MONITOR THE WORK BEING DONE TO SUPPORT THE MISSION OF THE GRANT RECIPIENTS

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MEDICA HEALTH PLANS

Employer identification number

41-1242261

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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?

**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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>	Yes	
<b>6b</b>	Yes	
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

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

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

**Part III Supplemental Information**

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

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	THE FOLLOWING RECEIVED PAYMENTS FROM A NON-QUALIFIED RETIREMENT PLAN DAVID TILFORD \$49,589 GLENN E ANDIS \$12,889 JANA L JOHNSON \$10,558 MARK BAIRD \$14,512 ROBERT LONGENDYKE \$9,040 JAMES P JACOBSON \$136,437 DEBBY S KNUTSON \$8,174 RICHARD H SYKORA \$6,049 TIMOTHY D THULL \$5,696 DANNETTE M COLEMAN \$8,641 BARBARA LYNCH \$5,752
PART I, LINE 6	MANAGEMENT INCENTIVE COMPENSATION INCLUDES COMPONENTS RELATED TO THE ORGANIZATIONS OPERATING EARNINGS
SCHEDULE J, PART II	SCHEDULE J, PART II, COLUMN (F), COMPENSATION IN COLUMN (B) REPORTED AS DEFERRED IN PRIOR FORM 990 COLUMN (F) INCLUDES AMOUNTS VESTED IN THE CURRENT YEAR, WHICH WERE PREVIOUSLY REPORTED IN COLUMN (C) OF PRIOR YEARS' 990'S, AS RETIREMENT AND DEFERRED COMPENSATION

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-1242261  
**Name:** MEDICA HEALTH PLANS

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> DAVID TILFORD, PRESIDENT/CEO	(i) (ii)	801,761 0	1,171,817 0	167,965 0	18,850 0	16,424 0	2,176,817 0	49,589 0
<b>1</b> AARON L REYNOLDS, EVP/TREASURER/CFO UNTIL 1/3	(i) (ii)	73,127 0	1,116,390 0	83,174 0	2,200 0	2,029 0	1,276,920 0	0 0
<b>2</b> JAMES P JACOBSON, SVP/SECRETARY (6/24 - 12/31)	(i) (ii)	272,788 0	244,224 0	287,914 0	18,850 0	24,957 0	848,733 0	136,437 0
<b>3</b> MARK L BAIRD, SVP/TREASURER	(i) (ii)	366,696 0	332,927 0	64,447 0	18,850 0	24,150 0	807,070 0	14,512 0
<b>4</b> GLENN E ANDIS, SVP	(i) (ii)	315,969 0	309,255 0	62,471 0	20,150 0	24,907 0	732,752 0	12,889 0
<b>5</b> ROBERT LONGENDYKE, SVP	(i) (ii)	277,234 0	245,402 0	51,636 0	18,850 0	21,001 0	614,123 0	9,040 0
<b>6</b> DEBBY S KNUTSON, SVP	(i) (ii)	264,271 0	231,717 0	48,490 0	18,850 0	10,579 0	573,907 0	8,174 0
<b>7</b> JANA L JOHNSON, SVP	(i) (ii)	276,275 0	300,850 0	54,588 0	20,150 0	25,138 0	677,001 0	10,558 0
<b>8</b> TIMOTHY D THULL, SVP	(i) (ii)	281,062 0	306,440 0	38,912 0	35,123 0	23,256 0	684,793 0	5,696 0
<b>9</b> JOHN W NAYLOR, SVP	(i) (ii)	354,783 0	484,724 0	24,177 0	52,182 0	29,343 0	945,209 0	0 0
<b>10</b> DANNETTE M COLEMAN, GM/VP	(i) (ii)	286,923 0	214,625 0	46,149 0	20,150 0	13,801 0	581,648 0	8,641 0
<b>11</b> MARK WERNER MD, SVP	(i) (ii)	345,060 0	500,000 0	25,263 0	58,640 0	23,775 0	952,738 0	0 0
<b>12</b> THEODORE J LOFTNESS, VP & MEDICAL DIRECTOR	(i) (ii)	236 0	422,070 0	13,163 0	20,150 0	15,462 0	471,081 0	0 0
<b>13</b> RICHARD H SYKORA, GM/VP	(i) (ii)	234,973 0	203,698 0	40,759 0	20,150 0	20,505 0	520,085 0	6,049 0
<b>14</b> BARBARA LYNCH, VP	(i) (ii)	237,568 0	157,640 0	41,619 0	12,140 0	19,117 0	468,084 0	5,752 0
<b>15</b> ANDREW DAVIS, VP	(i) (ii)	250,535 0	161,684 0	21,381 0	32,072 0	18,374 0	484,046 0	0 0
<b>16</b> GEOFFREY J BARTSH, VP	(i) (ii)	229,168 0	171,099 0	21,965 0	27,821 0	26,064 0	476,117 0	0 0
<b>17</b> THOMAS JIM GUYN MD, FORMER VP	(i) (ii)	47,688 0	281,198 0	6,079 0	1,946 0	2,596 0	339,507 0	0 0



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**2014**

**Open to Public Inspection**

Name of the organization  
MEDICA HEALTH PLANS

Employer identification number

41-1242261

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS EXIST WITHIN MEDICA HEALTH PLANS AS MEMBERS COVERED UNDER REGULATED INSURANCE PLANS
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERSHIP OF MEDICA HEALTH PLANS ELECTS THE CONSUMER BOARD MEMBERS
FORM 990, PART VI, SECTION B, LINE 11	MEDICA'S TAX ADVISORS COMPLETE THE RETURN, MEDICA'S CONTROLLER AND FINANCE MANAGER REVIEW THE RETURN BEFORE IT IS SIGNED BY THE CFO A COPY WILL BE PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY ALL EMPLOYEES OF MEDICA HEALTH PLANS AND DIRECTORS OF ALL MEDICA ENTITIES COMPLETE A CONFLICT OF INTEREST DISCLOSURE AND ARE REQUIRED TO REVIEW THE CONFLICT POLICY ALL POTENTIAL CONFLICTS ARE REVIEWED BY LEGAL/COMPLIANCE
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD'S PERSONNEL AND COMPENSATION COMMITTEE REVIEWS AND OBTAINS THE BOARD'S APPROVAL OF THE TOTAL COMPENSATION FOR THE PRESIDENT/CEO AND REVIEWS AND APPROVES THE TOTAL COMPENSATION RECOMMENDATIONS MADE BY THE CFO FOR THE EXECUTIVE AND SENIOR VICE PRESIDENTS, REVIEW ALL OFFICER COMPENSATION AND PERFORMANCE GOALS APPROVED BY THE CEO ANNUALLY THE PERSONNEL AND COMPENSATION COMMITTEE ALSO REVIEWS AND RECOMMENDS TO THE BOARD, OFFICER AND NON-OFFICER COMPENSATION GUIDELINES FOR THE COMPANY AND ITS SUBSIDIARIES PERIODICALLY REVIEWING MARKET DATA TO ASSESS THE COMPANY'S COMPETITIVE POSITION PROCESS OUTSIDE THE CHARTER THE PERSONNEL AND COMPENSATION COMMITTEE WORKS WITH AN OUTSIDE CONSULTANT IN REVIEWING MARKET COMPETITIVE DATA THAT AIDS IN SETTING THE COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES
FORM 990, PART VI, SECTION C, LINE 19	MEDICA DOES NOT CONSIDER ITS CONFLICT OF INTEREST POLICY TO BE A CONFIDENTIAL OR PROPRIETARY DOCUMENT THEREFORE, MEDICA WOULD MAKE THIS POLICY AVAILABLE TO ANYONE WHO REQUESTS IT CERTAIN ENTITIES OF MEDICA ARE REQUIRED TO FILE ANNUAL FINANCIAL STATEMENTS WITH THE REGULATORS MEDICA CONSIDERS FINANCIAL STATEMENTS THAT ARE FILED WITH THE REGULATORS TO BE PUBLIC DOCUMENTS ARTICLES AND BYLAWS, CONFLICT OF INTEREST POLICY, AND FORM 990S ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF NONADMITTED ASSETS 4,387,342 MN HEALTH INFO EXCHANGE K-1 1,799 STAT GROSS UP FOR DEPRECIATION -2,219,286
FORM 990, PART VII, COLUMN B	CERTAIN INDIVIDUALS REPORTED ON FORM 990, PART VII SPLIT THEIR TIME BETWEEN SEVERAL OF THE MEDICA ENTITIES (MEDICA HEALTH PLANS, MEDICA HEALTH PLANS WI, MEDICA FOUNDATION, MEDICA RESEARCH INSTITUTE, MEDICA INSURANCE COMPANY, MEDICA SELF-INSURED, MEDICA AFFILIATED SERVICES, AND MEDICA HEALTH MANAGEMENT) THE AVERAGE HOURS PER WEEK REPORTED IN PART VII ARE THE TOTAL HOURS PER WEEK FOR ALL MEDICA ORGANIZATIONS

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MEDICA HEALTH PLANS

Employer identification number

41-1242261

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> MEDICA FOUNDATION 401 CARLSON PARKWAY  MINNETONKA, MN 55305 41-1812461	FOUNDATION	MN	501(C)(3)	509(A)(3) II	MEDICA HOLDING COMPANY		No
<b>(2)</b> MEDICA HEALTH PLANS OF WISCONSIN 401 CARLSON PARKWAY  MINNETONKA, MN 55305 41-1843804	HEALTH COVERAGE	MN	501(C)(4)		MEDICA HOLDING COMPANY		No
<b>(3)</b> MEDICA HOLDING COMPANY 401 CARLSON PARKWAY  MINNETONKA, MN 55305 01-0571840	HOLDING COMPANY/NO ACTIVITY	MN	501(C)(4)		N/A		No
<b>(4)</b> MEDICA RESEARCH INSTITUTE 401 CARLSON PARKWAY  MINNETONKA, MN 55305 27-0600894	RESEARCH FOUNDATION	MN	501(C)(3)	509(A)(3) I	MEDICA HOLDING COMPANY		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) MEDICA INSURANCE COMPANY  401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1490988	HEALTH INSURANCE	MN	MEDICA AFFILIATED SERVICES	C					No
(2) MEDICA SELF-INSURED  401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1479417	THIRD PARTY ADMINISTRATOR	MN	MEDICA AFFILIATED SERVICES	C					No
(3) MEDICA AFFILIATED SERVICES  401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1716415	HOLDING COMPANY	MN	MEDICA HOLDING COMPANY	C					No
(4) MEDICA HEALTH MANAGEMENT  401 CARLSON PARKWAY MINNETONKA, MN 55305 20-8005519	HEALTH MANAGEMENT	MN	MEDICA AFFILIATED SERVICES	C					No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

**Part VII Supplemental Information**

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

**Return Reference****Explanation**