

efile Public Visual Render		ObjectID: 202303039349300430 - Submission: 2023-10-30		TIN: 44-0545275	
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. Go to www.irs.gov/Form990 for instructions and the latest information.			OMB No. 1545-0047 2020 Open to Public Inspection
A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020					
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending		C Name of organization GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC		D Employer identification number 44-0545275	
		% JOSEPH STASI			
		Doing business as			
		Number and street (or P.O. box if mail is not delivered to street address) 310 NE MULBERRY ST		Room/suite	E Telephone number (816) 257-5500
		City or town, state or province, country, and ZIP or foreign postal code LEES SUMMIT, MO 640865861		G Gross receipts \$ 4,685,900,267	
		F Name and address of principal officer: JOSEPH STASI 310 NE MULBERRY STREET LEES SUMMIT, MO 640865861		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) (9) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527					
J Website: ▶ WWW.GEHA.COM					
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 1939		M State of legal domicile: MO	
Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE COVERAGE TO FEDERAL EMPLOYEES AND ANNUITANTS PURSUANT TO THE FEDERAL EMPLOYEES HEALTH BENEFIT ACT OF 1959, AS AMENDED, AND REGULATIONS ISSUED THEREUNDER.				
Revenue	2 Check this box ☐				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10		
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1,663		
	6 Total number of volunteers (estimate if necessary)	6	0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,882,227		
	7b Net unrelated business taxable income from Form 990-T, line 39	7b			
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	0		0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,466,415,505		4,329,294,856	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,096,343		53,130,224	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0		-239	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,505,511,848		4,382,424,841	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	651,717		1,029,387	
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,187,639,613		3,917,019,805	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	140,214,236		136,855,112	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0		0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	175,954,461		181,185,257	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,504,460,027		4,236,089,561	
	19 Revenue less expenses. Subtract line 18 from line 12	4,504,460,027		4,236,089,561	
	19 Revenue less expenses. Subtract line 18 from line 12	1,051,821		146,335,280	
Net Assets or Fund Balances	Beginning of Current Year		End of Year		
	20 Total assets (Part X, line 16)	2,161,913,591		2,751,173,135	
	21 Total liabilities (Part X, line 26)	1,239,853,565		1,590,456,722	
	22 Net assets or fund balances. Subtract line 21 from line 20	922,060,026		1,160,716,413	
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		2021-11-15 Date		
	JOSEPH STASI CFO Type or print name and title				
Paid Preparer	Print/Type preparer's name		Preparer's signature		Date
	Firm's name ▶ FORVIS LLP		Check ☐ if self-employed		PTIN P00482834
		Firm's EIN ▶			

Preparer Use Only

Firm's address 1201 Walnut Suite 1700
Kansas City, MO 641062246

Phone no. (816) 221-6300

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 (2020)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission:
GEHA EMPOWERS OUR MEMBERS TO BE HEALTHY AND WELL.

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 \$ including grants of \$) (Revenue \$)
PROVIDE MEDICAL AND DENTAL COVERAGE TO APPROXIMATELY 1,949,000 FEDERAL EMPLOYEES AND ANNUITANTS AND THEIR DEPENDENTS PURSUANT TO THE FEDERAL EMPLOYEES HEALTH BENEFIT ACT OF 1959 (FEHBP), AS AMENDED, THE FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM AND OTHER HEALTH AND DENTAL PROGRAMS.

4b

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

4c

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

4d

Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

Form 990 (2020)

Part IV

Checklist of Required Schedules

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

No

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

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		No
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	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	

Form 990 (2020)

Page 4

Form 990 (2020)

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? If "Yes," complete Schedule L, Part I	25a	
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? If "Yes," complete Schedule L, Part I	25b	

26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	101,787		Yes	No
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		

Form 990 (2020)

Form 990 (2020)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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	1,663			
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		Yes		
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		Yes		
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 8822?					

		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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
9	Sponsoring organizations maintaining donor advised funds.			
a	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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Form 990 (2020)

Form 990 (2020)

Page 6

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	11	
	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	10	
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	Yes	
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	Yes	
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	No
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	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶JOSEPH STASI 310 NE MULBERRY STREET LEES SUMMIT, MO 640865861 (816) 257-5500

Form 990 (2020)

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.
See instructions for the order in which to list the persons above.
☐ 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			
(1) DARREN TAYLOR CEO / PRESIDENT	40.0 1.0	X		X			888,806	0	101,945
(2) AILEEN WILKINS CHIEF PEOPLE OFFICER	40.0 0.0				X		446,317	0	161,680

(3) SHANNON HORGAN CHIEF GROWTH OFFICER	40.0 1.0				X				404,168	0	159,309
(4) DAVID KOENIG CHIEF MEMBER&OPERATION OFFICER	40.0 0.0				X				402,785	0	137,168
(5) PAUL AITKEN CHIEF MEDICAL OFFICER	40.0 0.0				X				428,589	0	106,872
(6) SUSIE OLIVER CHIEF BUSINESS PARTNERSHIP OFF	40.0 0.0				X				393,523	0	135,952
(7) RICHARD BIERMAN SECRETARY/CHIEF LEGAL OFFICER	40.0 0.0			X					410,960	0	104,993
(8) GERARD PAUL CHIEF INFORMATION OFFICER	40.0 0.0				X				407,542	0	101,565
(9) JOSEPH STASI CHIEF FINANCIAL OFFICER	40.0 1.0				X				392,417	0	97,453
(10) SARAH OSBORNE CHIEF A&A OFFICER	40.0 0.0				X				361,036	0	109,347
(11) JOHN PATRICK VP National Sales	40.0 1.0				X				306,315	0	93,093
(12) MATTHEW LATHROM VP TECH & SECURITY SERVICES	40.0 0.0				X				333,035	0	60,855
(13) LISA SKEENS INTFEN VP HEALTH SERVICES	40.0 0.0				X				302,981	0	66,557
(14) ANGELA LESLIE VP INTERNAL AUDIT & SPL INVEST	40.0 0.0				X				251,985	0	76,389
(15) SCOTT ROBIDOUX VP ACTUARIAL & ANALYTICS	40.0 0.0				X				248,480	0	73,374
(16) CYNTHIA ANDERSON VP PRODUCT DEVELOPMENT	40.0 0.0				X				244,505	0	59,766
(17) BELINDA AGUILAR THOMPSON VP DEPUTY GENERAL COUNSEL	40.0 0.0				X				252,242	0	50,531

Form 990 (2020)

Form 990 (2020)

Page 8

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			
(18) CANDICE MCGEE VP OPERATIONS	40.0 0.0				X			232,619	0	61,785
(19) CAROLYN WALTERS VP HUMAN RESOURCES	40.0 0.0				X			238,505	0	55,444
(20) SHANNON REYNOLDS VP DENTAL NETWORK & PLANS	40.0 1.0				X			229,416	0	58,594
(21) EMILY THIELE VP HEALTH SERVICES	40.0 0.0					X		214,292	0	71,010
(22) GINGER WILLIAMS VP CUSTOMER CARE	40.0 0.0					X		212,517	0	72,173
(23) ANGELA JOHNSON VP CONTROLLER	40.0 1.0					X		222,819	0	60,786
(24) JOHN NOLEN VP DIGITAL ENABLEMENT	40.0 0.0				X			222,857	0	60,212

(23) PARKELL ENSLINGER DIRECTOR ENTERPRISE ARCHITECTU	40.0 0.0					X		221,477	0	59,313
(26) SHERRY GIBBS VP MARKETING	1.0 0.0						X	254,505	0	23,128
(27) NICOLE JEFFRIES VP ENTERPRISE BUSINESS Solutio	40.0 0.0					X		219,205	0	52,226
(28) MARCIA NIELSEN-MCPHERSON VP POLICY & STRATEGY	40.0 0.0				X			231,021	0	13,153
(29) STEVEN A WEBER DIRECTOR / CHAIRPERSON	5.44 0.0	X						126,875	0	0
(30) MARK J VAN DYKE DIRECTOR	3.48 0.7	X						84,830	25,000	0
(31) AMY M CARPENTER DIRECTOR / COMMITTEE CHAIR	2.31 0.0	X						105,750	0	0
(32) MARY BETH VITALE DIRECTOR / COMMITTEE CHAIR	6.15 0.0	X						102,708	0	0
(33) KURT J HARMS DIRECTOR / COMMITTEE CHAIR	7.0 0.0	X						100,673	0	0
(34) PHILIP D NICOTRA DIRECTOR / COMMITTEE CHAIR	6.31 0.0	X						99,990	0	0
(35) RICHARD CORDOVA DIRECTOR	2.67 0.0	X						84,750	0	0
(36) MIKE FORTUNE DIRECTOR	2.36 0.0	X						83,750	0	0
(37) EMMA METCALF DIRECTOR	1.52 0.0	X						83,750	0	0
(38) ISAAC OPOLE DIRECTOR	1.49 0.0	X						83,750	0	0
(39) JERRY L PHILLIPS DIRECTOR / CHAIRPERSON	0.45 0.0	X						75,000	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								8,270,188	0	2,196,166

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 ▶ 214

		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>	Yes	
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

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 INSURANCE COMPANY, 9900 BREN ROAD EAST MINNETONKA, MN 55343	PPO NETWORK	26,063,459
AETNA LIFE INSURANCE COMPANY, 151 FARMINGTON AVE RT 21 HARTFORD, CT 06156	PPO NETWORK	13,960,501
COMBINED INSURANCE COMPANY OF AMERI, PO BOX 8069 CHICAGO, IL 606808069	PPO NETWORK	10,613,653
CHANGE HEALTHCARE SOLUTIONS LLC, 100 AIRPARK CENTER DRIVE EAST NASHVILLE, TN 37217	TECH & CONSULTING	9,977,400
SIRIUS COMPUTER SOLUTIONS INC, 613 NW LOOP 410 STE 1000 SAN ANTONIO, IL 78216	TECHNOLOGY SERVICES	7,356,814

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 ▶ 174

Form 990 (2020)

Part VIII Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII ☐				
	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514

derated campaigns 1a

Contributions, Gifts, Grants and Other Similar Amount

Membership dues . . .

1b

Fundraising events . . .

1c

Related organizations

1d

Government grants (contributions)

1e

All other contributions, gifts, grants, and similar amounts not included above

1f

g Noncash contributions included in lines 1a - 1f:\$

1g

h Total. Add lines 1a-1f

0

Program Service Revenue	2a MEMBER PREMIUMS	Business Code				
		524114	4,317,427,098	4,317,427,098		
	ADMIN SVC FEE REVENUE	900099	11,860,510		11,860,510	
	OTHER	524298	7,248	7,248		
	f All other program service revenue.					
g Total. Add lines 2a-2f.			4,329,294,856			

3 Investment income (including dividends, interest, and other similar amounts)

24,258,623

24,236,667

21,956

4 Income from investment of tax-exempt bond proceeds

0

5 Royalties

0

6a Gross rents

6a

(i) Real

(ii) Personal

b Less: rental expenses

6b

c Rental income or (loss)

6c

0

0

d Net rental income or (loss)

0

7a Gross amount from sales of assets other than inventory

7a

(i) Securities

(ii) Other

b Less: cost or other basis and sales expenses

7b

303,424,820

50,606

c Gain or (loss)

7c

28,922,207

-50,606

d Net gain or (loss)

28,871,601

28,871,601

8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18

8a

0

b Less: direct expenses

8b

0

c Net income or (loss) from fundraising events

0

Gross income from gaming activities. See Part IV, line 19

9a

0

b Less: direct expenses

9b

0

c Net income or (loss) from gaming activities

0

10a Gross sales of inventory, less returns and allowances

10a

0

b Less: cost of goods sold

10b

0

c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code				
11a INCOME FROM K-1 INVESTMENTS	900099	-239		-239	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		-239			
12 Total revenue. See instructions		4,382,424,841	4,370,542,614	11,882,227	

Form 990 (2020)

Page 10

Form 990 (2020)

Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,029,387			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	3,917,019,805			
5 Compensation of current officers, directors, trustees, and key employees	10,085,306			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3) (B)	0			
7 Other salaries and wages	96,824,261			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,349,451			
9 Other employee benefits	7,844,704			
10 Payroll taxes	6,751,390			
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,023,166			
c Accounting	400,515			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,686,660			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,211,994			
12 Advertising and promotion	14,143,896			
13 Office expenses	10,896,357			
14 Information technology	17,317,435			
15 Royalties	0			
16 Occupancy	2,870,270			
17 Travel	1,211,801			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	506,420			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,565,114			
23 Insurance	1,495,327			
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 MANAGED CARE	80,825,144			

b ASA EXPENSES	11,860,510			
c ACA FEES	1,544,598			
d SERVICE PROVIDER EXPENSES	10,641,569			
e All other expenses	1,984,481			
25 Total functional expenses. Add lines 1 through 24e	4,236,089,561			
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 ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

Page 11

Form 990 (2020)

Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	73,547,838	2	110,140,431
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,136,840,685	4	1,490,426,813
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	2,808,889	7	2,808,889
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	8,579,260	9	12,441,675
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 66,530,219		
	b Less: accumulated depreciation	10b 27,169,642	32,561,145	10c 39,360,577
	11 Investments—publicly traded securities	655,176,992	11	929,276,684
	12 Investments—other securities. See Part IV, line 11	247,172,329	12	162,675,147
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	1,668,354	14	2,768,143
	15 Other assets. See Part IV, line 11	3,558,099	15	1,274,776
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,161,913,591	16	2,751,173,135	
Liabilities	17 Accounts payable and accrued expenses	141,778,775	17	171,649,695
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	1,098,074,790	25	1,418,807,027
	26 Total liabilities. Add lines 17 through 25	1,239,853,565	26	1,590,456,722
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	922,060,026	27	1,160,716,413
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	922,060,026	32	1,160,716,413
33 Total liabilities and net assets/fund balances	2,161,913,591	33	2,751,173,135	

Form 990 (2020)

Page 12

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,382,424,841
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,236,089,561
3	Revenue less expenses. Subtract line 2 from line 1	3	146,335,280
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	922,060,026
5	Net unrealized gains (losses) on investments	5	79,887,451
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	12,433,656
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,160,716,413

Part XII

Financial Statements and Reporting

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

1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
2b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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?	3a		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2020)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

eFile Public Visual Render		ObjectID: 202303039349300430 - Submission: 2023-10-30		TIN: 44-0545275											
SCHEDULE D (Form 990)		Supplemental Financial Statements			OMB No. 1545-0047										
Department of the Treasury Internal Revenue Service		▶ 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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.			2020 Open to Public Inspection										
Name of the organization GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC				Employer identification number 44-0545275											
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.														
a	Total number of conservation easements	2a	<table border="1"><thead><tr><th colspan="2">Held at the End of the Year</th></tr></thead><tbody><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></tbody></table>			Held at the End of the Year		2a		2b		2c		2d	
Held at the End of the Year															
2a															
2b															
2c															
2d															
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 7/25/06, 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 FASB 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 FASB 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 FASB 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	d	☐ Loan or exchange programs		
b	☐ Scholarly research	e	☐ Other		
c	☐				

☐ Preservation for future generations

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 Term endowment ▶

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		7,387,691		7,387,691
b Buildings		31,694,890	8,282,000	23,412,890
c Leasehold improvements				
d Equipment		27,381,907	18,854,408	8,527,499
e Other		65,731	33,234	32,497
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				39,360,577

Schedule D (Form 990) 2020

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) INVESTMENT IN SUBSIDIARIES	50,703,908	C
(B) ALTERNATIVE INVESTMENTS	111,971,239	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
		162,675,147

Part VIIIInvestments - 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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IXOther 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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part XOther 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	0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	
1,418,807,027	

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 ☐

Schedule D (Form 990) 2020Page 4

Part XIReconciliation 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
SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

Additional Data

Return to Form

Software ID:
Software Version:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2020

[illegible]

efile Public Visual Render

ObjectID: 202303039349300430 - Submission: 2023-10-30

TIN: 44-0545275

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

Employer identification number
44-0545275

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) UNITED WAY 4727 LOGAN AVENUE KANSAS CITY, MO 64136	44-0545812	501(C)(3)	190,133				To support mission to improve lives
(2) FEDERAL EMPLOYEE EDUCATION & ASSISTANCE FUND 1641 PRINCE STREET ALEXANDRIA, VA 22314	52-1465583	501(C)(3)	162,500				EDUCATIONAL ASSISTANCE TO FED EMPLOYEES
(3) UNION STATION KANSAS CITY INC 30 W PERSHING RD SUITE 400 KANSAS CITY, MO 64108	43-1890025	501(C)(3)	140,000				PROVIDING A SAFE REFUGE
(4) BOYS & GIRLS CLUB OF GREATER KANSAS CITY 6301 ROCKHILL ROAD SUITE 303 KANSAS CITY, MO 64131	43-6072065	501(C)(3)	39,814				PROMOTE PERSONAL DEV OF BOYS AND GIRLS
(5) 15 AND THE MAHOMIES FOUNDATION 1701 DIRECTORS BOULEVARD SUITE 370 AUSTIN, TX 78744	83-4134118	501(C)(3)	37,500				TO EMPOWER PEOPLE IN LOW INCOME HOUSING
(6) VETERANS COMMUNITY PROJECT 8900 TROOST AVE KANSAS CITY, MO 64131	47-4960735	501(C)(3)	30,349				PROVIDE HOUSING FOR VETERANS
(7) TRUMAN HEARTLAND COMMUNITY FOUNDATION 4200 LITTLE BLUE PARKWAY SUITE 340 INDEPENDENCE, MO 64057	43-1482136	501(C)(3)	30,000				IMPROVE LIVES OF PEOPLE IN JA CO
(8) THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	13-5644916	501(C)(3)	24,831				IMPROVE QUALITY OF LIFE OF PATIENTS/RESEARCH
(9) HOPE HOUSE PO BOX 520409 INDEPENDENCE, MO 64052	43-1265685	501(C)(3)	19,446				PROVIDING A SAFE REFUGE
(10) ALZHEIMER'S DISEASE AND RELATED DISORDERS 225 N MICHIGAN AVE CHICAGO, IL 60601	13-3039601	501(C)(3)	16,604				SUPPORT ALZHEIMERS RESEARCH, DETECTION, CARE
(11) PHOENIX FAMILY HOUSING CORPORATION 3908 WASHINGTON STREET KANSAS CITY, MO 64111	51-0231573	501(C)(3)	15,000				TO EMPOWER PEOPLE IN LOW INCOME HOUSING
(12) REDISCOVER 901 NE INDEPENDENCE AVE KANSAS CITY, MO 64106	23-7169417	501(C)(3)	11,881				MENTAL HEALTH AND SUBSTANCE ABUSE SVCS
(13) DREAM FACTORY 410 W CHESTNUT STREET LOUISVILLE, KY 40202	61-1220742	501(C)(3)	11,311				GRANTING DREAMS TO CRITICALLY ILL CHILDREN
(14) CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)(3)	10,500				SUPPORT TO PROVIDE EXCELLENT HEALTHCARE TO CHILDRN
(15) AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	10,205				SUPPORT DETECTION AND TREATMENT SVCS
(16) ALS ASSOCIATION 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	13-3271855	501(C)(3)	10,000				CURE & TREAT ALS BY RS ADVOCACY & CARE SVCS
(17) AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE CHICAGO, IL 60601	13-1632524	501(C)(3)	10,000				TO IMPROVE LUNG HEALTH & PREVENT DISEASE
(18) HEARTLAND HONOR FLIGHT 6130 NW BELL ROAD PARKVILLE, MO 64152	30-0665915	501(C)(3)	10,000				TRANSPORT VETS TO DC TOVISIT MEMORIALS
(19) KANSAS CITY PUBLIC SCHOOLS EDUCATION FDN 2010 N 59TH STREET KANSAS CITY, KS 66104	48-1092627	501(C)(3)	10,000				TO SUPPORT KC, KS PUBLIC SCHOOLS
(20) PRO DEO YOUTH CENTER 214 NE CHIPMAN ROAD LEES SUMMIT, MO 64063	27-1834872	501(C)(3)	10,000				PROVIDE ASSISTANCE TO AT RISK COMMUNITY YOUTH
(21) AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVER ROOM 900 ARLINGOTN, VA 22202	54-1734511	501(C)(3)	7,593				SUPPORT DIABETES RELATED RESEARCH
(22) HARVESTERS - THE COMMUNITY FOOD NETWORK 3801 TOPPING AVE KANSAS CITY, MO 64129	43-1208665	501(C)(3)	6,250				FEED HUNGRY PEOPLE TODAY & END HUNGER TOMORROW
(23) AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON DC, DC 20006	53-0196605	501(C)(3)	6,000				ALLEVIATES HUMAN SUFFERING IN THE FACE OF EMERGENC
(24) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	5,604				FOCUS ON PREVENTING & TREATING HEART DISEASE
(25) BRA COUTURE KC 4504 NE DE LA MAR CT LEES SUMMIT, MO 64064	46-3659903	501(C)(3)	5,500				PROVIDE SUPPORT FOR THOSE AFFECTED BY CANCER
(26) BRADENS HOPE FOR CHILDHOOD CANCER 15954 S MUR LEN ROAD OLATHE, KS 66062	27-3519273	501(C)(3)	5,500				FUND RES. TO TREAT & CURE CHILDHOOD CANCER

https://projects.propublica.org/nonprofits/organizations/440545275/202303039349300430/full

20/27

(27) HUNT FAMILY FOUNDATION 1 ARROWHEAD DRIVE KANSAS CITY, MO 64129	43-1299453	501(C)(3)	20,000				SUPPORT YOUTH EDUCATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							27
3 Enter total number of other organizations listed in the line 1 table							

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

Cat. No. 50055P

Schedule I (Form 990) 2020

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
SCHEDULE I, PART I, LINE 2	GEHA'S CHARITABLE GIVING POLICY ENSURES THAT GEHA DONATIONS, SPONSORSHIPS, COMPANY VOLUNTEER OPPORTUNITIES AND IN-KIND SERVICES ARE PERMISSIBLE UNDER SECTION 501(C)(9), COORDINATED AND ALIGNED WITH OUR CORPORATE VALUES, AND ADMINISTERED BY THE GEHA CHARITABLE GIVING COMMITTEE. THE COMMITTEE IS COMPRISED OF THREE MEMBERS OF THE EXECUTIVE TEAM INCLUDING THE CEO/PRESIDENT AND GENERAL COUNSEL; A MEMBER OF THE MANAGEMENT TEAM; A REPRESENTATIVE FROM THE CORPORATE SOCIAL RESPONSIBILITY PROGRAM AND OTHER APPOINTED REPRESENTATIVES AS NEEDED. GEHA'S VICE PRESIDENT, PEOPLE AND CULTURE SHALL SERVE AS AN EX-OFFICIO MEMBER.

OMB No. 1545-0047

2020

Employer identification number	44-0545275
--------------------------------	------------

		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.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax identification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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 on 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.		
	☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
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	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	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 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	
b	Any related organization?	5b	
	If "Yes," on line 5a or 5b, describe in Part III.		
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	
b	Any related organization?	6b	
	If "Yes," on line 6a or 6b, describe in Part III.		
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	
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	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Schedule J (Form 990) 2020

Page 2

Page 2

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus or incentive compensation	(iii) Other reportable compensation				
1 DARREN TAYLOR CEO / PRESIDENT	(i)	537,985	226,214	124,607	82,356	19,589	990,751	0
	(ii)	0	0	0	0	0	0	0
2 RICHARD BIERMAN SECRETARY/CHIEF LEGAL OFFICER	(i)	362,755	41,663	6,542	75,752	29,241	515,953	0
	(ii)	0	0	0	0	0	0	0
3 DARRELL ENSLINGER DIRECTOR ENTERPRISE ARCHITECTU	(i)	177,506	34,134	9,837	42,449	16,864	280,790	0
	(ii)	0	0	0	0	0	0	0
4 AILEEN WILKINS CHIEF PEOPLE OFFICER	(i)	305,156	109,637	31,524	134,594	27,086	607,997	0
	(ii)	0	0	0	0	0	0	0
5 SUSIE OLIVER CHIEF BUSINESS PARTNERSHIP OFF	(i)	267,051	94,787	31,685	107,786	28,166	529,475	0
	(ii)	0	0	0	0	0	0	0
6 SARAH OSBORNE CHIEF A&A OFFICER	(i)	265,229	70,000	25,807	106,625	2,722	470,383	0
	(ii)	0	0	0	0	0	0	0
7 SHANNON HORGAN CHIEF GROWTH OFFICER	(i)	273,155	98,222	32,791	128,804	30,505	563,477	0
	(ii)	0	0	0	0	0	0	0
8 DAVID KOENIG CHIEF MEMBER&OPERATION OFFICER	(i)	273,008	91,879	37,898	124,909	12,259	539,953	0
	(ii)	0	0	0	0	0	0	0
9 PAUL AITKEN CHIEF MEDICAL OFFICER	(i)	367,286	48,047	13,256	77,751	29,121	535,461	0
	(ii)	0	0	0	0	0	0	0
10 MATTHEW LATHROM VP TECH & SECURITY SERVICES	(i)	238,383	74,332	20,320	51,917	8,938	393,890	0
	(ii)	0	0	0	0	0	0	0
11 LISA SKEENS INTFEN VP HEALTH SERVICES	(i)	209,501	65,454	28,026	57,717	8,840	369,538	0
	(ii)	0	0	0	0	0	0	0
12 GERARD PAUL	(i)	316,863	65,650	25,029	70,038	31,527	509,107	0
	(ii)	0	0	0	0	0	0	0

CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
13 BELINDA AGUILAR THOMPSON VP DEPUTY GENERAL COUNSEL	(i)	189,821	61,515	906	50,041	490	302,773	0
	(ii)	0	0	0	0	0	0	0
14 CANDICE MCGEE VP OPERATIONS	(i)	183,031	39,543	10,045	43,869	17,916	294,404	0
	(ii)	0	0	0	0	0	0	0
15 CYNTHIA ANDERSON VP PRODUCT DEVELOPMENT	(i)	187,817	45,950	10,738	47,540	12,226	304,271	0
	(ii)	0	0	0	0	0	0	0
16 CAROLYN WALTERS VP HUMAN RESOURCES	(i)	195,609	41,417	1,479	46,160	9,284	293,949	0
	(ii)	0	0	0	0	0	0	0
17 ANGELA LESLIE VP INTERNAL AUDIT & SPL INVEST	(i)	189,497	60,553	1,935	48,303	28,086	328,374	0
	(ii)	0	0	0	0	0	0	0
18 SCOTT ROBIDOUX VP ACTUARIAL & ANALYTICS	(i)	202,463	42,877	3,140	46,520	26,854	321,854	0
	(ii)	0	0	0	0	0	0	0
19 JOHN PATRICK VP National Sales	(i)	179,057	111,533	15,725	62,653	30,440	399,408	0
	(ii)	0	0	0	0	0	0	0
20 SHANNON REYNOLDS VP DENTAL NETWORK & PLANS	(i)	169,735	42,877	16,804	41,810	16,784	288,010	0
	(ii)	0	0	0	0	0	0	0
21 NICOLE JEFFRIES VP ENTERPRISE BUSINESS Solutio	(i)	177,256	38,973	2,976	41,113	11,113	271,431	0
	(ii)	0	0	0	0	0	0	0
22 GINGER WILLIAMS VP CUSTOMER CARE	(i)	173,551	35,728	3,238	40,973	31,200	284,690	0
	(ii)	0	0	0	0	0	0	0
23 ANGELA JOHNSON VP CONTROLLER	(i)	176,707	38,516	7,596	42,319	18,467	283,605	0
	(ii)	0	0	0	0	0	0	0
24 JOHN NOLEN VP DIGITAL ENABLEMENT	(i)	187,514	33,908	1,435	42,990	17,222	283,069	0
	(ii)	0	0	0	0	0	0	0
25 JOSEPH STASI CHIEF FINANCIAL OFFICER	(i)	322,070	64,857	5,490	67,667	29,786	489,870	0
	(ii)	0	0	0	0	0	0	0
26 SHERRY GIBBS VP MARKETING	(i)	0	0	254,505	23,128	0	277,633	0
	(ii)	0	0	0	0	0	0	0
27 EMILY THIELE VP HEALTH SERVICES	(i)	156,346	41,315	16,631	42,889	28,121	285,302	0
	(ii)	0	0	0	0	0	0	0
28 MARCIA NIELSEN-MCPHERSON VP POLICY & STRATEGY	(i)	203,605	23,036	4,380	4,308	8,845	244,174	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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
SCHEDULE J, PART I, LINE 4A	THE FOLLOWING KEY EMPLOYEES RECEIVED A SEVERANCE PAYMENT IN 2020: SHERRY GIBBS \$ 254,505

Schedule J (Form 990) 2020

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render		ObjectID: 202303039349300430 - Submission: 2023-10-30	TIN: 44-0545275
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC	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. Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047 2020 Open to Public Inspection
	Employer identification number 44-0545275		

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JOHN PATRICK, DARREN TAYLOR, SHANNON HORGAN, JOSEPH STASI, ANGELA JOHNSON, AND SHANNON REYNOLDS HAVE A BUSINESS RELATIONSHIP BECAUSE THEY ARE DIRECTORS OR OFFICERS OF RELATED FOR-PROFIT ENTITIES.
FORM 990, PART VI, SECTION A, LINE 3	SINCE 2017, GEHA HAS CONTRACTED WITH NEW PROVIDENCE ASSET MANAGEMENT AND VANGUARD TO ACT AS THE INVESTMENT MANAGEMENT FIRMS FOR GEHA'S INVESTMENT PORTFOLIO.
FORM 990, PART VI, SECTION A, LINE 6	Membership in the Association shall be open to employees and annuitants of the Federal Government. Such persons shall become regular members by enrolling in a benefit plan sponsored by the Association. Regular membership shall terminate when a person is no longer enrolled in a benefit plan sponsored by the Association.
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS ELECT THE BOARD OF DIRECTORS FROM PERSONS NOMINATED BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS APPROVE AMENDMENTS TO THE BY-LAWS.
FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS PRESENTED AND DISTRIBUTED TO THE AUDIT COMMITTEE BY THE INDEPENDENT ACCOUNTING FIRM. QUESTIONS AND CONCERNS OF THE ORGANIZATION'S AUDIT COMMITTEE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. A FINAL COPY OF THE 990 IS PROVIDED TO BOARD OF DIRECTORS PRIOR TO FINAL FILING.
FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES AND DIRECTORS RECEIVE ANNUAL CONFLICT OF INTEREST TRAINING AND COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AT THE END OF TRAINING. FOR EMPLOYEES, THEY MAY ALSO REPORT POTENTIAL CONFLICTS AT ANY TIME DIRECTLY TO THE COMPLIANCE OFFICER. THE RESULTS FOR EMPLOYEES ARE REVIEWED BY THE COMPLIANCE OFFICER AND GENERAL COUNSEL. FOR DIRECTORS, THE RESULTS ARE ALSO REVIEWED BY THE BOARD OF DIRECTORS. POTENTIAL CONFLICTS ARE ADDRESSED ON AN INDIVIDUAL BASIS WITH EDUCATION AND, IF POSSIBLE, CONTROLS TO RESTRICT ACCESS TO SPECIFIC INFORMATION AND DUTIES.
FORM 990, PART VI, SECTION B, LINE 15A & 15B	COMPENSATION FOR GEHA PRESIDENT, OFFICERS, AND KEY EMPLOYEES WAS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE IN 2020. MARKET DATA WAS PROVIDED BY SULLIVAN COTTER, AN OUTSIDE EXECUTIVE COMPENSATION CONSULTANT. DOCUMENTATION IS MAINTAINED WITHIN THE BOARD MINUTES.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9	INVESTMENT RETURN ON SUBSIDIARIES \$ 9,292,846 CHANGE IN LEGAL LIABILITY \$ 3,872,147 CHANGE IN POSTRETIREMENT BENEFIT OBLIGATION \$ (731,576) INCOME FROM K-1 INVESTMENTS \$ 239 ----- \$ 12,433,656
FORM 990, PART XII, LINE 2C	GEHA'S BOARD OF DIRECTORS HAS AN AUDIT COMMITTEE. THIS COMMITTEE MEETS QUARTERLY WITH THE EXTERNAL AUDITORS. ANNUALLY, THE EXTERNAL AUDITORS PRESENT THE RESULTS OF THE CONSOLIDATED AUDIT TO THE COMMITTEE.
REASONS FOR AMENDING	Form 990, Part VII and Schedule J The 2020 tax return is being amended to report bonuses that were accrued at December 31, 2020 and not paid within 2.5 months of year end which were inadvertently not reported on the original tax return.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Software ID:

Software Version:

efile Public Visual Render		Objectid: 202303039349300430 - Submission: 2023-10-30				TIN: 44-0545275								
SCHEDULE R (Form 990)		Related Organizations and Unrelated Partnerships					OMB No. 1545-0047							
							2020							
Department of the Treasury Internal Revenue Service Name of the organization GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC		▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection							
							Employer identification number 44-0545275							
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					
(1)UNITED STATES GOVERNMENT 1900 E STREET NW WASHINGTON, DC 20415			GOVERNMENT	DC	GOVERNMENT	N/A	NA		No					
(2)GEHA INC VOLUNTARY WELFARE BENEFIT FUND 310 NE MULBERRY STREET LEES SUMMIT, MO 64086 82-5057516			BENEFIT PLAN	MO	501(C)(9)	N/A	GEHA INC	Yes						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.									Cat. No. 50135Y		Schedule R (Form 990) 2020			
Page 2														
Schedule R (Form 990) 2020												Page 2		
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)GEHA HOLDINGS INC 310 NE MULBERRY LEES SUMMIT, MO 640865861 45-4255250			HOLDING COMPANY	MO	GEHA INC	C CORP	597	53,758,918	100.000 %	Yes				
(2)PPO USA INC 310 NE MULBERRY LEES SUMMIT, MO 640865861 36-4722027			SUBSIDIARY	MO	GEHA HLDGS INC	C CORP	23,893,224	18,772,288	100.000 %	Yes				
(3)SURETY LIFE INSURANCE COMPANY 310 NE MULBERRY LEES SUMMIT, MO 640865861 87-0198108			SUBSIDIARY	NE	GEHA HLDGS INC	C CORP	1,528,111	29,220,971	100.000 %	Yes				

Schedule R (Form 990) 2020**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)GEHA HOLDINGS INC	A(I)	21,956	MID-TERM RATE
(2)GEHA HOLDINGS INC	D	2,808,889	COST
(3)SURETY LIFE INSURANCE COMPANY	L	1,555,716	TRANSFER PRIC.
(4)PPO USA INC	L	10,304,794	TRANSFER PRIC.
(5)GEHA INC VOLUNTARY WELFARE BENEFIT FUND	P	8,899,481	COST
(6)SURETY LIFE INSURANCE COMPANY	Q	1,525,719	COST
(7)PPO USA INC	Q	10,392,595	COST

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.

26/27

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
Return Reference	Explanation
SCHEDULE R, PART II, LINE 1	THE UNITED STATES GOVERNMENT IS LISTED AS A RELATED ORGANIZATION BECAUSE IT IS THE SPONSORING ORGANIZATION OF THE GOVERNMENT EMPLOYEES HEALTH ASSOCIATION UNDER THE FEDERAL EMPLOYEES HEALTH BENEFIT ACT OF 1959.
SCHEDULE R, PART V, LINES 2(3) & 2(4)	THE AMOUNTS FOR SHARING OF FACILITIES, EQUIPMENT, MAILING LISTS OR OTHER ASSETS AND THE AMOUNTS FOR SHARING OF PAID EMPLOYEES ARE INCLUDED AS PART OF THE PERFORMANCE OF SERVICES AMOUNTS DISCLOSED ABOVE.

Schedule R (Form 990) 2020

Additional Data

Return to Form

Software ID:
Software Version: