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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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

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

% JOSEPH STASI

Doing business as

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

Room/suite

310 NE MULBERRY ST

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

LEES SUMMIT, MO 640865861

D Employer identification number

44-0545275

E Telephone number

(816) 257-5500

G Gross receipts \$ 5,821,435,598

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.

2 Check this box

☐

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

3

12

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

4

11

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)

5

1,897

6 Total number of volunteers (estimate if necessary)

6

0

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

18,412,987

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

7b

864,347

Revenue

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

0

0

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

5,035,869,282

5,190,133,541

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

69,894,448

17,235,796

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

0

-19,328

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

5,105,763,730

5,207,350,009

Expenses

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

701,862

711,368

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

4,708,832,238

4,803,731,033

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

153,400,283

160,648,085

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

0

0

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

0

0

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

213,462,872

217,879,079

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

5,076,397,255

5,182,969,565

19 Revenue less expenses. Subtract line 18 from line 12

29,366,475

24,380,444

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

2,663,253,287

2,487,206,637

21 Total liabilities (Part X, line 26)

1,405,262,104

1,385,719,684

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

1,257,991,183

1,101,486,953

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

2023-11-15

Date

JOSEPH STASI CFO

Type or print name and title

Paid Preparer

Print/Type preparer's name

Preparer's signature

Date 2023-11-15

Check ☐ if self-employed

PTIN P00482834

Firm's name

FORVIS LLP

Firm's EIN

<https://projects.propublica.org/nonprofits/organizations/440545275/202333119349302538/full>

1/27

Preparer Use Only

Firm's name

Firm's address

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

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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 1,985,000 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

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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

Yes

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

Yes

No

4

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

4

Yes

5

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III

5

Yes

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

6

Yes

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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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	Yes	
11c	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		No
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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	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		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		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.		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		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

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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		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	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		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
25b	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		

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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations on 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 ☐

			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	102,862	
b	Enter the number of Forms W-2G included on 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	

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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	1,897			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?					

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 the instructions and file Form 4720, Schedule N.	15	Yes		
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
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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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 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.	1a	12	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11	
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 on 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 on 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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	

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ARTHUR NIZZA CEO/PRESIDENT	40.0 1.0	X		X				1,216,662	0	99,283
(2) JOHN BROWN	40.0									

CHIEF OPERATING OFFICER	0.0			X			596,820	0	79,478
(3) RICHARD BIERMAN CHIEF LEGAL OFFICER	40.0 1.0		X				553,852	0	108,277
(4) DAVID KOENIG CHIEF MEMBER&OPERATION OFFICER	40.0 0.0			X			479,424	0	77,119
(5) JOSEPH STASI CHIEF FINANCIAL OFFICER	40.0 1.0			X			428,997	0	91,794
(6) DAVID HAKANSON CHIEF TRANSFORMATION OFFICER	40.0 0.0			X			447,426	0	68,656
(7) JARED DIRKS VP MEDICAL DIRECTOR	40.0 0.0			X			405,940	0	74,704
(8) JOHN PATRICK VP NATIONAL SALES	40.0 1.0			X			365,058	0	97,894
(9) SCOTT ROBIDOUX VP ACTUARIAL AND ANALYTICS	40.0 0.0			X			373,371	0	86,057
(10) SUSIE OLIVER CHIEF BUSINESS PARTNERSHIP OFF	40.0 0.0			X			369,654	0	81,002
(11) MATTHEW LATHROM VP TECH AND SECURITY SERVICES	40.0 0.0			X			387,383	0	51,399
(12) ALEXIS ROLLOFF CHIEF INNOVATION&STRATEGY OFFI	40.0 0.0			X			327,993	0	49,932
(13) SHANNON REYNOLDS VP DENTAL NETWORK AND PLANS	40.0 1.0			X			284,890	0	91,705
(14) NINAD JOSHI VP VENDOR MANAGEMENT	40.0 0.0			X			281,867	0	91,219
(15) CHEMA NYBERG VP PHARMACY	40.0 0.0			X			292,389	0	79,093
(16) BELINDA AGUILAR THOMPSON SECRETARY/VP DEPUTY GENERAL	40.0 0.0		X				314,495	0	49,960
(17) LORI WILES VP MARKETING	40.0 0.0			X			303,874	0	59,624

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ALEX ECHAVARRIA DIRECTOR - SERVICE OPERATIONS	40.0 0.0					X		300,580	0	49,622
(19) EMILY THIELE VP HEALTH SERVICES	40.0 0.0					X		258,422	0	91,010
(20) ANGIE GLOTSTEIN VP CLINICAL QUALITY&POPULATION	40.0 0.0			X				275,689	0	69,667
(21) ANGELA LESLIE VP INTERNAL AUDIT AND SPL INVE	40.0 0.0			X				269,188	0	72,794
(22) CAROLYN WALTERS VP EMPLOYEE EXPERIENCE	40.0 0.0			X				286,195	0	55,057
(23) JOHN NOLEN VP DIGITAL INNOVATION	40.0 0.0			X				262,642	0	75,207
(24) CYNTHIA ANDERSON VP PRODUCT DEVELOPMENT	40.0 0.0			X				271,269	0	57,139

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 ▶ 277			
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>	3	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>	4	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>	5		No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
UNITED HEALTHCARE INSURANCE COMPANY, 9900 BREN ROAD EAST MINNETONKA, MN 55343	PPO NETWORK	36,842,712
AETNA LIFE INSURANCE COMPANY, 151 FARMINGTON AVENUE RT21 HARTFORD, CT 06156	PPO NETWORK	14,542,753
HY CONNECT, PO BOX 7044 CAROL STREAM, IL 601977044	ADVERTISING	14,536,383
LIVONGO HEALTH INC, 444 N MICHIGAN AVE SUITE 3400 CHICAGO, IL 60611	OTHER CLAIMS	12,564,620
CHANGE HEALTHCARE SOLUTIONS LLC, PO BOX 572490 MURRAY, UT 841572490	TECH AND CONSULTING	10,473,805
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 ► 99		

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

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		Exempt function revenue	Service revenue	Unrelated business gross income	Revenue from tax under sections 512 - 514
1 Federated campaigns 1a					
Contributions, Gifts, Grants, and Membership dues 1b					
Other Amounts Similar 1c					
d Related organizations 1d					
e Government grants (contributions) 1e					
f All other contributions, gifts, grants, and similar amounts not included above 1f					
g Noncash contributions included in lines 1a - 1f: \$ 1g					
h Total. Add lines 1a-1f 0					
		Business Code			
2 Program Service Revenue	2a MEMBER PREMIUMS	525120	5,171,659,157	5,171,659,157	
	b ADMINISTRATIVE SERVICE FEE REVENUE	900099	18,432,315	18,432,315	
	c OTHER	524298	42,069	42,069	
f All other program service revenue					
g Total. Add lines 2a-2f. 5,190,133,541					
3 Investment income (including dividends, interest, and other similar amounts)			27,329,843	27,329,843	
4 Income from investment of tax-exempt bond proceeds			0		
5 Royalties			0		
		(i) Real	(ii) Personal		
6a Gross rents 6a					
b Less: rental expenses 6b					
c Rental income or (loss) 6c		0	0		
d Net rental income or (loss) 0					
		(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a		603,991,542			
b Less: cost or other basis and sales expenses 7b		614,040,354	45,235		
c Gain or (loss) 7c		-10,048,812	-45,235		
d Net gain or (loss) -10,094,047					
8 Other Revenue	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				
	9a 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			
11a LOSS FROM PARTNERSHIP INVESTMENT	Business Code 901101	-19,328		-19,328	
b					
Other RevenueMiscAmt					
d All other revenue					
e Total. Add lines 11a–11d		-19,328			
12 Total revenue. See instructions		5,207,350,009	5,188,937,022	18,412,987	

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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	711,368			
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	4,803,731,033			
5 Compensation of current officers, directors, trustees, and key employees	11,926,928			
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	110,371,538			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,286,132			
9 Other employee benefits	18,485,386			
10 Payroll taxes	8,578,101			
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,303,235			
c Accounting	396,765			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	2,117,778			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,211,267			
12 Advertising and promotion	25,530,526			
13 Office expenses	11,020,253			
14 Information technology	22,272,409			
15 Royalties	0			
16 Occupancy	2,848,769			
17 Travel	1,798,540			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	761,433			
20 Interest	685,102			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,122,206			
23 Insurance	4,460,921			
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)				

On line 23, column (A) amount, list line 24e expenses on Schedule O.				
a	Managed Care	76,421,737		
b	ASA Expenses	17,434,635		
c	Service Provider Expenses	16,717,700		
d	Dues & Subscriptions	1,692,791		
e	All other expenses	2,083,012		
25	Total functional expenses. Add lines 1 through 24e	5,182,969,565		
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).			

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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	157,601,398	2	119,444,043	
	3 Pledges and grants receivable, net	0	3	0	
	4 Accounts receivable, net	1,223,727,314	4	1,230,877,558	
	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	0	7	0	
	8 Inventories for sale or use	0	8	0	
	9 Prepaid expenses and deferred charges	14,579,817	9	12,649,584	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	77,322,815			
	b Less: accumulated depreciation	34,166,187	45,537,715	10c	43,156,628
	11 Investments—publicly traded securities	771,007,961	11	646,071,925	
	12 Investments—other securities. See Part IV, line 11	444,039,041	12	426,304,233	
	13 Investments—program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	4,165,493	14	2,129,047	
	15 Other assets. See Part IV, line 11	2,594,548	15	6,573,619	
	16 Total assets. Add lines 1 through 15 (must equal line 33)	2,663,253,287	16	2,487,206,637	
Liabilities	17 Accounts payable and accrued expenses	151,225,582	17	175,279,740	
	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	18,902,983	23	13,116,715	
	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	1,235,133,539	25	1,197,323,229	
	26 Total liabilities. Add lines 17 through 25	1,405,262,104	26	1,385,719,684	
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	1,257,991,183	27	1,101,486,953	
	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		

Net A	32	Total net assets or fund balances	1,257,991,183	32	1,101,486,953
	33	Total liabilities and net assets/fund balances	2,663,253,287	33	2,487,206,637

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Part XIReconcillation 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	5,207,350,009
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,182,969,565
3	Revenue less expenses. Subtract line 2 from line 1	3	24,380,444
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,257,991,183
5	Net unrealized gains (losses) on investments	5	-188,474,950
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	7,590,276
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,101,486,953

Part XIIFinancial 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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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.	3b		

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Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render		ObjectID: 202333119349302538 - Submission: 2023-11-07		TIN: 44-0545275	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.			OMB No. 1545-0047 2022 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	Held at the End of the Year		
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 July 25, 2006, 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 ▶ \$ _____				

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

Cat. No. 52283D

Schedule D (Form 990) 2022

☐ 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		36,901,791	10,595,344	26,306,447
c Leasehold improvements		85,176	20,411	64,765
d Equipment		32,882,429	23,502,756	9,379,673
e Other		65,728	47,676	18,052
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				43,156,628

Schedule D (Form 990) 2022

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	65,851,544	C
(B) ALTERNATIVE INVESTMENTS	360,452,689	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		

(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	426,304,233

Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value
	(c) Method of valuation: Cost or end-of-year market value	
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶	

Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		0
SPECIAL RESERVE		527,866,524
CLAIM RESERVE		656,514,000
ACCRUED POSTRETIREMENT BENEFITS		3,151,785
LONG-TERM INTERCOMPANY PAYABLE		9,790,920
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶	1,197,323,229

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

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIII.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3

4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4c
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			
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:			2e
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			
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			4c
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			
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.

Software ID:
Software Version:

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV)
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Schedule F (Form 990) 2022

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☒ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	☒ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☒ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☒ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☒ No

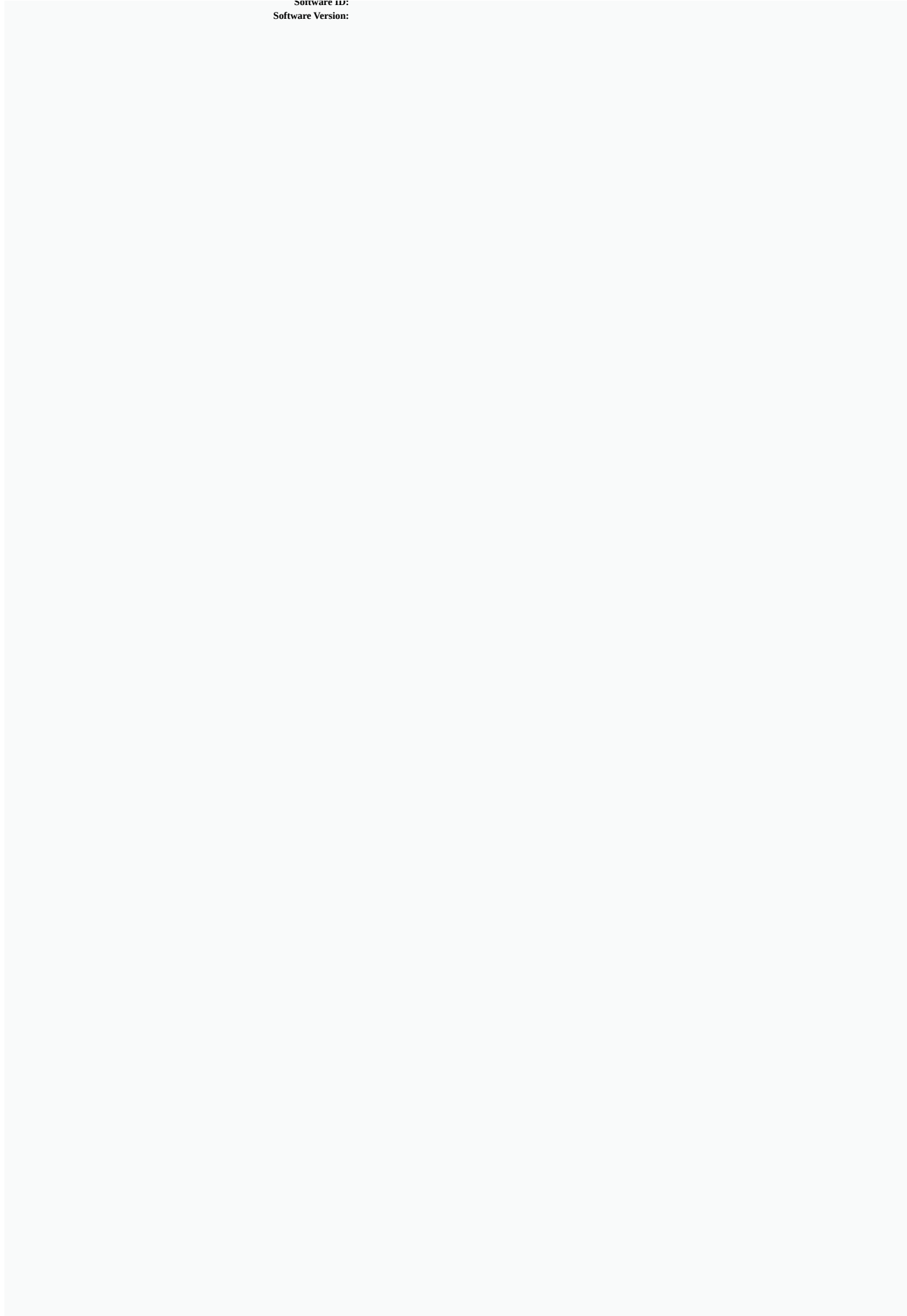
Page 5

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F (Form 990) 2022

Additional Data

Software ID:
Software Version:



efile Public Visual Render		ObjectID: 202333119349302538 - Submission: 2023-11-07		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)		Grants and Other Assistance to Organizations, Governments and Individuals in the United States			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		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.			2022 Open to Public Inspection
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?							
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) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	100,000				FOCUS ON PREVENTING & TREATING HEART DISEASE
(2) UNITED WAY 4727 LOGAN AVENUE KANSAS CITY, MO 64136	44-0545812	501(C)(3)	56,513				TO SUPPORT MISSION TO IMPROVE LIVES
(3) TURNER HOUSE CLINIC INC 21 N 12TH STREET KANSAS CITY, KS 66102	48-1151382	501(C)(3)	50,000				PROVIDE HEALTHCARE TO UNDERSERVED IN KC METRO
(4) FOLDS OF HONOR KANSAS CITY PO BOX 8246 PRAIRIE VILLAGE, KS 66208	45-2803323	501(C)(3)	25,000				SCHOLARSHIPS TO SPOUSES AND CHILDREN OF VETERANS
(5) BLUFORD HEALTHCARE LEADERSHIP INSTITUTE 7900 LEES SUMMIT ROAD KANSAS CITY, MO 64139	46-3328194	501(C)(3)	25,000				DEVELOP POTENTIAL OF UNDERGRADS FOR LEADERSHIP
(6) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC 225 N MICHIGAN AVE CHICAGO, IL 60601	13-3039601	501(C)(3)	25,000				SUPPORT ALZHEIMERS RESEARCH, DETECTION, CARE
(7) FEDERAL EMPLOYEE EDUCATION & ASSISTANCE FUND 1641 PRINCE STREET ALEXANDRIA, VA 22314	52-1465583	501(C)(3)	22,500				EDUCATIONAL FINANCIAL ASSISTANCE TO FED EMPLOYEES
(8) CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)(3)	20,000				SUPPORT TO PROVIDE EXCELLENT HEALTHCARE TO CHILDRN
(9) VETERANS COMMUNITY PROJECT 8900 TROOST AVE KANSAS CITY, MO 64131	47-4960735	501(C)(3)	15,000				PROVIDE HOUSING FOR VETERANS
(10) HOPE HOUSE INC PO BOX 520409 INDEPENDENCE, MO 64052	43-1265685	501(C)(3)	13,000				PROVIDING A SAFE REFUGE
(11) UNITED WE 2100 CENTRAL ST 11E KANSAS CITY, MO 64108	43-1584928	501(C)(3)	10,000				TO ADVANCE WOMEN'S ECONOMIC AND CIVIC LEADERSHIP
(12) SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVENUE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	10,000				TO PROVIDE HIGH QUALITY AND AFFORDABLE HEALTHCARE
(13) SAINT LUKES FOUNDATION 377 NORTH WILTON ROAD NEW CANAAN, CT 06840	23-7099149	501(C)(3)	10,000				FUND INNOVATIVE HEALTH CARE SOLUTIONS
(14) REDISCOVER 1555 NE RICE BLDG B LEES SUMMIT, MO 64086	23-7169417	501(C)(3)	10,000				MENTAL HEALTH AND SUBSTANCE ABUSE SVCS
(15) PHOENIX FAMILY HOUSING CORPORATION 3908 WASHINGTON ST KANSAS CITY, MO 64111	51-0231573	501(C)(3)	10,000				TO EMPOWER PEOPLE IN LOW INCOME HOUSING
(16) NILE VALLEY AQUAPONICS 2905 WABASH AVE KANSAS CITY, MO 64109	81-4305400	501(C)(3)	10,000				WORK TO CREATE HEALTH EDUCATION
(17) KANSAS CITY COMMUNITY GARDENS 6917 KENSINGTON KANSAS CITY, MO 64132	43-1356677	501(C)(3)	10,000				INSPIRE KC METRO COM GROUPS TO GROW FRUITS AND VEG
(18) KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	10,000				PROMOTE HEALTH AND WELLNESS
(19) HUNT FAMILY FOUNDATION 1 ARROWHEAD DRIVE KANSAS CITY, MO 64129	43-1299453	501(C)(3)	10,000				SUPPORT YOUTH EDUCATION
(20) HARVESTERS - THE COMMUNITY FOOD NETWORK 3801 TOPPING AVE KANSAS CITY, MO 64129	43-1208665	501(C)(3)	10,000				FEED HUNGRY PEOPLE TODAY AND END HUNGER TOMORROW
(21) FOOTPRINTS INC 4501 TROOST AVE KANSAS CITY, MO 64110	43-1648039	501(C)(3)	10,000				HELP PEOPLE STRUGGLING WITH ADDICTION, ESP VETERAN
(22) CITY YEAR 287 COLUMBUS AVENUE BOSTON, MA 021165114	22-2882549	501(C)(3)	10,000				BUILDING A DIV, INCLUSIVE & EQUITABLE CULTURE
(23) BIG BROTHERS BIG SISTERS OF GREATER KANSAS CITY 1709 WALNUT STREET KANSAS CITY, MO 64108	43-6068464	501(C)(3)	10,000				HELP CHILDREN REACH THEIR FULL POTENTIAL
(24) OPERATION BREAKTHROUGH 3039 TROOST KANSAS CITY, MO 64109	43-0971560	501(C)(3)	9,000				PROVIDE A SAFE, LOVING EDUCATIONAL ENVIRONMENT
(25) AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	8,881				SUPPORT DETECTION AND TREATMENT SERVICES
(26) SETON CENTER 2816 EAST 23RD STREET KANSAS CITY, MO 64127	43-0926003	501(C)(3)	8,500				PROVIDE FOOD, DENTAL SERVICES, EDUCATION PROGRAMS
(27) VIBRANT HEALTH 21 N 12TH ST 300 KANSAS CITY, KS 66102	48-1151382	501(C)(3)	8,000				PROVIDE HEALTHCARE TO UNDERSERVED IN KC METRO

(28) UNITED INNER CITY SERVICES 2008 EAST 12TH STREET KANSAS CITY, MO 64127	44-0646347	501(C)(3)	7,500			EARLY START CHILD & FAMILY DEVELOPMENT CENTERS
(29) RONALD MCDONALD HOUSE CHARITIES OF KANSAS CITY IN 2502 CHERRY STREET KANSAS CITY, MO 64108	43-1190760	501(C)(3)	7,500			REDUCE THE BURDEN OF CHILDHOOD ILLNESS ON CHLDREN
(30) YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER KANSAS 3100 BROADWAY NO 1020 KANSAS CITY, MO 64111	44-0546002	501(C)(3)	7,000			ENRICHING THE QUALITY OF WELL-BEING FOR FAMILIES
(31) BOYS & GIRLS CLUB OF GREATER KANSAS CITY 4001 BLUE PKWY STE 102 KANSAS CITY, MO 64131	43-6072065	501(C)(3)	6,000			PROMOTE PERSONAL DEV OF BOYS AND GIRLS
(32) HABITAT FOR HUMANITY OF KANSAS CITY 1423 E LINWOOD BLVD KANSAS CITY, MO 64109	43-1175749	501(C)(3)	6,000			BRING PEOPLE TO BUILD HOMES AND COMMUNITIES
(33) BRADENS HOPE FOR CHILDHOOD CANCER 15954 S MUR LEN ROAD OLATHE, KS 66062	27-3519273	501(C)(3)	6,000			FUND RES. TO TREAT AND CURE CHILDHOOD CANCER

2

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

33

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) 2022

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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 PHILANTHROPIC GIVING POLICY ENSURES THAT GEHA'S 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 PHILANTHROPIC GIVING COMMITTEE. THE COMMITTEE IS COMPRISED OF NOT FEWER THAN FIVE MEMBERS, TO CONSIST OF: THREE MEMBERS OF THE EXECUTIVE TEAM INCLUDING GEHA'S PRESIDENT AND CEO AND THE 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 OF PEOPLE AND CULTURE SHALL SERVE AS AN EX-OFFICIO MEMBER. THE COMMITTEE MEMBERS SHALL BE ON A ROTATING BASIS, EXCLUDING THE GEHA PRESIDENT AND CEO, THE GENERAL COUNSEL, AND THE CORPORATE SOCIAL RESPONSIBILITY PROGRAM REPRESENTATIVE.

Schedule I (Form 990) 2022

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Objectid: 202333119349302538 - Submission: 2023-11-07

TIN: 44-0545275

Schedule J
(Form 990)

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

Employer identification number
44-0545275

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 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

☐ Travel for companions

☐ Tax idemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

1b

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 .

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?

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

☒ Independent compensation consultant

☒ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ 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:

4a

Receive a severance payment or change-of-control payment?

4b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c

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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

5a

The organization?

5b

Any related organization?

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:

6a

The organization?

6b

Any related organization?

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

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

9

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

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

Cat. No. 50053T

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022Page 2

Part II

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

For any 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, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BELINDA AGUILAR THOMPSON SECRETARY/VP DEPUTY GENERAL	(i)	247,008	60,000	7,487	49,470	490	364,455	0
	(ii)	0	0	0	0	0	0	0
2 ARTHUR NIZZA CEO/PRESIDENT	(i)	1,074,760	0	141,902	73,681	25,602	1,315,945	97,603
	(ii)	0	0	0	0	0	0	0
3 RICHARD BIERMAN CHIEF LEGAL OFFICER	(i)	431,911	0	121,941	76,350	31,927	662,129	119,592
	(ii)	0	0	0	0	0	0	0
4 JERRY L PHILLIPS FORMER DIRECTOR	(i)	25,000	0	0	0	0	25,000	0
	(ii)	0	0	0	0	0	0	0
5 ALEX ECHAVARRIA DIRECTOR - SERVICE OPERATIONS	(i)	130,690	29,601	140,289	26,365	23,257	350,202	0
	(ii)	0	0	0	0	0	0	0
6 BRIAN SCHATZ VP CORPORATE INTEGRITY	(i)	210,036	38,000	1,279	38,749	30,240	318,304	0
	(ii)	0	0	0	0	0	0	0
7 CRISTI ALLEN VP CORP COMM/EXTERNAL AFFAIRS	(i)	202,898	36,260	9,635	38,982	27,224	314,999	0
	(ii)	0	0	0	0	0	0	0
8 MARY MEURER VP TOTAL REWARDS	(i)	212,158	24,909	3,064	41,526	30,955	312,612	0
	(ii)	0	0	0	0	0	0	0
9 EMILY THIELE VP HEALTH SERVICES	(i)	192,383	0	66,039	60,106	30,904	349,432	0
	(ii)	0	0	0	0	0	0	0
10 SUSIE OLIVER CHIEF BUSINESS PARTNERSHIP OFF	(i)	287,441	0	82,213	49,515	31,487	450,656	63,065
	(ii)	0	0	0	0	0	0	0
11 DAVID KOENIG CHIEF MEMBER&OPERATION OFFICER	(i)	371,591	0	107,833	63,391	13,728	556,543	74,962
	(ii)	0	0	0	0	0	0	0
12 MATTHEW LATHROM	(i)	288,034	84,031	15,318	41,485	9,914	438,782	0

https://projects.propublica.org/nonprofits/organizations/440545275/202333119349302538/full22/27

VP TECH AND SECURITY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
13 CYNTHIA ANDERSON VP PRODUCT DEVELOPMENT	(i)	195,016	62,260	13,993	41,581	15,558	328,408	0
	(ii)	0	0	0	0	0	0	0
14 CAROLYN WALTERS VP EMPLOYEE EXPERIENCE	(i)	221,603	62,847	1,745	45,083	9,974	341,252	0
	(ii)	0	0	0	0	0	0	0
15 ANGELA LESLIE VP INTERNAL AUDIT AND SPL INVE	(i)	202,153	66,028	1,007	42,107	30,687	341,982	0
	(ii)	0	0	0	0	0	0	0
16 SCOTT ROBIDOUX VP ACTUARIAL AND ANALYTICS	(i)	244,326	122,821	6,224	51,151	34,906	459,428	0
	(ii)	0	0	0	0	0	0	0
17 JOHN PATRICK VP NATIONAL SALES	(i)	193,320	162,661	9,077	64,098	33,796	462,952	0
	(ii)	0	0	0	0	0	0	0
18 SHANNON REYNOLDS VP DENTAL NETWORK AND PLANS	(i)	222,323	59,800	2,767	65,963	25,742	376,595	0
	(ii)	0	0	0	0	0	0	0
19 JOHN NOLEN VP DIGITAL INNOVATION	(i)	196,032	57,276	9,334	43,237	31,970	337,849	0
	(ii)	0	0	0	0	0	0	0
20 JOSEPH STASI CHIEF FINANCIAL OFFICER	(i)	358,737	0	70,260	59,377	32,417	520,791	58,105
	(ii)	0	0	0	0	0	0	0
21 MICHAEL SHUSKO CHIEF MEDICAL OFFICER	(i)	219,845	60,126	10,477	35,838	999	327,285	0
	(ii)	0	0	0	0	0	0	0
22 LORI WILES VP MARKETING	(i)	220,156	79,934	3,784	45,604	14,020	363,498	0
	(ii)	0	0	0	0	0	0	0
23 JOHN BROWN CHIEF OPERATING OFFICER	(i)	394,473	100,000	102,347	48,066	31,412	676,298	0
	(ii)	0	0	0	0	0	0	0
24 DAVID HAKANSON CHIEF TRANSFORMATION OFFICER	(i)	296,180	150,000	1,246	47,788	20,868	516,082	0
	(ii)	0	0	0	0	0	0	0
25 JARED DIRKS VP MEDICAL DIRECTOR	(i)	305,277	86,912	13,751	44,080	30,624	480,644	0
	(ii)	0	0	0	0	0	0	0
26 ALEXIS ROLLOFF CHIEF INNOVATION&STRATEGY OFFI	(i)	276,575	50,000	1,418	32,365	17,567	377,925	0
	(ii)	0	0	0	0	0	0	0
27 CHESSA NYBERG VP PHARMACY	(i)	221,095	65,666	5,628	44,187	34,906	371,482	0
	(ii)	0	0	0	0	0	0	0
28 NINAD JOSHI VP VENDOR MANAGEMENT	(i)	233,336	37,840	10,691	62,005	29,214	373,086	0
	(ii)	0	0	0	0	0	0	0
29 ANGIE GLOTSTEIN VP CLINICAL QUALITY&POPULATION	(i)	200,876	73,590	1,223	38,784	30,883	345,356	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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 INDIVIDUAL RECEIVED A SEVERANCE PAYMENT IN 2022: ALEX ECHAVARRIA \$112,936

Schedule J (Form 990) 2022

Additional Data

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ObjectID: 202333119349302538 - Submission: 2023-11-07

TIN: 44-0545275

**SCHEDULE O
(Form 990)**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.

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

OMB No. 1545-0047

2022Open to Public
InspectionName of the organization
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

Employer identification number

44-0545275

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ARTHUR NIZZA, MARK J. VAN DYKE, JOSEPH STASI, SHANNON REYNOLDS, RICHARD BIERMAN, AND JOHN PATRICK 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 THE COLONY GROUP 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 AND OFFICERS WERE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE IN 2022. MARKET DATA WAS PROVIDED BY SULLIVAN COTTER, AN OUTSIDE EXECUTIVE COMPENSATION CONSULTANT. THESE ACTIONS ARE DOCUMENTED IN 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 \$ 7,544,753 CHANGE IN POSTRETIREMENT BENEFIT OBLIGATION \$ 26,195 LOSS FROM PARTNERSHIP INVESTMENT \$ 19,328 ----- TOTAL \$ 7,590,276
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.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

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SCHEDULE R (Form 990)		Related Organizations and Unrelated Partnerships					OMB No. 1545-0047						
							2022						
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				
(3)FEDERAL EMPLOYEES HEALTH ASSOCIATION 310 NE MULBERRY ST LEES SUMMIT, MO 64086 87-4019519				VEBA	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) 2022							
Page 2													
Schedule R (Form 990) 2022													
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	201,171	66,210,439	100.000 %	Yes		
(2)GEHA SOLUTIONS INC 310 NE MULBERRY LEES SUMMIT, MO 640865861 36-4722027				SUBSIDIARY	MO	GEHA HLDGS INC	C CORP	33,539,028	34,487,281	100.000 %	Yes		
(3)SURETY LIFE INSURANCE COMPANY 310 NE MULBERRY LEES SUMMIT, MO 640865861 87-0198108				SUBSIDIARY	NE	GEHA HLDGS INC	C CORP	1,666,512	29,754,822	100.000 %	Yes		

Schedule R (Form 990) 2022

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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)	Yes	
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)GEHA SOLUTIONS INC	E	9,750,000	COST
(2)GEHA SOLUTIONS INC	L	17,715,642	TRANSFER PRICE
(3)SURETY LIFE INSURANCE COMPANY	L	716,673	TRANSFER PRICE
(4)SURETY LIFE INSURANCE COMPANY	M	1,106,550	COST
(5)GEHA INC VOLUNTARY WELFARE BENEFIT FUND	P	8,012,324	COST
(6)SURETY LIFE INSURANCE COMPANY	Q	631,000	COST
(7)GEHA SOLUTIONS INC	Q	17,584,066	COST

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.

[illegible]

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022

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(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.

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