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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

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 $ 5,223,524,673

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

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 ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	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 2021 (Part V, line 2a)	**5**	1,889
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	15,581,680
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	727,925

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	4,329,294,856	5,035,869,282
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,130,224	69,894,448
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-239	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,382,424,841	5,105,763,730
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,029,387	701,862
14	Benefits paid to or for members (Part IX, column (A), line 4)	3,917,019,805	4,708,832,238
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	136,855,112	153,400,283
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	181,185,257	213,462,872
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,236,089,561	5,076,397,255
19	Revenue less expenses. Subtract line 18 from line 12	146,335,280	29,366,475

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,751,173,135	2,663,253,287
21	Total liabilities (Part X, line 26)	1,590,456,722	1,405,262,104
22	Net assets or fund balances. Subtract line 21 from line 20	1,160,716,413	1,257,991,183

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

****** 2022-11-15
Signature of officer Date

JOSEPH STASI CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00482834

Firm's name ▶ FORVIS LLP — Firm's EIN ▶

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

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 $)

See Additional Data

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 ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		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 Rev. Proc. 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	

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 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? *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 line 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 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	102,323		
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	

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**	1,889		
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**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
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**	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
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator 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**	

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	12		
	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	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		Yes	
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

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, 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								10,152,272	0	1,463,808

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 ▶ 202

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED HEALTHCARE INSURANCE COMPANY, 9900 BREN ROAD EAST MINNETONKA, MN 55343	PPO NETWORK	26,867,235
LIVONGO HEALTH INC, 444 N MICHIGAN AVE SUITE 3400 CHICAGO, IL 60611	OTHER CLAIMS	16,121,092
HY CONNECT, PO BOX 7044 CAROL STREAM, IL 601977044	ADVERTISING	14,625,990
AETNA LIFE INSURANCE COMPANY, 151 FARMINGTON AVENUE HARTFORD, CT 06156	PPO NETWORK	13,946,054
CHANGE HEALTHCARE SOLUTIONS LLC, PO BOX 572490 MURRAY, UT 841572490	tech & consulting	11,622,249

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 ▶ 130

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f**				
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code			
	2a MEMBER PREMIUMS	524114	5,020,287,660	5,020,287,660	
	b ADMINISTRATIVE SERVICE FEE REVENUE	900099	15,568,385		15,568,385
	c OTHER	524298	13,237	13,237	
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	5,035,869,282			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		28,381,409	28,368,114	13,295
	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**	159,273,982			
	b Less: cost or other basis and sales expenses **7b**	117,545,808	215,135		
	c Gain or (loss) **7c**	41,728,174	-215,135		
	d Net gain or (loss) . . . . . ▶		41,513,039	41,513,039	
	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		
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶		0		
	12 Total revenue. See instructions . . . . . ▶		5,105,763,730	5,090,182,050	15,581,680

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	701,862			
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	4,708,832,238			
5 Compensation of current officers, directors, trustees, and key employees	12,423,304			
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	102,870,104			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,795,783			
9 Other employee benefits	16,807,428			
10 Payroll taxes	7,503,664			
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,019,566			
c Accounting	462,676			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	2,158,021			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,393,099			
12 Advertising and promotion	27,243,942			
13 Office expenses	11,061,594			
14 Information technology	19,896,633			
15 Royalties	0			
16 Occupancy	2,672,531			
17 Travel	939,938			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	527,261			
20 Interest	57,916			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	7,276,382			
23 Insurance	4,455,923			
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	83,775,800			
b ASA EXPENSES	14,741,617			
c SERVICE PROVIDER EXPENSES	12,984,491			
d DUES & SUBSCRIPTIONS	1,941,677			
e All other expenses	1,853,805			
25 **Total functional expenses.** Add lines 1 through 24e	5,076,397,255			
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).				

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		110,140,431	2	157,601,398
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		1,490,426,813	4	1,223,727,314
	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	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		12,441,675	9	14,579,817
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 73,424,710			
	b	Less: accumulated depreciation	10b 27,886,995	39,360,577	10c	45,537,715
	11	Investments—publicly traded securities		732,909,267	11	771,007,961
	12	Investments—other securities. See Part IV, line 11		359,042,564	12	444,039,041
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		2,768,143	14	4,165,493
	15	Other assets. See Part IV, line 11		1,274,776	15	2,594,548
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,751,173,135	16	2,663,253,287
Liabilities	17	Accounts payable and accrued expenses		171,649,695	17	151,225,582
	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	18,902,983
	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		1,418,807,027	25	1,235,133,539
	26	**Total liabilities.** Add lines 17 through 25		1,590,456,722	26	1,405,262,104
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		1,160,716,413	27	1,257,991,183
	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		1,160,716,413	32	1,257,991,183
	33	Total liabilities and net assets/fund balances		2,751,173,135	33	2,663,253,287

Part XI Reconcilliation 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	5,105,763,730
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,076,397,255
3	Revenue less expenses. Subtract line 2 from line 1	3	29,366,475
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,160,716,413
5	Net unrealized gains (losses) on investments	5	59,496,035
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	8,412,260
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,257,991,183

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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
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		

Additional Data

Software ID:

Software Version:

EIN: 44-0545275

Name: GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

Form 990 (2021)

Form 990, Part III, Line 4a:

PROVIDE MEDICAL AND DENTAL COVERAGE TO APPROXIMATELY 1,968,000 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL AITKEN CHIEF MEDICAL OFFICER	40.0 0.0				X			937,509	0	56,994
RICHARD BIERMAN SECRETARY/CHIEF LEGAL OFFICER	40.0 1.0			X				709,067	0	62,077
SHANNON HORGAN CHIEF GROWTH OFFICER	40.0 1.0				X			651,897	0	64,245
SARAH OSBORNE CHIEF A&A 0FFICER	40.0 0.0				X			653,888	0	47,531
DARREN TAYLOR CEO/PRESIDENT ENDING 02/2021	40.0 1.0	X		X				667,172	0	3,170
GERARD PAUL CHIEF INFORMATION OFFICER	40.0 0.0				X			488,882	0	65,411
JOSEPH STASI CHIEF FINANCIAL OFFICER	40.0 1.0				X			469,977	0	78,138
ARTHUR NIZZA CEO/PRESIDENT STARTING 08/2021	40.0 1.0	X		X				497,008	0	34,387
DAVID KOENIG CHIEF MEMBER&OPERATION OFFICER	40.0 0.0				X			464,875	0	62,710
SUSIE OLIVER CHIEF BUSINESS PARTNERSHIP OFF	40.0 0.0				X			389,488	0	77,160

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JARED DIRKS MEDICAL DIRECTOR	40.0 0.0					X		367,070	0	63,358
MATTHEW LATHROM VP TECH AND SECURITY SERVICES	40.0 0.0				X			337,234	0	58,092
JOHN PATRICK VP NATIONAL SALES	40.0 1.0				X			312,864	0	79,803
AILEEN WILKINS CHIEF PEOPLE OFFICER	40.0 0.0				X			331,929	0	55,055
MICHAEL SHUSKO CHIEF MEDICAL OFFICER	40.0 0.0				X			314,604	0	50,260
LISA SKEENS INTFEN VP PARTNER DEVELOPMENT	40.0 0.0				X			289,842	0	54,981
SCOTT ROBIDOUX VP ACTUARIAL AND ANALYTICS	40.0 0.0				X			263,274	0	73,185
CAROLYN WALTERS VP HUMAN RESOURCES	40.0 0.0				X			273,713	0	51,104
LORI WILES VP MARKETING	40.0 0.0				X			258,872	0	62,895
ANGELA LESLIE VP INTERNAL AUDIT AND SPL INVE	40.0 0.0				X			247,872	0	70,100

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHANNON REYNOLDS VP DENTAL NETWORK AND PLANS	40.0 1.0				X			252,616	0	61,077
CYNTHIA ANDERSON VP PRODUCT DEVELOPMENT	40.0 0.0				X			254,834	0	53,661
JOHN NOLEN VP DIGITAL ENABLEMENT	40.0 0.0				X			236,919	0	66,565
BELINDA AGUILAR THOMPSON SECRETARY/VP DEPUTY GENERAL	40.0 0.0			X				255,044	0	41,819
GINGER WILLIAMS VP CUSTOMER CARE	40.0 0.0					X		225,822	0	70,030
CANDICE MCGEE VP OPERATIONS	40.0 0.0				X			236,756	0	58,498
BRIAN SCHATZ DIRECTOR - COMPLIANCE	40.0 0.0					X		221,599	0	65,731
NICOLE JEFFRIES VP ENTERPRISE BUSINESS SOLUTIO	40.0 0.0					X		232,149	0	50,717
NINAD JOSHI DIRECTOR - VENDOR MANAGEMENT	40.0 0.0					X		234,318	0	40,011
STEVEN A WEBER DIRECTOR/CHAIRPERSON	6.73 0.0	X						150,000	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KURT J HARMS DIRECTOR/COMMITTEE CHAIR	8.38 0.0	X						135,000	0	0
MARY BETH VITALE DIRECTOR/COMMITTEE CHAIR	11.13 0.0	X						130,000	0	0
MARK J VAN DYKE DIRECTOR/COMMITTEE CHAIR	4.26 0.51	X						127,167	0	0
AMY M CARPENTER DIRECTOR	3.87 0.0	X						123,583	0	0
PHILIP D NICOTRA DIRECTOR	7.27 0.0	X						120,000	0	0
ISAAC OPOLE DIRECTOR	1.96 0.0	X						110,000	0	0
EMMA METCALF DIRECTOR/COMMITTEE CHAIR	3.26 0.0	X						95,000	0	0
MIKE FORTUNE DIRECTOR	2.04 0.0	X						90,000	0	0
JERRY L PHILLIPS FORMER DIRECTOR	0.0 0.0						X	75,000	0	0
CHERYL AUSTEIN CASNOFF DIRECTOR	1.06 0.0	X						63,750	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
YASMINE WINKLER DIRECTOR	1.22 0.0	X						63,750	0	0
RICHARD CORDOVA DIRECTOR	0.65 0.0	X						30,000	0	0

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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

2021

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.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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:

	Yes	No
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,387,691		7,387,691
b Buildings		36,873,053	9,181,263	27,691,790
c Leasehold improvements				
d Equipment		29,098,238	18,665,277	10,432,961
e Other		65,728	40,455	25,273
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				45,537,715

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) ALTERNATIVE INVESTMENTS	385,731,391	F
(B) INVESTMENT IN SUBSIDIARIES	58,307,650	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	444,039,041	

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)		
(10)		
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)	
(10)	
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
(2) Special Reserve	649,320,899
(3) Claim Reserve	552,388,000
(4) Accrued Postretirement Benefits	4,650,200
(5) LONG-TERM INTERCOMPANY PAYABLE	9,756,101
(6) PREMIUM DEFICIENCY RESERVE	19,018,339
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,235,133,539

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 44-0545275
Name: GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

Supplemental 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 POSITION S TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

Employer identification number
44-0545275

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			216,835,601
b Total from continuation sheets to Part I . . .					
c **Totals** (add lines 3a and 3b)	0	0			216,835,601

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(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, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	PASSIVE INVESTMENT HOLDINGS ARE MONITORED ON A REGULAR BASIS BY GEHA'S INVESTMENT MANAGEMENT FIRM. THE AUDIT COMMITTEE REVIEWS THE PASSIVE INVESTMENT HOLDINGS ON A REGULAR BASIS AND REPORTS ANY SUBSTANTIAL ACTIVITY TO THE BOARD OF DIRECTORS.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART 1, LINE 3, COLUMN F	THE ACCRUAL METHOD OF ACCOUNTING IS USED TO REPORT THE AMOUNT OF PASSIVE FOREIGN INVESTMENTS IN COLUMN F.

Additional Data

Software ID:

Software Version:

EIN: 44-0545275

Name: GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENTS		176,814,931
SUB-SAHARAN AFRICA	0	0	PASSIVE INVESTMENTS		34,739,598

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PASSIVE INVESTMENTS		5,281,072

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Schedule I (Form 990)

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.**

OMB No. 1545-0047

2021

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? . . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 24

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

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

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

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

Return Reference	Explanation
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 & 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.

Additional Data

Software ID:
Software Version:
EIN: 44-0545275
Name: GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY LOS ANGELES FOUNDATION 5151 STATE UNIVERSITY DR ADM NO LOS ANGELES, CA 90032	95-4044252	501(C)(3)	100,000				ADVANCE EDUCATION AND CSU'S ROLE OF COMMUNITY SERV
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	60,000				FOCUS ON PREVENTING & TREATING HEART DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT LUKES FOUNDATION 377 NORTH WILTON ROAD NEW CANAAN, CT 06840	23-7099149	501(C)(3)	50,000				FUND INNOVATIVE HEALTH CARE SOLUTIONS
15 AND THE MAHOMIES FOUNDATION 1701 DIRECTORS BOULEVARD SUITE 370 AUSTIN, TX 78744	83-4134118	501(C)(3)	35,000				IMPROVING THE LIVES OF CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY 4727 LOGAN AVENUE KANSAS CITY, MO 64136	44-0545812	501(C)(3)	30,000				TO SUPPORT MISSION TO IMPROVE LIVES
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	13-5644916	501(C)(3)	27,500				IMPROVE QUALITY OF LIFE OF PATIENTS/RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
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
FOLDS OF HONOR KANSAS CITY PO BOX 8246 PRAIRIE VILLAGE, KS 66208	45-2803323	501(C)(3)	25,000				SCHOLARSHIPS TO SPOUSES & CHILDREN OF VETERANS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FEDERAL EMPLOYEE EDUCATION & ASSISTANCE FUND 1641 PRINCE STREET ALEXANDRIA, VA 22314	52-1465583	501(C)(3)	22,500				EDUCATIONAL FINANCIAL ASSISTANCE TO FED EMPLOYEES
BOYS & GIRLS CLUB OF GREATER KANSAS CITY 6301 ROCKHILL ROAD SUITE 303 KANSAS CITY, MO 64131	43-6072065	501(C)(3)	20,400				PROMOTE PERSONAL DEV OF BOYS AND GIRLS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PHOENIX FAMILY HOUSING CORPORATION 3908 WASHINGTON STREET KANSAS CITY, MO 64111	51-0231573	501(C)(3)	20,000				TO EMPOWER PEOPLE IN LOW INCOME HOUSING
VETERANS COMMUNITY PROJECT 8900 TROOST AVE KANSAS CITY, MO 64131	47-4960735	501(C)(3)	19,439				PROVIDE HOUSING FOR VETERANS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE INC PO BOX 520409 INDEPENDENCE, MO 64052	43-1265685	501(C)(3)	13,500				PROVIDING A SAFE REFUGE
HARVESTERS - THE COMMUNITY FOOD NETWORK 3801 TOPPING AVE KANSAS CITY, MO 64129	43-1208665	501(C)(3)	11,957				FEED HUNGRY PEOPLE TODAY& END HUNGER TOMORROW

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	10,300				SUPPORT DETECTION AND TREATMENT SVCS
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)(3)	10,000				SUPPORT TO PROVIDE EXCELLENT HEALTHCARE TO CHILDRE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRUMAN HEARTLAND COMMUNITY FOUNDATION 4200 LITTLE BLUE PARKWAY SUITE 340 INDEPENDENCE, MO 64057	43-1482136	501(C)(3)	10,000				IMPROVE LIVES OF PEOPLE IN JA CO
TURNER HOUSE CLINIC INC 21 N 12TH STREET KANSAS CITY, KS 66102	48-1151382	501(C)(3)	10,000				PROVIDE HEALTHCARE TO UNDERSERVED IN KC METRO

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REDISCOVER 901 NE INDEPENDENCE AVE KANSAS CITY, MO 64105	23-7169417	501(C)(3)	8,000				MENTAL HEALTH AND SUBSTANCE ABUSE SVCS
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIAT 225 N MICHIGAN AVE CHICAGO, IL 60601	13-3039601	501(C)(3)	7,600				SUPPORT ALZHEIMERS RESEARCH, DETECTION, CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY YEAR 287 COLUMBUS AVENUE BOSTON, MA 021165114	22-2882549	501(C)(3)	7,500				UNITE YOUNG PEOPLE FOR A YEAR OF FULL-TIME SERVICE
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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UPLIFT ORGANIZATION PO BOX 27015 KANSAS CITY, MO 64127	43-1571915	501(C)(3)	5,500				PROVIDE FOOD AND CLOTHING TO THE HOMELESS
HUNT FAMILY FOUNDATION 1 ARROWHEAD DRIVE KANSAS CITY, MO 64129	43-1299453	501(C)(3)	5,602				SUPPORT YOUTH EDUCATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

Employer identification number
44-0545275

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 accured 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**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2, 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	THE FOLLOWING OFFICER AND KEY EMPLOYEES RECEIVED A SEVERANCE PAYMENT IN 2021: DARREN TAYLOR $ 546,430 SHANNON HORGAN $ 281,089 PAUL AITKEN $ 434,096 SARAH OSBORNE $ 305,606

Additional Data

Software ID:
Software Version:
EIN: 44-0545275
Name: GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

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

(A) Name and Title		(B) Breakdown of W-2, 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				
1JERRY L PHILLIPS FORMER DIRECTOR	(i)	75,000	0	0	0	0	75,000	0
	(ii)	0	0	0	0	0	0	0
1DARREN TAYLOR CEO/PRESIDENT ENDING 02/2021	(i)	70,514	0	596,658	54	3,116	670,342	0
	(ii)	0	0	0	0	0	0	0
2 BELINDA AGUILAR THOMPSON SECRETARY/VP DEPUTY GENERAL	(i)	193,586	53,009	8,449	41,329	490	296,863	0
	(ii)	0	0	0	0	0	0	0
3ARTHUR NIZZA CEO/PRESIDENT STARTING 08/2021	(i)	394,883	0	102,125	19,500	14,887	531,395	0
	(ii)	0	0	0	0	0	0	0
4RICHARD BIERMAN SECRETARY/CHIEF LEGAL OFFICER	(i)	455,592	251,088	2,387	30,791	31,286	771,144	0
	(ii)	0	0	0	0	0	0	0
5NICOLE JEFFRIES VP ENTERPRISE BUSINESS SOLUTIO	(i)	183,484	47,765	900	38,976	11,741	282,866	0
	(ii)	0	0	0	0	0	0	0
6GINGER WILLIAMS VP CUSTOMER CARE	(i)	176,871	47,792	1,159	36,865	33,165	295,852	0
	(ii)	0	0	0	0	0	0	0
7NINAD JOSHI DIRECTOR - VENDOR MANAGEMENT	(i)	199,209	34,200	909	39,815	196	274,329	0
	(ii)	0	0	0	0	0	0	0
8BRIAN SCHATZ DIRECTOR - COMPLIANCE	(i)	176,753	43,797	1,049	36,433	29,298	287,330	0
	(ii)	0	0	0	0	0	0	0
9JARED DIRKS MEDICAL DIRECTOR	(i)	317,433	48,245	1,392	33,375	29,983	430,428	0
	(ii)	0	0	0	0	0	0	0
10AILEEN WILKINS CHIEF PEOPLE OFFICER	(i)	213,431	108,880	9,618	38,299	16,756	386,984	0
	(ii)	0	0	0	0	0	0	0
11SUSIE OLIVER CHIEF BUSINESS PARTNERSHIP OFF	(i)	282,568	93,233	13,687	47,034	30,126	466,648	0
	(ii)	0	0	0	0	0	0	0
12SARAH OSBORNE CHIEF A&A 0FFICER	(i)	206,882	92,527	354,479	46,080	1,451	701,419	0
	(ii)	0	0	0	0	0	0	0
13SHANNON HORGAN CHIEF GROWTH OFFICER	(i)	221,709	92,048	338,140	39,512	24,733	716,142	0
	(ii)	0	0	0	0	0	0	0
14DAVID KOENIG CHIEF MEMBER&OPERATION OFFICER	(i)	348,761	99,075	17,039	50,177	12,533	527,585	0
	(ii)	0	0	0	0	0	0	0
15PAUL AITKEN CHIEF MEDICAL OFFICER	(i)	331,340	129,227	476,942	34,083	22,911	994,503	0
	(ii)	0	0	0	0	0	0	0
16MATTHEW LATHROM VP TECH AND SECURITY SERVICES	(i)	241,024	85,053	11,157	48,526	9,566	395,326	0
	(ii)	0	0	0	0	0	0	0
17LISA SKEENS INTFEN VP PARTNER DEVELOPMENT	(i)	227,566	51,449	10,827	45,284	9,697	344,823	0
	(ii)	0	0	0	0	0	0	0
18GERARD PAUL CHIEF INFORMATION OFFICER	(i)	352,880	120,083	15,919	45,614	19,797	554,293	0
	(ii)	0	0	0	0	0	0	0
19CYNTHIA ANDERSON VP PRODUCT DEVELOPMENT	(i)	194,607	50,519	9,708	39,808	13,853	308,495	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2, 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				
21CAROLYN WALTERS VP HUMAN RESOURCES	(i)	198,634	73,583	1,496	41,327	9,777	324,817	0
	(ii)	0	0	0	0	0	0	0
1ANGELA LESLIE VP INTERNAL AUDIT AND SPL INVE	(i)	191,955	54,927	990	40,054	30,046	317,972	0
	(ii)	0	0	0	0	0	0	0
2SCOTT ROBIDOUX VP ACTUARIAL AND ANALYTICS	(i)	201,607	60,632	1,035	44,952	28,233	336,459	0
	(ii)	0	0	0	0	0	0	0
3JOHN PATRICK VP NATIONAL SALES	(i)	197,418	113,976	1,470	46,898	32,905	392,667	0
	(ii)	0	0	0	0	0	0	0
4SHANNON REYNOLDS VP DENTAL NETWORK AND PLANS	(i)	195,861	50,926	5,829	42,948	18,129	313,693	0
	(ii)	0	0	0	0	0	0	0
5JOHN NOLEN VP DIGITAL ENABLEMENT	(i)	185,656	49,826	1,437	40,432	26,133	303,484	0
	(ii)	0	0	0	0	0	0	0
6JOSEPH STASI CHIEF FINANCIAL OFFICER	(i)	358,079	108,615	3,283	46,362	31,776	548,115	0
	(ii)	0	0	0	0	0	0	0
7MICHAEL SHUSKO CHIEF MEDICAL OFFICER	(i)	278,994	33,615	1,995	49,386	874	364,864	0
	(ii)	0	0	0	0	0	0	0
8LORI WILES VP MARKETING	(i)	220,179	34,986	3,707	41,459	21,436	321,767	0
	(ii)	0	0	0	0	0	0	0
9CANDICE MCGEE VP OPERATIONS	(i)	182,700	49,439	4,617	38,883	19,615	295,254	0
	(ii)	0	0	0	0	0	0	0

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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

2021

Open to Public Inspection

Name of the organization
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

Employer identification number
44-0545275

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ARTHUR NIZZA, DARREN TAYLOR, MARK J. VAN DYKE, JOSEPH STASI, SHANNON REYNOLDS, RICHARD BIE RMAN, JOHN PATRICK AND SHANNON HORGAN HAVE A BUSINESS RELATIONSHIP BECAUSE THEY ARE DIRECT ORS OR OFFICERS OF RELATED FOR-PROFIT ENTITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	SINCE 2017, GEHA HAS CONTRACTED WITH THE COLONY GROUP (formerly known as new providence as set management) AND VANGUARD TO ACT AS THE INVESTMENT MANAGEMENT FIRMS FOR GEHA'S INVESTME NT PORTFOLIO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS OF THE ORGANIZATION WERE AMENDED TO CHANGE THE FOLLOWING: A) DIRECTOR MEETING REQUIREMENTS RELATING TO NOTICE AND TIMING OF MEETINGS B) MEMBER MEETING REQUIREMENTS RELATING TO NOTICE AND TIMING OF MEETINGS C) EXPANSION OF METHODS UTILIZED FOR MATTERS BROUGHT BEFORE THE MEMBERSHIP FOR A VOTE D) COMPOSITION OF THE EXECUTIVE COMMITTEE E) ELIMINATE REDUNDANCY AND INCREASE FLEXIBILITY WITHIN THE BYLAWS AND OTHER GOVERNING DOCUMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP IN THE ASSOCIATION SHALL BE OPEN TO EMPLOYEES AND ANNUITANTS OF THE FEDERAL GOV ERNMENT. SUCH PERSONS SHALL BECOME REGULAR MEMBERS BY ENROLLING IN A BENEFIT PLAN SPONSORE D BY THE ASSOCIATION. REGULAR MEMBERSHIP SHALL TERMINATE WHEN A PERSON IS NO LONGER ENROLL ED IN A BENEFIT PLAN SPONSORED BY THE ASSOCIATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS ELECT THE BOARD OF DIRECTORS FROM PERSONS NOMINATED BY THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS APPROVE AMENDMENTS TO THE BY-LAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS PRESENTED AND DIST RIBUTED 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 P RIOR TO FINAL FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES AND DIRECTORS RECEIVE ANNUAL CONFLICT OF INTEREST TRAINING AND COMPLETE A CO NFLICT OF INTEREST QUESTIONNAIRE AT THE END OF TRAINING. FOR EMPLOYEES, THEY MAY ALSO REPO RT POTENTIAL CONFLICTS AT ANY TIME DIRECTLY TO THE COMPLIANCE OFFICER. THE RESULTS FOR EMP LOYEES ARE REVIEWED BY THE COMPLIANCE OFFICER AND GENERAL COUNSEL. FOR DIRECTORS, THE RESU LTS ARE ALSO REVIEWED BY THE BOARD OF DIRECTORS. POTENTIAL CONFLICTS ARE ADDRESSED ON AN I NDIVIDUAL BASIS WITH EDUCATION AND, IF POSSIBLE, CONTROLS TO RESTRICT ACCESS TO SPECIFIC I NFORMATION AND DUTIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 2021. MARKET DATA WAS PROVIDED BY SULLIVAN COTTER, AN OUTSID E EXECUTIVE COMPENSATION CONSULTANT. THESE ACTIONS ARE DOCUMENTED IN THE BOARD MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INVESTMENT RETURN ON SUBSIDIARIES $ 7,602,883 CHANGE IN POSTRETIREMENT BENEFIT OBLIGATION $ 503,377 CLAIMS INCURRED BUT NOT REPORTED $ 306,000 ---------- $ 8,412,260

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

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	(g) 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 640865861 87-4019519	VEBA	MO	501(C)(9)	N/A	GEHA INC	Yes	

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)GEHA HOLDINGS INC 310 NE MULBERRY LEES SUMMIT, MO 640865861 45-4255250	HOLDING COMPANY	MO	GEHA INC	C CORP	49	58,885,473	100.000 %	Yes	
(2)GEHA SOLUTIONS INC 310 NE MULBERRY LEES SUMMIT, MO 640865861 36-4722027	SUBSIDIARY	MO	GEHA HLDGS INC	C CORP	26,685,408	14,646,712	100.000 %	Yes	
(3)SURETY LIFE INSURANCE COMPANY 310 NE MULBERRY LEES SUMMIT, MO 640865861 87-0198108	SUBSIDIARY	NE	GEHA HLDGS INC	C CORP	1,833,470	29,461,830	100.000 %	Yes	

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.

		Yes	No
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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 ASSOCATION UNDER THE FEDERAL EMPLOYEES HEALTH BENEFIT ACT OF 1959.

Return Reference	Explanation
SCHEDULE R, PART V, LINES 2 (4) & 2(5)	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.

Additional Data

Software ID:
Software Version:
EIN: 44-0545275
Name: GOVERNMENT EMPLOYEES HEALTH ASSOCIATION INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GEHA HOLDINGS INC	A(i)	13,295	MID-TERM RATE
GEHA SOLUTIONS INC	E	9,750,000	COST
SURETY LIFE INSURANCE COMPANY	H	23,753	BOOK VALUE
SURETY LIFE INSURANCE COMPANY	K	58,555	BOOK VALUE
GEHA SOLUTIONS INC	L	14,682,540	TRANSFER PRICE
SURETY LIFE INSURANCE COMPANY	L	885,845	TRANSFER PRICE
SURETY LIFE INSURANCE COMPANY	M	443,497	COST
GEHA INC VOLUNTARY WELFARE BENEFIT FUND	P	8,977,660	COST
SURETY LIFE INSURANCE COMPANY	Q	975,714	COST
GEHA SOLUTIONS INC	Q	14,042,691	COST