

Return of Organization Exempt From Income Tax

2014

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning, 2014, and ending, 20

Form sections B through K: B Check if applicable; C Name of organization: GROUP HEALTH COOPERATIVE; D Employer identification number: 91-0511770; E Telephone number: (206) 448-4683; F Name and address of principal officer: SCOTT ARMSTRONG; G Gross receipts \$ 3,525,390,435; H(a) Is this a group return for subordinates? Yes; H(b) Are all subordinates included? Yes; I Tax-exempt status: 501(c)(3); J Website: WWW.GHC.ORG; K Form of organization: Corporation; L Year of formation: 1945; M State of legal domicile: WA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO PROVIDE COMPREHENSIVE, PREVENTION-ORIENTED HEALTH CARE SERVICES...; 2 Check this box...; 3-6 Governing body and employee statistics; 7a-7b Revenue and taxable income; 8-12 Revenue breakdown; 13-19 Expenses breakdown; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: Barbara Belt-Lloyd; Date: 11/9/15; Type or print name and title: Barbara Belt-Lloyd, VP, Chief Accounting Officer

Paid Preparer Use Only: Print/Type preparer's name: SUE ROBISON; Preparer's signature; Date: 11/10/2015; Check self-employed; PTIN: P00560072; Firm's name: KPMG LLP; Firm's EIN: 13-5565207; Firm's address: 1918 EIGHTH AVENUE, SUITE 2900 SEATTLE, WA 98101; Phone no.: 206-913-4000

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 [X] No

[ ] Yes [X] 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 [X] No

[ ] Yes [X] 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 \$ 2,241,008,445. including grants of \$ 0 ) (Revenue \$ 2,872,409,519. )

GROUP HEALTH COOPERATIVE ("GROUP HEALTH") PROVIDED HEALTH CARE COVERAGE AND/OR SERVICES TO APPROXIMATELY 354,000 COMMERCIAL GROUP, MEDICARE, MEDICAID, BASIC HEALTH PLAN, AND INDIVIDUAL ENROLLEES IN WASHINGTON AND NORTH IDAHO. MANY MEDICARE AND MEDICAID PATIENTS RECEIVE SUCH SERVICES UNDER CAPITATION CONTRACTS BETWEEN GROUP HEALTH AND GOVERNMENT AGENCIES. PLEASE REFER TO A DESCRIPTION OF THE PROGRAM'S OBJECTIVES IN SCHEDULE H, PART VI.2 AND PART VI.5.

4b (Code: ) (Expenses \$ 55,257,535. including grants of \$ 0 ) (Revenue \$ 21,224,339. )

CARE AND COVERAGE TO 33,070 PEOPLE IN NEED. HEALTH CARE COVERAGE AND SERVICES TO PATIENTS ENROLLED IN GOVERNMENT PROGRAMS. UNREIMBURSED CARE FOR INDIVIDUAL PATIENTS IN NEED. URGENT AND EMERGENCY CARE. PARTNERING WITH SAFETY-NET ORGANIZATIONS. PLEASE REFER TO A DESCRIPTION OF THE PROGRAM'S OBJECTIVES IN SCHEDULE H, PART VI.2 AND PART VI.5.

4c (Code: ) (Expenses \$ 58,671,592. including grants of \$ 0 ) (Revenue \$ 43,497,640. )

HEALTH RESEARCH AND EDUCATION FOR 311 PEOPLE INCLUDING: RESEARCH AND EVIDENCE-BASED CARE. PROFESSIONAL EDUCATION ACTIVITIES. CONSUMER HEALTH EDUCATION. PLEASE REFER TO A DESCRIPTION OF THE PROGRAM'S OBJECTIVES IN SCHEDULE H, PART VI.2 AND PART VI.5.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 1,260,176. including grants of \$ 0 ) (Revenue \$ 17,071. )

4e Total program service expenses 2,356,197,748.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 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?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?... 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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?... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. [X] Own website [ ] Another's website [X] 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:▶

MARTIN R. DOPPS 320 WESTLAKE AVE N, SUITE 100 SEATTLE, WA 98109-5233 206-448-5146

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PORSCHE EVERSON CHAIR, TRUSTEE	7.50 .30	X		X				39,855.	750.	0
(2) ROBERT ALEXANDER WATT TRUSTEE	6.50 .20	X						27,605.	500.	0
(3) SUSAN JOY BYINGTON VICE CHAIR, TRUSTEE	7.50 .20	X		X				33,730.	750.	0
(4) JENNIFER ANN JOLY TRUSTEE	6.50 .20	X						21,125.	750.	0
(5) HARRY HARRISON JR. TRUSTEE	6.50 .20	X						27,605.	250.	0
(6) ROBERT JOEL MARGULIS TRUSTEE	6.50 .20	X						27,605.	500.	0
(7) DOROTHY ANNE RUZICKI TRUSTEE	6.50 .20	X						27,605.	750.	0
(8) LEO FRANCIS GREENAWALT JR. TRUSTEE	6.50 .20	X						21,125.	750.	0
(9) RUTA ELMA FANNING TRUSTEE	6.50 .20	X						21,125.	750.	0
(10) KATHERINE BELL TRUSTEE	6.50 .20	X						21,125.	750.	0
(11) PHILLIP JEFFREY HAAS TRUSTEE	6.50 .20	X						27,605.	750.	0
(12) SCOTT ELLIOT ARMSTRONG PRESIDENT & CEO	39.00 1.00			X				2,060,930.	0	194,000.
(13) RICK DALE WOODS EVP; CORP SVCS & CHF LEG OFCR	40.00 0			X				1,030,743.	0	179,783.
(14) SARAH BARIAN YATES VP & GENERAL COUNSEL	40.00 0			X				566,650.	0	26,872.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) BRETON CLARK MYERS VP; TREASURY	40.00 0			X			378,050.	0	11,639.	
16) ROBERT O'BRIEN EVP; HEALTH PLAN DIVISION	40.00 0				X		1,204,795.	0	15,972.	
17) MARK SZALWINSKI EVP; GROUP PRACTICE DIVISION	40.00 0				X		923,331.	0	24,071.	
18) CYNTHIA JOHNSON EVP; HR	40.00 0				X		995,323.	0	13,435.	
19) ELLEN SUZANNE DALY VP; NETWORK SVCS & CARE MGMT	40.00 0				X		463,337.	0	29,100.	
20) CHRISTOPHER KNACKSTEDT EVP; CHIEF FINANCIAL OFFICER	40.00 0				X		628,671.	0	13,933.	
21) DAWN LOELIGER EVP; STRAT PLANNING & DEPLOY	40.00 0				X		358,174.	0	27,340.	
22) DIANA RAKOW BIRKETT EVP; MARKETING & PUB. AFFAIRS	32.00 8.00				X		353,108.	0	27,340.	
23) ERIC LARSON VP; GROUP HEALTH RESEARCH INST	39.00 1.00					X	580,090.	0	23,650.	
24) ERIN LEFF VP; CLIN OPS & MKT INTEGRATION	40.00 0					X	481,318.	0	13,327.	
25) BARBARA TREHEARNE VP; CLIN EXCL &INT CHIEF NURSE	39.00 1.00					X	499,758.	0	171,263.	
<b>1b Sub-total</b>							3,954,433.	7,250.	400,655.	
<b>c Total from continuation sheets to Part VII, Section A</b>							8,388,779.	0	544,366.	
<b>d Total (add lines 1b and 1c)</b>							12,343,212.	7,250.	945,021.	

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 **1193**

	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	X	
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	X	
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		X

**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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **640**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) DONALD LEWIS VP; CHIEF TECHNOLOGY OFFICER	40.00 0					X		470,177.	0	8,150.
( 27 ) ROBERT WISE VP; MARKETING	40.00 0					X		483,736.	0	0
( 28 ) SCOTT BOYD EVP; CHIEF FINANCIAL OFFICER	40.00 0						X	262,346.	0	5,408.
( 29 ) BARBARA ANN BELT-LLOYD VP; CHIEF ACCOUNTING OFFICER	40.00 0						X	316,065.	0	159,738.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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 **1193**

	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	X	
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	X	
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		X

**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

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

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>	2,030,676.					
	<b>e</b> Government grants (contributions), . . . . .	<b>1e</b>	33,355,904.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	7,975,017.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		13,300.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			43,361,597.				
	<b>Program Service Revenue</b>	<b>Business Code</b>						
<b>2a</b> <u>MEDICARE/MEDICAID PAYMENTS</u>			900099	963,629,111.	963,629,111.			
<b>b</b> <u>FEES AND CONTRACTS FROM GOV'T AGENCIES</u>			900099	697,671,213.	697,671,213.			
<b>c</b> <u>MEMBER DUES</u>			900099	729,011,335.	729,011,335.			
<b>d</b> <u>CAPITATION REVENUE</u>			900099	96,666,255.	96,666,255.			
<b>e</b> <u>NON-COVERED ENROLLEE SVC</u>			900099	124,956,327.	124,956,327.			
<b>f</b> All other program service revenue . . . . .				255,117,432.	255,117,432.			
<b>g Total.</b> Add lines 2a-2f . . . . .				2,867,051,673.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			36,483,322.			36,483,322.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real						
		(ii) Personal						
	<b>b</b> Less: rental expenses . . . . .							
	<b>c</b> Rental income or (loss) . . . . .							
	<b>d</b> Net rental income or (loss) . . . . .				0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		491,349,120.				
		(ii) Other		15,456,967.				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			489,981,951.	251.			
	<b>c</b> Gain or (loss) . . . . .			1,367,169.	15,456,716.			
	<b>d</b> Net gain or (loss) . . . . .				16,823,885.		16,823,885.	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .				0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
<b>b</b> Less: direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>			166,506.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .				-166,506.		-166,506.		
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> <u>ADMIN CONTRACT</u>		561000	65,598,270.	65,598,270.				
<b>b</b> <u>SALES TO MEMBERS</u>		446199	4,382,139.	4,382,139.				
<b>c</b> <u>GROUP HEALTH RESEARCH INSTITUTE</u>		541700	1,236,937.		1,236,937.			
<b>d</b> All other revenue . . . . .		900099	470,410.	116,487.	353,923.			
<b>e Total.</b> Add lines 11a-11d . . . . .			71,687,756.					
<b>12 Total revenue.</b> See instructions . . . . .			3,035,241,727.	2,937,148,569.	1,424,354.	53,307,207.		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	0			
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 . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	13,524,137.		13,524,137.	
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 . . . . .	493,443,180.	290,156,453.	203,286,727.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	41,339,448.	24,308,589.	1,030,859.	
9 Other employee benefits . . . . .	11,378,387.	6,690,765.	4,687,622.	
10 Payroll taxes . . . . .	43,690,335.	25,822,157.	17,868,178.	
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	1,779,243.		1,779,243.	
c Accounting . . . . .	129,336.		129,336.	
d Lobbying . . . . .	735,808.		735,808.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees . . . . .	1,876,308.		1,876,308.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <b>ATCH 4</b> . . . . .	1,722,781,251.	1,634,113,586.	88,667,665.	
12 Advertising and promotion . . . . .	4,190,104.	135,085.	4,045,099.	
13 Office expenses . . . . .	335,838,538.	312,708,956.	22,929,582.	
14 Information technology . . . . .	22,716,532.	44,772.	32,671,760.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	48,469,654.	17,539,006.	30,930,648.	
17 Travel . . . . .	1,987,262.	1,365,212.	622,050.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	5,394,474.	1,096,926.	4,297,548.	
20 Interest . . . . .	1,087,928.	34.	1,087,894.	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	55,294,996.	30,922,870.	24,372,126.	
23 Insurance . . . . .	8,308,631.	7,460,429.	848,202.	
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 <u>ADMINISTRATIVE/ACCESS FEES</u> . . . . .	8,721,603.	1,929,537.	6,792,066.	
b <u>BAD DEBT EXPENSE</u> . . . . .	13,372,305.	-12,725.	13,385,030.	
c <u>DUES/LICENSES/PERMITS</u> . . . . .	4,121,671.	372,519.	3,749,152.	
d <u>PREMIUM AND BUSINESS TAX</u> . . . . .	67,817,818.	1,222,908.	66,594,910.	
e All other expenses . . . . .	2,132,726.	320,669.	1,812,057.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	2,919,921,755.	2,356,197,748.	563,724,007.	
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	189,536,704.	<b>1</b>	105,037,075.
	<b>2</b> Savings and temporary cash investments	22,343,469.	<b>2</b>	30,129,073.
	<b>3</b> Pledges and grants receivable, net	8,413,001.	<b>3</b>	9,683,476.
	<b>4</b> Accounts receivable, net	88,172,374.	<b>4</b>	100,493,819.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	823,474.	<b>7</b>	0
	<b>8</b> Inventories for sale or use	12,822,894.	<b>8</b>	16,764,175.
	<b>9</b> Prepaid expenses and deferred charges	19,381,216.	<b>9</b>	39,991,159.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1049857328.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 634,991,578.	422,985,543.	<b>10c</b> 414,865,750.
	<b>11</b> Investments - publicly traded securities	679,518,111.	<b>11</b>	815,709,588.
	<b>12</b> Investments - other securities. See Part IV, line 11	199,063,900.	<b>12</b>	247,131,334.
	<b>13</b> Investments - program-related. See Part IV, line 11	23,065,182.	<b>13</b>	23,219,041.
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	54,408,791.	<b>15</b>	52,333,505.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,720,534,659.	<b>16</b>	1,855,357,995.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	356,057,653.	<b>17</b>	403,055,830.
	<b>18</b> Grants payable	150,000.	<b>18</b>	0
	<b>19</b> Deferred revenue	44,015,890.	<b>19</b>	34,381,851.
	<b>20</b> Tax-exempt bond liabilities	129,805,552.	<b>20</b>	128,904,435.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	220,124,124.	<b>25</b>	329,923,386.
	<b>26 Total liabilities.</b> Add lines 17 through 25	750,153,219.	<b>26</b>	896,265,502.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	953,734,158.	<b>27</b>	942,405,809.
	<b>28</b> Temporarily restricted net assets	7,349,921.	<b>28</b>	7,209,171.
	<b>29</b> Permanently restricted net assets	9,297,361.	<b>29</b>	9,477,513.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	970,381,440.	<b>33</b>	959,092,493.
	<b>34</b> Total liabilities and net assets/fund balances	1,720,534,659.	<b>34</b>	1,855,357,995.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,035,241,727.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,919,921,755.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	115,319,972.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	970,381,440.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,224,253.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-141,833,172.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	959,092,493.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

GROUP HEALTH COOPERATIVE

Employer identification number

91-0511770

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and D.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2014; 15 Public support percentage from 2013 Schedule A; 16a 33 1/3% support test - 2014; 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10c, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supporter organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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Schedule of Contributors

2014

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization  
GROUP HEALTH COOPERATIVE

Employer identification number  
91-0511770

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) ( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **GROUP HEALTH COOPERATIVE**

Employer identification number  
91-0511770

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,575,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,432,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,127,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,030,676.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,803,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,483,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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<b>Name of organization</b> GROUP HEALTH COOPERATIVE	<b>Employer identification number</b> 91-0511770
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 1,450,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 1,344,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 1,327,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 334,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 302,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 228,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization **GROUP HEALTH COOPERATIVE**

Employer identification number  
91-0511770

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 225,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 224,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 215,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 205,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 204,809.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 198,434.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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<b>Name of organization</b> GROUP HEALTH COOPERATIVE	<b>Employer identification number</b> 91-0511770
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 175,242.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 127,371.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 99,211.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 96,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 96,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 95,879.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 92,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 79,756.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 74,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 72,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 62,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 57,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization **GROUP HEALTH COOPERATIVE**

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 54,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 49,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 39,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 37,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 33,998.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 28,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ 26,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	----- ----- -----	\$ 26,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	----- ----- -----	\$ 23,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	----- ----- -----	\$ 23,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	----- ----- -----	\$ 19,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	----- ----- -----	\$ 19,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ 17,196.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	----- ----- -----	\$ 15,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	----- ----- -----	\$ 15,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	----- ----- -----	\$ 12,191.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	----- ----- -----	\$ 10,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	----- ----- -----	\$ 8,753.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization **GROUP HEALTH COOPERATIVE**

Employer identification number  
91-0511770

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	----- ----- -----	\$ 8,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	----- ----- -----	\$ 6,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	----- ----- -----	\$ 5,858.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization **GROUP HEALTH COOPERATIVE**

Employer identification number

91-0511770

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	----- ----- -----	\$-----	-----
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

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Name of organization **GROUP HEALTH COOPERATIVE**

Employer identification number  
91-0511770

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2014

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		804,876.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		804,876.	
<b>d</b> Other exempt purpose expenditures . . . . .		2,919,116,879.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		2,919,921,755.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>		<b>The lobbying nontaxable amount is:</b>	
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0	0
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0	0
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	811,312.	935,937.	840,359.	804,876.	3,392,484.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 rows of questions and 2 columns: Yes, No. Questions about dues, lobbying expenditures, and carryover.

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

Table with 5 rows of questions and 2 columns: Yes, No. Questions about dues, non-deductible lobbying expenditures, and carryover.

Part IV Supplemental Information

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

Blank lines for providing supplemental information as requested in the instructions.

**Part IV** Supplemental Information *(continued)*

Public Inspection Copy

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization: GROUP HEALTH COOPERATIVE; Employer identification number: 91-0511770

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including a table for 'Held at the End of the Tax Year' and various Yes/No questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures, including dollar amounts.

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

Schedule D (Form 990) 2014

JSA 4E1268 1.000

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?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance. Includes question 2a and 2b regarding escrow or custodial account liability.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

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

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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	36,049,243.	ATTACHMENT 1
(2) Closely-held equity interests . . . . .	210,444,691.	ATTACHMENT 2
(3) Other		
(A) ONE HEALTH PORT	637,400.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	247,131,334.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SELF INSURANCE	66,979,383.
(3) RETIREE MEDICAL	51,875,000.
(4) PENSION LIABILITY	188,673,707.
(5) DEFERRED COMPENSATION	7,491,633.
(6) LEASES	7,841,089.
(7) RENT DIFFERENTIAL	4,861,392.
(8) SECURITY CARE CLAIMS	1,891,000.
(9) OTHER LIABILITIES	310,182.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	329,923,386.

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3039327038.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 6,755,283.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> -793,664.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	5,961,619.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3033365419.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 1,876,308.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,876,308.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	3035241727.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	2918446877.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 401,430.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	401,430.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	2918045447.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 1,876,308.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,876,308.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	2919921755.

**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.

SEE PAGE 5

**Part XIII Supplemental Information** (continued)

## PART XI

## LINE 2D

OTHER THAN TEMP. IMPAIRED	(\$540,067)
BOOK PARTNERSHIP EARNINGS	(\$420,103)
COGS RECLASS	\$166,506
	-----
TOTAL	(\$793,664)

## PART XII

## LINE 2D

LOSS ON SALE OF ASSETS	\$241,006
TAX PARTNERSHIP EARNINGS	(\$6,082)
COGS RECLASS	\$166,506
	-----
TOTAL	\$401,430

ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - FINANCIAL DERIVATIVES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
FINANCIAL DERIVATIVES	36,049,243.	COST
TOTALS	<u>36,049,243.</u>	

ATTACHMENT 2SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
CLOSELY-HELD EQUITY INTERESTS	210,444,691.	COST
TOTALS	<u>210,444,691.</u>	

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

GROUP HEALTH COOPERATIVE

Employer identification number

91-0511770

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . . <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		703	699,560.		699,560.	.02
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		29225	46,387,699.	18,941,028.	27,446,671.	.94
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .		1468	1,100,232.		1,100,232.	.04
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .		31396	48,187,491.	18,941,028.	29,246,463.	1.00
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	5	3361	794,192.	17,071.	777,121.	.03
<b>f</b> Health professions education (from Worksheet 5) . . . . .	8	311	8,977,200.		8,977,200.	.31
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	6	1674	7,070,043.	2,283,311.	4,786,732.	.16
<b>h</b> Research (from Worksheet 7) . . . . .	1		49,694,392.	43,497,640.	6,196,752.	.21
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	1	54	187,745.		187,745.	.01
<b>j</b> Total. Other Benefits . . . . .	21	5400	66,723,572.	45,798,022.	20,925,550.	.72
<b>k</b> Total. Add lines 7d and 7j. . . . .	21	36796	114,911,063.	64,739,050.	50,172,013.	1.72

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

Schedule H (Form 990) 2014

JSA 4E1284 1.000

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		16,250.		16,250.	
3 Community support	1		188,566.		188,566.	.01
4 Environmental improvements	1		16,819.		16,819.	
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	3		43,604.		43,604.	
8 Workforce development	1		13,000.		13,000.	
9 Other						
10 Total	7		278,239.		278,239.	.01

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	655,324.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	569,570.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	85,754.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 CAPITOL HILL MAIN BUILDING  
201 16TH AVE E  
SEATTLE WA 98112-5260  
WWW.GHC.ORG/LOCATIONS

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X								

Public Inspection Copy

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group CAPITOL HILL MAIN BUILDING

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

**Community Health Needs Assessment**

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		X
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW1.GHC.ORG/HTML/PUBLIC/ABOUT/COMMUNITY</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
a	If "Yes," (list url): <u>WWW1.GHC.ORG/HTML/PUBLIC/ABOUT/COMMUNITY</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group CAPITOL HILL MAIN BUILDING

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>b</b>	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
<b>d</b>	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	X	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group CAPITOL HILL MAIN BUILDING

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?
a Reporting to credit agency(ies)
b Selling an individual's debt to another party
c Actions that require a legal or judicial process
d Other similar actions (describe in Section C)
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):
a Notified individuals of the financial assistance policy on admission
b Notified individuals of the financial assistance policy prior to discharge
c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
e Other (describe in Section C)
f None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?
a The hospital facility did not provide care for any emergency medical conditions
b The hospital facility's policy was not in writing
c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
d Other (describe in Section C)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
d Other (describe in Section C)
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, LINE 5

THE CENTER FOR COMMUNITY HEALTH AND EVALUATION (CCHE) CONDUCTED KEY INFORMANT INTERVIEWS WITH 23 INDIVIDUALS REPRESENTING PUBLIC HEALTH, CITY GOVERNMENT, THE HEALTHCARE SAFETY NET, CULTURAL COMMUNITIES, SCHOOLS AND HEALTH ADVOCACY IN KING COUNTY. THE FINDINGS WERE ALSO INFORMED BY 8 KEY INFORMANT INTERVIEWS CONDUCTED EARLIER AS PART OF THE NEEDS ASSESSMENT FOR VIRGINIA MASON MEDICAL CENTER, ONE OF GROUP HEALTH'S HEALTH CARE PARTNERS AND 4 PUBLIC HEALTH DATA EXPERTS. THE LIST OF 35 KEY INFORMANTS/DATA EXPERTS IS AS FOLLOWS:

- MARGUERITE RO, DRPH; CHIEF, ASSESMENT, POLICY DEVELOPMENT & EVALUATION UNIT - PUBLIC HEALTH-SEATTLE & KING COUNTY
- JOE CAMPO, MPH; SENIOR FORECAST ANALYST - WASHINGTON STATE OFFICE OF FINANCIAL MANAGEMENT
- EVA WONG, PHD; EPIDEMIOLOGIST - PUBLIC HEALTH-SEATTLE & KING COUNTY
- CHRIS HALSELL; ASSESSMENT COORDINATOR - WASHINGTON STATE DEPT OF HEALTH
- ANTOINETTE ANGULO, MPH; DIRECTOR, PREVENTIVE HEALTH SERVICES - SEA MAR COMMUNITY HEALTH CENTER
- PETER RETZTAGG; EXECUTIVE DIRECTOR - COMMUNITY FOR YOUTH
- RICHARD BROOKS; EXECUTIVE DIRECTOR - RENTON AREA YOUTH AND FAMILY SERVICES
- RALPH FORQUERA; EXECUTIVE DIRECTOR - SEATTLE INDIAN HEALTH BOARD
- LISA YOHALEM; DIRECTOR, PLANNING & DEVELOPMENT - HEALTHPOINT
- DAVE LEIBMAN; COMMANDER - RENTON POLICE DEPARTMENT
- KEN WEINBERG; CEO - JEWISH FAMILY SERVICES REFUGEE & IMMIGRANT SERVICE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

## CENTERS

-CHRISTOPHER WILLIAMS; ACTING SUPERINTENDENT - SEATTLE PARKS &

## RECREATION

-ADAM TAYLOR; PROJECT MANAGER, GLOBAL TO LOCAL INITIATIVE - PUBLIC

## HEALTH-SEATTLE &amp; KING COUNTY

-COLLEEN BRANDT-SCHLUTER; HUMAN RESOURCES MANAGER - CITY OF SEATAC

-MANDI GEORGE; CHRONIC DISEASE PREVENTION DIRECTOR - YMCA OF GREATER

## SEATTLE

-MARK SMITH; CHIEF OPERATING OFFICER - BOYS & GIRLS CLUBS OF KING COUNTY

-PRAMILA JAYAPAL; EXECUTIVE DIRECTOR - ONE AMERICA

-ABBIE ZAHLER; COMMUNITY ADVOCACY SUPERVISOR - INTERNATIONAL COMMUNITY

## HEALTH SERVICES

-JASON BERRY; EXECUTIVE DIRECTOR - YMCA-AUBURN VALLEY

-JANET ST. CLAIR; DEPUTY DIRECTOR - ASIAN COUNSELING & REFERRAL SERVICES

-ALICE PARK; PROGRAM MANAGER - KING COUNTY FOOD & FITNESS INITIATIVE

-JENNIFER RAMIREZ-ROBINSON; INTERIM DIRECTOR - NEW FUTURES

-BLISHDA LACET; REACH PROGRAM COORDINATOR - PUBLIC HEALTH-SEATTLE & KING

## COUNTY

-MATIAS VALENZUELA; KING COUNTY EQUITY & SOCIAL JUSTICE INITIATIVE -

## PUBLIC HEALTH-SEATTLE &amp; KING COUNTY

-ESTELA ORTEGA MIGUEL MAESTAS; EXECUTIVE DIRECTOR ASSOCIATE ADMINISTRATOR

- EL CENTRO DE LA RAZA

-TERRY HIGASHIYAMA; COMMUNITY SERVICES ADMINISTRATOR - CITY OF RENTON

-GREG DOOTSON; NORTH PUGET SOUND DIRECTOR - LUTHERAN COMMUNITY SERVICES

## INTERNATIONAL

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-SUSAN MILLEDER; PROGRAMS DIRECTOR - AMERICAN DIABETES ASSOCIATION

-EUDORA CARTER; CHRONIC DISEASE SELF MANAGEMENT - CENTER FOR

MULTICULTURAL HEALTH

-MARK SECORD; EXECUTIVE DIRECTOR - NEIGHBORCARE HEALTH

-SONJA REID; LEAD NURSE - BELLEVUE SCHOOL DISTRICT

-TRISE MOORE; FAMILY & COMMUNITY PARTNERSHIP ADVOCATE - FEDERAL WAY

SCHOOL DISTRICT

-EMILY LESLIE; HUMAN SERVICES MANAGER - CITY OF BELLEVUE

-JAY BENNETT; COMMUNITY SERVICES MANAGER - CITY OF FEDERAL WAY

-PATTY HAYES, RN, MN; DIRECTOR, COMMUNITY HEALTH SERVICES - PUBLIC

HEALTH-SEATTLE & KING COUNTY

PART V, LINE 11

A LIST OF POTENTIAL SIGNIFICANT HEALTH NEEDS WAS COMPILED AND SENT TO A BROAD GROUP OF STAKEHOLDERS WHO WERE ASKED TO SELECT PRIORITIES ACCORDING TO THE FOLLOWING CRITERIA: 1) THE SEVERITY AND URGENCY OF THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY GROUP HEALTH HOSPITAL; 2) AREAS WHERE GROUP HEALTH HAS THE MOST LEVERAGE TO MAKE THE BIGGEST IMPACT; 3) STAKEHOLDERS' PERCEPTION OF THE IMPORTANCE THE COMMUNITY PLACES ON ADDRESSING THE NEED; AND 4) CONNECTION TO GROUP HEALTH'S MISSION, CORE VALUES, AND STRATEGIES. THE FOLLOWING IMPLEMENTATION STRATEGIES WERE SELECTED AS HAVING THE HIGHEST PRIORITY:

IMPROVEMENTS IN ACCESS TO CARE FOR UNDERSERVED POPULATIONS

IMPORTANT COMMUNITY SUPPORT WAS PROVIDED TO WITHINREACH, YOUTHCARE,

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COUNTRY DOCTOR, THE AUBURN PUBLIC HEALTH CENTER, PROJECT ACCESS NW,  
SENIOR SERVICES, HEALTHPOINT AND NEIGHBORCARE HEALTH TO PARTNER WITH  
THEIR WORK TO IMPROVE ACCESS TO CARE FOR THE UNDERSERVED

PROMOTION OF PHYSICAL ACTIVITY, IMPROVED FITNESS, AND HEALTHY EATING  
A VARIETY OF EVENTS AND PROGRAMS WERE SPONSORED WITH LARGE CROWDS  
PARTICIPATING IN BIKE RIDES SUCH AS THE TOUR DE WHIDBEY, THE NORTHWEST  
TULIP PEDAL AND THE CASCADE BICYCLE CLUB SEATTLE-TO-PORTLAND RIDE, SPORTS  
CAMPS HELD BY SEATTLE STORM WOMEN'S BASKETBALL, THE SEATTLE SOUNDERS, AND  
MARATHONS INCLUDING THE POULSBO MARATHON, BLOOMSDAY AND THE AMERICAN  
CANCER SOCIETY'S RELAY FOR LIFE. BIKE HELMETS WERE PROVIDED TO KIDS  
PARTICIPATING IN THE YMCA HEALTH KIDS DAY AND A PROGRAM TO PROVIDE  
WATER-FILLING STATIONS AT 9 SEATTLE-AREA ELEMENTARY SCHOOLS WAS FUNDED.

CARDIOVASCULAR DIABETES DISEASE PREVENTION  
PARTNERSHIPS WITH THE AMERICAN HEART ASSOCIATION AND THE JUVENILE  
DIABETES RESEARCH FOUNDATION HELPS TO KEEP THIS IMPORTANT DISEASE  
RESEARCH MOVING FORWARD.

AS A RESULT OF THE FEEDBACK RECEIVED, THE FOLLOWING HEALTH NEEDS WILL NOT  
BE ADDRESSED: 1) INJURY PREVENTION (NOT THE MOST EFFECTIVE OR EFFICIENT  
AREA OF FOCUS FOR GROUP HEALTH); 2) TOBACCO CESSATION (OTHER  
ORGANIZATIONS ARE IN A BETTER POSITION AND ARE BETTER FOCUSED IN THIS  
AREA); 3) MENTAL HEALTH AND SUBSTANCE ABUSE (ALTHOUGH GROUP HEALTH HAS A  
BEHAVIORAL HEALTH UNIT, THIS WAS NOT CONSIDERED EXPERTISE THAT IT COULD

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LEVERAGE EFFECTIVELY); AND 4) ORAL HEALTH (GROUP HEALTH DOES NOT PROVIDE ORAL HEALTH CARE).

PART V, LINE 16

GROUP HEALTH COOPERATIVE'S FAP IS WIDELY AVAILABLE AT  
WWW1.GHC.ORG/HTML/PUBLIC/CUSTOMER-SERVICE/FINANCIAL-ASSISTANCE.

PART V, LINE 22D

GROUP HEALTH BILLING IS BASED ON USUAL, CUSTOMARY AND REASONABLE (UCR) CHARGES FOR THE GEOGRAPHIC AREA, WITH CONSIDERATION OF ACTUAL AVERAGE COSTS OF CARE PROVIDED BY GROUP HEALTH TO ALL PATIENTS. MAXIMUM CHARGES FOR FAP-ELIGIBLE INDIVIDUALS ARE NO MORE THAN THE AMOUNTS GENERALLY BILLED TO INSURED PATIENTS FOR EMERGENCY OR MEDICALLY NECESSARY CARE. FURTHER, CHARGES TO ELIGIBLE INDIVIDUALS FOR ANY OTHER CARE ARE LESS THAN THE GROSS CHARGES FOR THAT CARE.

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 37

Name and address	Type of Facility (describe)
<b>1</b> CAPITOL HILL EAST BUILDING 1600 E JOHN ST SEATTLE WA 98112-5260	MEDICAL CLINIC
<b>2</b> CAPITOL HILL NORTH BUILDING 310 15TH AVE E SEATTLE WA 98112-5260	MEDICAL CLINIC
<b>3</b> CAPITOL HILL SOUTH BUILDING 125 16TH AVE E SEATTLE WA 98112-5260	MEDICAL CLINIC
<b>4</b> CAPITOL HILL WEST BUILDING 201 16TH AVE E SEATTLE WA 98112-5260	MEDICAL CLINIC
<b>5</b> CAPITOL HILL ANNEX BUILDING 122 16TH AVE E SEATTLE WA 98112-5260	MEDICAL CLINIC
<b>6</b> BELLEVUE MEDICAL CENTER 11511 NE 10TH STREET BELLEVUE WA 98004	MEDICAL CENTER
<b>7</b> BREMERTON BEHAVIORAL HEALTH SERVICES 555 PACIFIC AVE, STE 202 BREMERTON WA 98337	BEHAVIORAL HEALTH CLINIC
<b>8</b> BREMERTON MEDICAL CENTER 2741 WHEATON WAY, SUITE A BREMERTON WA 98310	MEDICAL CENTER
<b>9</b> EVERETT MEDICAL CENTER 2930 MAPLE STREET EVERETT WA 98201-4261	MEDICAL CENTER
<b>10</b> DOWNTOWN SEATTLE MEDICAL CENTER 1420 5TH AVE, STE 375 SEATTLE WA 98101	MEDICAL CENTER

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**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> FACTORIA MEDICAL CENTER 13451 SE 36TH STREET BELLEVUE WA 98006-1454	MEDICAL CENTER
<b>2</b> KENT MEDICAL CENTER 26004 104TH AVE SE KENT WA 98031	MEDICAL CENTER
<b>3</b> LIDGERWOOD MEDICAL CENTER 6002 N LIDGERWOOD SPOKANE WA 99208	MEDICAL CENTER
<b>4</b> LYNNWOOD MEDICAL CENTER 20200 54TH AVENUE W LYNNWOOD WA 98036-6389	MEDICAL CENTER
<b>5</b> NORTHGATE MEDICAL CENTER 9800 4TH AVENUE NE SEATTLE WA 98115-2158	MEDICAL CENTER
<b>6</b> NORTHGATE SOUTH BUILDING 9720 4TH AVENUE NE SEATTLE WA 98115	MEDICAL CLINIC
<b>7</b> NORTHSHORE MEDICAL CENTER 11913 NE 195TH STREET BOTHELL WA 98011-3147	MEDICAL CENTER
<b>8</b> OLYMPIA MEDICAL CENTER 700 LILLY ROAD NE OLYMPIA WA 98506-5116	MEDICAL CENTER
<b>9</b> PORT ORCHARD MEDICAL CENTER 1400 POTTERY AVENUE PORT ORCHARD WA 98366-3768	MEDICAL CENTER
<b>10</b> POULSBO MEDICAL CENTER 19379 7TH AVENUE NE POULSBO WA 98370	MEDICAL CENTER

Schedule H (Form 990) 2014

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> PUYALLUP MEDICAL CENTER 611 31ST AVE SW PUYALLUP WA 98374	MEDICAL CENTER
<b>2</b> RAINIER MEDICAL CENTER 5316 RAINIER AVE S SEATTLE WA 98118-2398	MEDICAL CENTER
<b>3</b> REDMOND MEDICAL CENTER 15809 BEAR CREEK PARKWAY, SUITE #100 REDMOND WA 98052-4370	MEDICAL CENTER
<b>4</b> RENTON MEDICAL CENTER 275 BRONSON WAY NE RENTON WA 98056-4099	MEDICAL CENTER
<b>5</b> BURIEN MEDICAL CENTER 140 SW 146TH STREET BURIEN WA 98166-1997	MEDICAL CENTER
<b>6</b> RIVERFRONT MEDICAL CENTER 322 W NORTH RIVER DRIVE SPOKANE WA 99201	MEDICAL CENTER
<b>7</b> SILVERDALE MEDICAL CENTER 10452 SILVERDALE WAY NW SILVERDALE WA 98383	MEDICAL CENTER
<b>8</b> SOUTH HILL MEDICAL CENTER 4102 S REGAL STREET, SUITE 101 SPOKANE WA 99223-4733	MEDICAL CENTER
<b>9</b> SILVERDALE EYE CARE SERVICES 10516 SILVERDALE WAY NW, SUITE 104 SILVERDALE WA 98383-8745	MEDICAL CLINIC
<b>10</b> TACOMA HEAR CENTER/AUDIOLOGY & EYE CARE 5821 S SPRAGUE COURT TACOMA WA 98409	MEDICAL CLINIC

Schedule H (Form 990) 2014

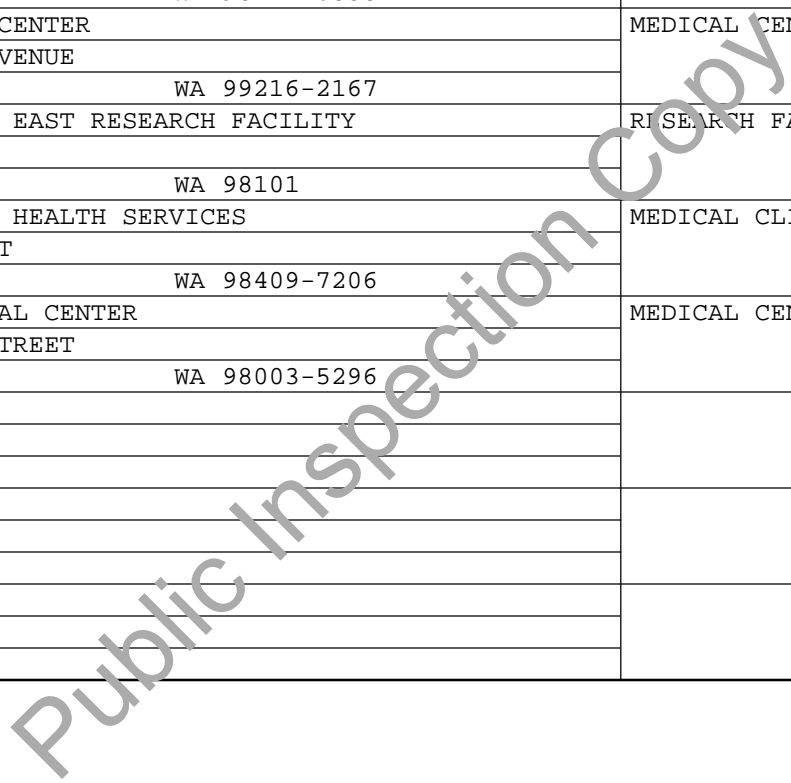


**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> ST JOSEPH 1708 S YAKIMA AVENUE TACOMA WA 98405	MEDICAL CLINIC
<b>2</b> TACOMA MEDICAL CENTER 209 MARTIN LUTHER KING JR WAY TACOMA WA 98405-4267	MEDICAL CENTER
<b>3</b> TACOMA SOUTH MEDICAL CENTER 9505 S STEELE ST TACOMA WA 98444-6858	MEDICAL CENTER
<b>4</b> VERADALE MEDICAL CENTER 14402 E SPRAGUE AVENUE SPOKANE VALLEY WA 99216-2167	MEDICAL CENTER
<b>5</b> METROPOLITAN PARK EAST RESEARCH FACILITY 1730 MINOR AVENUE SEATTLE WA 98101	RESEARCH FACILITY
<b>6</b> TACOMA BEHAVIORAL HEALTH SERVICES 4301 S PINE STREET TACOMA WA 98409-7206	MEDICAL CLINIC
<b>7</b> FEDERAL WAY MEDICAL CENTER 301 SOUTH 320TH STREET FEDERAL WAY WA 98003-5296	MEDICAL CENTER
<b>8</b>  	
<b>9</b>  	
<b>10</b>  	



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## PART I, LINE 3(C) CHARITY CARE ELIGIBILITY CRITERIA

GROUP HEALTH PROVIDES FREE CARE TO LOW INCOME INDIVIDUALS AT 200% OF FEDERAL POVERTY GUIDELINES BUT DOES NOT OFFER DISCOUNTED CARE.

## PART I, LINE 7(F) PERCENT OF TOTAL EXPENSE

BAD DEBT EXPENSE IS INCLUDED ON FORM 990, PART IX LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE FOR PART I, LINE 7, COLUMN (F).

## PART I, LINE 7 PERCENT OF TOTAL EXPENSE

COST-TO CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO CHARGES, WAS USED TO REPORT THE FOLLOWING COMMUNITY BENEFIT EXPENSES:

CHARITY CARE AT COST UNREIMBURSED COSTS-OTHER-MEANS TESTED GOVERNMENT PROGRAMS (HEALTHCARE ASSISTANCE)

GROUP HEALTH UTILIZED THE STATUTORY LINE OF BUSINESS REPORT AND OTHER INTERNAL REPORTS, THAT PROVIDE DETAILED REVENUE AND EXPENSE BY LINE OF

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BUSINESS USING THE INCOME STATEMENT AND COST MANAGEMENT DATA (CMD), EXPENSE AND UTILIZATION INFORMATION. ON A MONTHLY BASIS, ALL GAAP GENERAL LEDGER EXPENSES ARE LOADED INTO THE CMD COSTING SYSTEM AT THE ACCOUNTING UNIT (AU) AND ACCOUNT LEVEL ALONG WITH PATIENT UTILIZATION INFORMATION FROM VARIOUS UTILIZATION SYSTEMS. EACH AU IS CATEGORIZED WITHIN CMD AS ONE OF THREE TYPES OF EXPENSES: 1) DELIVERY SYSTEM REPRESENTING MEDICAL SERVICES PROVIDED TO CONSUMERS; 2) HEALTH PLAN REPRESENTING INSURANCE SERVICES; OR 3) OVERHEAD REPRESENTING ADMINISTRATIVE SUPPORT SERVICES TO BOTH DELIVERY SYSTEM AND HEALTH PLAN. OVERHEAD IS ALLOCATED TO EITHER DELIVERY SYSTEM OR HEALTH PLAN USING A STEP DOWN PROCESS BASED ON RELEVANT STATISTICS SUCH AS NUMBER OF FTES, LABOR COST, SQUARE FEET, ETC. THE OVERHEAD ALLOCATION PERCENTAGE BETWEEN DELIVERY SYSTEM AND HEALTH PLAN ARE DETERMINED AND MAINTAINED BY THE CMD COSTING AND COSTING METHODOLOGY REVIEW TEAM.

PART II, COMMUNITY BUILDING

IN 2014, GROUP HEALTH MADE SIGNIFICANT CONTRIBUTIONS TO THE COMMUNITY, BOTH FINANCIAL AND THROUGH STAFF VOLUNTEER EFFORTS. GROUP HEALTH PLAYED

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A KEY ROLE IN THE SEATTLE/KING COUNTY CLINIC WHICH PROVIDED FREE DENTAL, VISION, AND MEDICAL SERVICES TO MORE THAN 3,400 PATIENTS. IN ADDITION TO THE 70 STAFF VOLUNTEERS, GROUP HEALTH PROVIDED OVER \$75,000 IN LAB SERVICES VALUE FOR THE 4-DAY CLINIC, ALONG WITH 1,500 FLU SHOTS AND MEDICAL SUPPLIES. WITH THE SUPPORT OF THE CENTER FOR COMMUNITY HEALTH AND EVALUATION (CCE), AN ANONYMOUS SURVEY WAS PROVIDED TO COLLECT FEEDBACK ON AND FULLY UNDERSTAND THE PATIENT EXPERIENCE. DATA FROM THE SURVEY AND SUBSEQUENT EVALUATION WILL BE PROVIDED TO ORGANIZERS TO HELP PLAN FOR FUTURE CLINICS.

THROUGHOUT THE YEAR, GROUP HEALTH PROVIDES FREE LAB SERVICES TO THE OLYMPIA FREE CLINIC. CARE PROVIDERS FROM THE CLINIC ARE ABLE TO REFER PATIENTS TO THE NEARBY GROUP HEALTH MEDICAL CENTER IN OLYMPIA FOR LAB DRAWS AND THE RESULTS ARE RETURNED TO THE CLINIC.

GROUP HEALTH CONTINUES TO PROVIDE FINANCIAL SUPPORT TO FURTHER THE IMPORTANT WORK OF PUBLIC ORGANIZATIONS IN OUR SERVICE AREA INCLUDING THE PUGET SOUND BLOOD CENTER, KING COUNTY PUBLIC HEALTH, COUNTRY DOCTOR, THE

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NORTHWEST CENTER, HEALTHPOINT, YOUTHCARE, PROJECT ACCESS NW, NEIGHBORCARE HEALTH, AND FOOD COOPERATIVES AND DISTRIBUTION CENTERS.

GROUP HEALTH SUPPORTED ECONOMIC AND WORKFORCE DEVELOPMENT EFFORTS

DEVELOPMENT BOARD FOR TACOMA-PIERCE COUNTY, THE ECONOMIC OPPORTUNITY INSTITUTE AND THE URBAN LEAGUE OF METROPOLITAN SEATTLE. SUPPORT FOR THE ALLIANCE FOR EDUCATION, THE GREATER SEATTLE BUSINESS ASSOCIATION, THE BELLEVUE COLLEGE FOUNDATION AND THE COLLEGE SUCCESS FOUNDATION HELP FOSTER OPPORTUNITIES FOR EDUCATION. IN THE AREA OF COMMUNITY HEALTH IMPROVEMENT ADVOCACY, GROUP HEALTH SUPPORTED THE HUMAN RIGHTS CAMPAIGN WHICH HELPS PASS LEGISLATION THAT PROMOTES EQUALITY IN THE WORKPLACE.

GROUP HEALTH PROVIDES COMMUNITY SUPPORT THROUGH OUR SPONSORSHIPS OF MANY ORGANIZATIONS WHICH HOST ACTIVITIES AND EVENTS THAT SUPPORT HEALTHY LIVING, SPECIFICALLY PHYSICAL ACTIVITY, HEALTHY EATING, AND CHRONIC DISEASE MANAGEMENT. GROUP HEALTH SUPPORTS A WIDE RANGE OF COMMUNITY

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MEMBERS SUCH AS CASCADE BICYCLE CLUB'S SEATTLE-TO-PORTLAND BICYCLE CLASSIC, THE MAJOR TAYLOR YOUTH DEVELOPMENT CYCLING PROGRAM, THE AMERICAN HEART ASSOCIATION DIABETIC COOKING CLASSES, THE SEATTLE STORM'S SUMMER BASKETBALL CAMPS, BLOOMSDAY RUN TRAINING CLINICS, THE KING COUNTY PARKS DIVISION BIG BACKYARD AND YMCA'S HEALTHY KIDS DAY.

GROUP HEALTH, IN PARTNERSHIP WITH SEVERAL STATE AND FEDERAL AGENCIES, CONTINUES TO PROMOTE ENVIRONMENTAL IMPROVEMENTS THROUGH AN INNOVATIVE PATIENT MEDICATION DISPOSAL PROGRAM WHICH ALLOWS PATIENTS WITH DISCONTINUED OR EXPIRED MEDICATIONS TO DISPOSE OF THEM IN A SAFE AND ENVIRONMENTALLY SOUND MANNER. THIS SYSTEM INVOLVES SECURE, CONVENIENT DROP BOXES LOCATED IN 25 GROUP HEALTH PHARMACIES ACROSS THE STATE TO ALLOW MEMBERS AND PATIENTS TO RECYCLE IN A WAY THAT KEEPS THEM OUT OF LANDFILLS AND WATER SYSTEMS. IN ADDITION TO ENVIRONMENTAL BENEFITS, THIS PROGRAM ALSO HELPS PREVENT RISKS TO THE SAFETY OF PARTICIPANTS SUCH AS ABUSE AND ACCIDENTAL POISONING. IN 2014, GROUP HEALTH DISPOSED OF OVER 12,000 POUNDS OF UNUSED MEDICATIONS.

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PART III, LINE 2, BAD DEBT EXPENSE METHODOLOGY

BAD DEBT IS RECORDED WHEN A PATIENT DOES NOT SETTLE THE BILL FOR SERVICES AND THE ACCOUNT IS ASSIGNED TO THE EXTERNAL COLLECTION AGENCY.

BAD DEBT ASSIGNMENTS INCLUDE

STANDARD:

PATIENTS/GUARANTORS WHO DO NOT PAY FOR LEGITIMATE SERVICES AFTER 3 STATEMENTS AND A DELINQUENCY LETTER

EXCEPTIONS TO STANDARD:

PATIENTS/GUARANTORS WHOSE MAIL IS RETURNED TO GROUP HEALTH AND WHO CANNOT BE CONTACTED

PATIENTS/GUARANTORS WHO DECLARE BANKRUPTCY

DECEASED PATIENTS/GUARANTORS

PATIENTS/GUARANTORS WHO FAIL TO MEET THE REQUIREMENTS OF A NEGOTIATED PAYMENT ARRANGEMENTS

THE FOLLOWING IS THE BAD DEBT POLICY:

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IF NO PAYMENT IS RECEIVED AFTER THE THIRD STATEMENT, AND THE BALANCE IS AT LEAST 15 DAYS AFTER THE 3RD CYCLE BILL DATE AND NOT MORE THAN 90 DAYS FROM THE FIRST STATEMENT DATE, STANDARD BALANCES ARE SYSTEMATICALLY REFERRED TO THE EXTERNAL COLLECTION AGENCY AND WRITTEN OFF TO BAD DEBT EXPENSE.

EXCEPTIONS TO STANDARD BAD DEBT ACCOUNTS, INCLUDING RETURNED MAIL, LAPSED PAYMENT ARRANGEMENTS, DECEASED PATIENTS AND BANKRUPTCIES ARE MANUALLY ASSIGNED TO BAD DEBT EXPENSE AND FORWARDED TO THE COLLECTION AGENCY. COLLECTION AGENCY IS INSTRUCTED TO NOT REPORT ACCOUNTS TO THE CREDIT BUREAUS UNTIL AFTER THE FIRST 3 MONTHS OF COLLECTION ACTIVITY

JUSTIFICATION FOR MANUALLY ASSIGNED (NON STANDARD) BAD DEBT WRITE-OFFS IS RECORDED IN THE PATIENT'S ELECTRONIC BILLING RECORD STAFF MEMBERS ARE AUTHORIZED TO REVERSE THE DECISION TO REFER AN ACCOUNT TO A COLLECTION AGENCY WHEN A MISTAKE IS DISCOVERED THAT CAUSED THE ASSIGNMENT TO BE MADE IN ERROR OR WHEN NEW INFORMATION ABOUT INSURANCE COVERAGE IS RECEIVED.

AT ANY TIME DURING THE BILLING CYCLES, SPONSORED CARE MAY BE OFFERED BY GROUP HEALTH TO ANY PATIENT WHO INDICATES A CONCERN ABOUT SETTLING THE BALANCE. AFTER BAD DEBT ASSIGNMENT, SPONSORED CARE IS OFFERED BY AGENCY



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IF PATIENT CONTACTS THEM AND STATES THEY CANNOT PAY. PATIENTS MUST SUBMIT  
REQUIRED DOCUMENTATION OF NEED WHICH WILL BE REVIEWED TO DETERMINE IF THE  
ELIGIBILITY REQUIREMENTS ARE MET. IF APPROVED, THE APPROPRIATE BALANCES  
WILL BE TRANSFERRED TO THE GENERAL LEDGER ACCOUNT FOR SPONSORED CARE.

PART III, LINE 4, BAD DEBT EXPENSE

BAD DEBT EXPENSE IS DESCRIBED IN THE AUDITED FINANCIAL STATEMENT  
FOOTNOTES ON PAGE 9 UNDER SECTION (G) ACCOUNTS RECEIVABLE AND (H)  
PROVISION FOR UNCOLLECTIBLE ACCOUNTS AND RETROACTIVITY.

PART III, LINE 8, MEDICARE SHORTFALL

GROUP HEALTH FILES A LOW VOLUME MEDICARE COST REPORT WHICH INCLUDES ONLY  
STATISTICAL USAGE INFORMATION. THE LOW VOLUME REPORT DOES NOT INCLUDE THE  
PAYMENT FROM CMS OR COST INFORMATION FOUND IN FULL COST REPORTS. GROUP  
HEALTH USES INTERNAL MEDICARE CHARGE AND REVENUE INFORMATION TO COMPUTE A  
COST TO CHARGE RATIO FOR ITS CENTRAL HOSPITAL MEDICARE COSTS. GROUP  
HEALTH DOES NOT INCLUDE ANY MEDICARE SHORTFALL AS COMMUNITY BENEFIT.

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## PART III, LINE 9, COLLECTION POLICY

BAD DEBT EXPENSE IS RECOGNIZED WHEN A PATIENT WHO IS DETERMINED TO HAVE THE FINANCIAL CAPACITY TO PAY FOR SERVICES IS UNWILLING TO SETTLE THE BILL. STANDARD PRACTICE IS TO REFER ACCOUNTS FOR COLLECTION AFTER THREE 30 DAY BILLING CYCLES HAVE PASSED WITHOUT PAYMENT. EACH BILLING STATEMENT INCLUDES INFORMATION ON HOW PATIENTS CAN CONTACT GROUP HEALTH'S SPONSORED CARE DEPARTMENT TO INQUIRE ABOUT PAYMENT ASSISTANCE. AT ANY POINT IN THE BILLING PROCESS WHEN THE PATIENT INFORMS GROUP HEALTH THEY ARE UNABLE TO PAY, THEY ARE SCREENED FOR LIKELY ELIGIBILITY FOR FINANCIAL ASSISTANCE AND SENT A FINANCIAL ASSISTANCE APPLICATION, WHICH COLLECTS INCOME AND OTHER FINANCIAL INFORMATION. IF A PATIENT IS ELIGIBLE FOR FREE OR DISCOUNTED CARE, THE CHARGES ARE WRITTEN OFF AS ADJUSTMENTS TO REVENUE AND NOT RECOGNIZED AS BAD DEBT. THE COLLECTIONS PROCESS IS TERMINATED.

## PART VI, LINE 6, AFFILIATED HEALTH CARE SYSTEM

GROUP HEALTH COOPERATIVE IS ONE OF THE NATION'S LARGEST CONSUMER GOVERNED HEALTH CARE ORGANIZATIONS. GROUP HEALTH IS GOVERNED BY AN INDEPENDENT BOARD OF TRUSTEES COMPRISED OF 11 ENROLLED MEMBERS ALL OF WHOM RESIDE IN

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THE GROUP HEALTH SERVICE AREA AND ARE ELECTED BY GROUP HEALTH'S VOTING MEMBERSHIP. VOTING MEMBERSHIP IS OPEN TO ALL GROUP HEALTH ENROLLEES OVER THE AGE OF 18.

GROUP HEALTH COOPERATIVE HAS A WHOLLY-OWNED SUBSIDIARY, THE GROUP HEALTH FOUNDATION, WHICH IS ALSO A 501(C)(3) ORGANIZATION. THE PURPOSE OF THE GROUP HEALTH FOUNDATION IS TO IMPROVE THE HEALTH OF COMMUNITIES IN PARTNERSHIP WITH GROUP HEALTH COOPERATIVE AND GROUP HEALTH RESEARCH INSTITUTE. GROUP HEALTH FOUNDATION INVESTS IN RESEARCH RELATED TO HEALTH CARE INNOVATION, QUALITY OUTCOMES AND COMMUNITY PARTNERSHIPS AND PROVIDES TECHNICAL ASSISTANCE AND GRANTS, AS WELL AS SPONSORING SPECIFIC PROGRAMS, TO PROMOTE CHILDREN'S HEALTH AND FITNESS, PREVENTIVE CARE AND HEALTH EDUCATION AND DIVERSITY. THE GROUP HEALTH FOUNDATION IS CURRENTLY ENGAGED IN A MULTI-YEAR PROGRAM WITH ORGANIZATION AND SCHOOL-BASED PARTNERS IN COMMUNITIES ACROSS THE STATE TO ADDRESS THE EFFECTS OF PARENTAL HESITANCY ON LOW VACCINATION RATES OF WASHINGTON'S CHILDREN. THIS INCLUDES PROCURING AND PROVIDING VACCINES TO CHILDREN, AS WELL AS SPONSORING SOCIAL MARKETING AND OTHER ACTIVITIES TO REDUCE PARENTAL

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HESITANCY RELATED TO CHILDHOOD VACCINATION.

GROUP HEALTH COOPERATIVE HAS AN EXCLUSIVE CONTRACT WITH GROUP HEALTH PERMANENTE, P.C., A GROUP PRACTICE WITH OVER 900 SALARIED CLINICIANS. GROUP HEALTH PERMANENTE IS NOT UNDER COMMON GOVERNANCE OR CONTROL WITH GROUP HEALTH COOPERATIVE, BUT THE TWO ORGANIZATIONS COLLABORATE TO SERVE THE COMMUNITY. BOTH GROUP HEALTH COOPERATIVE AND GROUP HEALTH PERMANENTE PARTICIPATE AS FACULTY AND PRECEPTORS FOR RESIDENCY AND HEALTH PROFESSIONALS TRAINING PROGRAMS. IN ADDITION TO THE OPERATION OF A FAMILY PRACTICE RESIDENCY PROGRAM (FOR WHICH GROUP HEALTH PERMANENTE PHYSICIANS SERVE AS FACULTY) AND AN OPTOMETRY RESIDENCY IN 2 MEDICAL CENTER LOCATIONS, GROUP HEALTH COOPERATIVE AND GROUP HEALTH PERMANENTE PARTICIPATE IN THE TRAINING OF OVER A DOZEN MEDICAL SPECIALTIES AND AN ADDITIONAL 20+ MID-LEVEL AND NON-PHYSICIAN TRAINING PROGRAMS, INCLUDING THOSE FOR CRITICAL SHORTAGE PROFESSIONS SUCH AS NURSING, PHYSICAL THERAPY AND PHARMACY. IN ADDITION TO THE ABOVE-MENTIONED PROGRAMS IN WASHINGTON STATE, IN 2013, GROUP HEALTH PHYSICIANS AND STAFF VOLUNTEERED MEDICAL SERVICES TO HOMELESS SHELTERS, COMMUNITY CLINICS AND OTHER RELIEF EFFORTS

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IN THE U.S. AND AROUND THE WORLD.

AS AN INTEGRATED CARE ORGANIZATION AND ONE OF THE LARGEST PROVIDERS IN WASHINGTON STATE, GROUP HEALTH COOPERATIVE HAS INNOVATIVE NEW APPROACHES TO CARE AND ITS CLEAR CARE HMO MEDICARE ADVANTAGE PLANS HAVE CONTINUED TO RECEIVE THE HIGHEST RATING FROM CMS (5-STAR RATING) SINCE 2012. THIS HAS INCLUDED BEING A NATIONAL LEADER IN THE WIDESPREAD ADOPTION OF ELECTRONIC MEDICAL RECORDS, FOCUS ON PREVENTION AND A PATIENT-CENTERED MEDICAL HOME MODEL OF CARE. GROUP HEALTH IS A FOUNDING MEMBER OF THE WASHINGTON HEALTH ALLIANCE WHOSE MISSION IS TO PROMOTE HEALTH AND IMPROVE THE QUALITY AND AFFORDABILITY OF THE HEALTH CARE SYSTEM BY REDUCING OVERUSE, UNDERUSE AND MISUSE OF HEALTH CARE SERVICES.

PHYSICIAN AND NON-PHYSICIAN LEADERS AT GROUP HEALTH ALSO CONTRIBUTE TO THE DISSEMINATION AND COMMUNITY-WIDE PRACTICE OF EVIDENCE-BASED MEDICINE AND OUTCOMES IMPROVEMENT BY SHARING CLINICAL GUIDELINES, QUALITY IMPROVEMENT EFFORTS AND PROTOCOLS RELATED TO SHARED DECISION-MAKING AND OTHER PATIENT ENGAGEMENT TOOLS, LEAN PROCESS IMPROVEMENTS IN CLINICAL

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CARE, THE MEDICAL HOME TEAM-BASED CARE MODEL, THE CHRONIC CARE MODEL, AND OTHER CARE INNOVATIONS. GROUP HEALTH IS A LEADER IN THE WASHINGTON STATE HEALTH ALLIANCE, WHICH PUBLICLY AND TRANSPARENTLY REPORTS PROVIDER QUALITY MEASURES THROUGH ITS COMMUNITY CHECKUP.

PART VI, LINE 7, STATE FILING OF COMMUNITY BENEFIT REPORT  
THIS QUESTION IS NOT APPLICABLE.

PART VI, LINE 2, NEEDS ASSESSMENT  
GROUP HEALTH LEADERS WITH THE SUPPORT OF THE ORGANIZATION CONTINUE TO SERVE ON A NUMBER OF COALITIONS, COLLABORATIVES AND BOARDS TO ASSESS AND IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE. THESE INCLUDE THE WASHINGTON VACCINE ASSOCIATION, THE WASHINGTON STATE LEADERSHIP TRANSFORMATION COMMITTEE, THE PUGET SOUND HEALTH ALLIANCE, KING COUNTY HOSPITALS FOR HEALTHIER COMMUNITIES, THE BREE COLLABORATIVE, THE COMMUNITY TRANSFORMATION GRANTS STEERING COMMITTEES AND THEIR TEAMS, YOUTHCARE, BOYS AND GIRLS CLUBS, YMCA, ALLIANCE FOR EDUCATION, WASHINGTON ACCOUNTABLE COMMUNITIES OF HEALTH (ACH'S) AND THE WASHINGTON CHILDREN'S

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ALLIANCE TO NAME A FEW. GROUP HEALTH PARTICIPATES IN THESE POLICY, ADVOCACY AND TRANSFORMATION EFFORTS TO ENSURE GREATER ACCESS TO ADDRESS THE NEEDS OF THE COMMUNITY AND STATE POPULATIONS AND TO ENSURE EQUITY AND ACCESS FOR OUR LOW INCOME POPULATIONS. SOME OF THESE GROUPS BRING TOGETHER DELIVERY SYSTEMS, STATE AND CITY GOVERNMENT AND HOSPITALS AND INSURERS TO ADDRESS ENTRENCHED ISSUES THAT CANNOT BE TACKLED BY ANY ONE ENTITY ALONE.

PART VI, LINE 3, PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE GROUP HEALTH HAS TWO FINANCIAL ASSISTANCE PROGRAMS WHICH ARE ADMINISTERED AS THE SPONSORED CARE PROGRAM. THE CHARITY CARE PROGRAM IS FOR MEMBERS OR NON-MEMBERS OF GROUP HEALTH. PATIENTS SEEKING HOSPITAL SERVICES AT GROUP HEALTH CENTRAL HOSPITAL OR ANOTHER STATE-LICENSED HOSPITAL WHEN SERVICES ARE DELIVERED BY A GROUP HEALTH PROVIDER, WHO HAVE INCOMES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL) ARE ELIGIBLE FOR CHARITY CARE ASSISTANCE. THE HEALTH CARE ASSISTANCE PROGRAM IS FOR ENROLLEES SEEKING ANY MEDICAL CARE OR SERVICE AT A GROUP HEALTH FACILITY AND WHO ARE AT OR BELOW 250% FPL. HEALTH CARE ASSISTANCE IS A SHORT-TERM PROGRAM

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PROVIDING ASSISTANCE WITH INPATIENT AND OUTPATIENT FEES, COPAYS,  
PRESCRIPTION COSTS, GLASSES AND HEARING AIDS.

GROUP HEALTH INFORMS PATIENTS ABOUT SPONSORED CARE AS FOLLOWS:

1. GROUP HEALTH DISPLAYS POSTERS AT THE MAIN ENTRANCES OF GROUP HEALTH HOSPITAL, AT THE HOSPITAL'S URGENT CARE CENTER AND AT ITS LABOR/DELIVERY UNIT. EACH POSTER INFORMS PATIENTS THAT THEY MAY BE ELIGIBLE FOR FREE CARE IN SEVEN DIFFERENT LANGUAGES.

DESK CARDS AT THE RECEPTION AND REGISTRATION AREAS IN THE HOSPITAL REPEAT THE MESSAGE AND INCLUDE THE FINANCIAL GUIDELINES.

2. GROUP HEALTH HOSPITAL URGENT CARE STAFF PROVIDE FINANCIAL INFORMATION AND ATTESTATION FORMS TO PATIENTS SEEKING CHARITY CARE AT THE TIME OF REGISTRATION FOR SERVICES.

3. AS PART OF THEIR STANDARD OPERATING PROCEDURES, CLINICAL, CUSTOMER



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SERVICE AND PATIENT BILLING STAFF THROUGHOUT GROUP HEALTH ARE ABLE TO PROVIDE INFORMATION ABOUT AND ASSISTANCE WITH PATIENT QUALIFICATION FOR SPONSORED CARE PROGRAMS AT THE TIME OF SERVICE OR VIA TELEPHONE.

4. ADMINISTRATIVE AND BILLING OFFICE STAFF AT ALL 25 GROUP HEALTH MEDICAL CENTERS PROVIDE PATIENTS WITH SPONSORED CARE APPLICATIONS UPON REQUEST AT THE TIME OF SERVICE.

5. THERE IS A STANDARD NOTICE ON ALL GROUP HEALTH BILLS FOR PATIENT CARE WHICH STATES THAT THE PATIENT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE AND PROVIDES CONTACT INFORMATION FOR ASSISTANCE.

6. INFORMATION REGARDING GROUP HEALTH FINANCIAL ASSISTANCE IS AVAILABLE ON THE PUBLIC WEBSITE AT [HTTPS://WWW1.GHC.ORG/HTML/PUBLIC/CUSTOMER-SERVICE/FINANCIAL-ASSISTANCE](https://www1.ghc.org/html/public/customer-service/financial-assistance).

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## PART VI, LINE 4, COMMUNITY INFORMATION

GROUP HEALTH'S SERVICE AREAS INCLUDE ALL, OR PARTS OF, 20 COUNTIES IN WASHINGTON AND 2 COUNTIES IN IDAHO. IN THE LAST DECADE, THE MINORITY POPULATION IN WASHINGTON AS A WHOLE GREW FROM 20.0% OF THE STATE POPULATION TO 25.2%. ELEVEN COUNTIES HAVE MINORITY POPULATIONS ABOVE THE STATE AVERAGE. FOR THE COUNTIES IN GROUP HEALTH'S SERVICE AREA, FRANKLIN (51.2%), YAKIMA (45.0%), KING (8.9%), PIERCE (9.2%) AND WALLA WALLA (19.7%) COUNTIES CONSISTENTLY HAVE THE HIGHEST PERCENT OF HISPANIC POPULATIONS. FRANKLIN COUNTY AND YAKIMA COUNTY HAVE THE LARGEST SHARES OF NON-WHITE POPULATIONS. CURRENT DATA INDICATES 49.5% OF WASHINGTON'S AFRICAN AMERICAN POPULATION RESIDES IN KING COUNTY AND 22.5% IN PIERCE COUNTY. WITH RESPECT TO THE ASIAN AND PACIFIC ISLANDER POPULATION, 58.6% RESIDE IN KING COUNTY, WITH 9.8% IN PIERCE COUNTY, AND 13.1% IN SNOHOMISH COUNTY. YAKIMA COUNTY'S RANKING AS HOME TO THE SECOND LARGEST CONCENTRATION OF THE AMERICAN INDIAN AND ALASKA NATIVE POPULATION IN 2000 WAS OVERTAKEN BY PIERCE COUNTY IN 2008. GROUP HEALTH SERVES ALL OF THESE COMMUNITIES. BASED ON THE 2010 UNITED STATES CENSUS, THE ETHNIC AND RACIAL MAKEUP OF OUR MEMBERS IS AS FOLLOWS: CAUCASIAN (80%), AFRICAN

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AMERICAN/BLACK (3%), ASIAN/PACIFIC ISLANDER (8%), HISPANIC (5%), ALASKA  
NATIVE/AMERICAN INDIAN (1%) AND OTHER (3%).

IN 2014, GROUP HEALTH COOPERATIVE AND ITS WHOLLY-OWNED SUBSIDIARIES,  
GROUP HEALTH OPTIONS, INC. AND KPS HEALTH PLANS, PROVIDED HEALTH CARE  
COVERAGE AND SERVICES TO APPROXIMATELY 597,000 INDIVIDUALS. GROUP HEALTH  
WAS ABLE TO REACH THESE INDIVIDUALS VIA INDIVIDUAL AND FAMILY, COMMERCIAL  
GROUP, FEDERAL EMPLOYEE HEALTH BENEFIT PLAN, PUBLIC EMPLOYEE BENEFIT  
BOARD PLAN (FOR WASHINGTON STATE EMPLOYEES), AND MEDICARE ADVANTAGE PLAN  
ENROLLEES IN WASHINGTON AND NORTH IDAHO.

GROUP HEALTH EXTENDS ITS HEALTH CARE SERVICES TO THE COMMUNITY, PROVIDING  
CARE TO PEOPLE IN NEED REGARDLESS OF THEIR ENROLLMENT STATUS OR ABILITY  
TO PAY. SPECIAL ATTENTION IS DEVOTED TO UNDERSERVED, AT-RISK POPULATIONS.  
IN 2014, SPECIFICALLY RELATED TO LOW-INCOME INDIVIDUALS, GROUP HEALTH  
PROVIDED CARE TO APPROXIMATELY 24,000 APPLE HEALTH PLUS (WASHINGTON  
STATE-MANAGED MEDICAID) PATIENTS IN 6 COUNTIES AROUND THE STATE. THIS  
WAS ACCOMPLISHED THROUGH GROUP HEALTH CONTRACTING TO DELIVER HEALTH CARE

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SERVICES TO PATIENTS ENROLLED IN MOLINA HEALTHCARE OF WASHINGTON'S PLAN.

GROUP HEALTH, IN ADDITION, PROVIDED CARE TO MEDICAID FEE-FOR-SERVICE

PATIENTS WHO WERE UNABLE TO ACCESS GROUP HEALTH THROUGH THE MANAGED

MEDICAID PROGRAM. GROUP HEALTH SERVED APPROXIMATELY 200 OF THESE

INDIVIDUALS.

IN ADDITION, GROUP HEALTH'S FAMILY BEGINNINGS UNIT (FBU) IN SEATTLE

PROVIDED LABOR AND DELIVERY AND NEONATAL INTENSIVE CARE UNIT SERVICES TO

MEDICAID PATIENTS, WITH GROUP HEALTH PHYSICIANS AND NURSE MIDWIVES

DELIVERING NEWBORNS. CONTRACTS WITH SEVERAL COMMUNITY HEALTH CLINICS AND

FEDERALLY QUALIFIED HEALTH CENTERS ALLOWED COMMUNITY PROVIDERS TO DELIVER

THE PATIENTS OF THESE COMMUNITY CLINICS AT THE FBU, WITH BACK-UP AND

SUPPORT PROVIDED BY GROUP HEALTH OB-GYN PHYSICIANS. IN 2014, OVER 1,100

PATIENTS WERE TREATED IN OUR BIRTHING FACILITY, ONE OF THE FEW IN SEATTLE

THAT ALLOWED CERTIFIED NURSE MIDWIFE BIRTHING FOR ALL PATIENTS.

FINALLY, THE GROUP HEALTH TEEN PREGNANCY AND PARENTING CLINIC PROVIDES

COMPREHENSIVE SERVICES TO WOMEN, INFANTS AND CHILDREN AND OTHER HEALTH

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CARE SERVICES TO BOTH ENROLLED GROUP HEALTH MEMBERS AND NON-ENROLLED  
LOW-INCOME TEENAGERS AND YOUNG ADULTS. IN 2014, THE TOTAL NUMBER OF  
PATIENT VISITS WAS 529.

PART VI, LINE 5, PROMOTION OF COMMUNITY HEALTH  
GROUP HEALTH'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE COMPREHENSIVE,  
PREVENTION-ORIENTED HEALTH CARE SERVICES. BENEFICIARIES OF THIS PURPOSE  
ARE GROUP HEALTH ENROLLEES AND NON-ENROLLED PATIENTS. GROUP HEALTH ALSO  
PROVIDES HEALTH IMPROVEMENT-RELATED EDUCATION AND INFORMATION, FINANCIAL  
AND OTHER SUPPORT TO COMMUNITY-BASED ORGANIZATIONS, WITH A FOCUS ON  
PREVENTION AND WELLNESS, AND CONDUCTS RESEARCH ACTIVITIES THAT BENEFIT  
THE BROADER COMMUNITY.

TO FULFILL ITS PURPOSE, GROUP HEALTH PROVIDES OUTPATIENT PRIMARY AND  
SPECIALTY CARE AS WELL AS SOME INPATIENT ACUTE AND SUB-ACUTE CARE THROUGH  
THE SERVICES OF SALARIED PHYSICIANS, NURSES, AND OTHER HEALTH CARE  
PROVIDERS. THE SALARIED PHYSICIANS ARE EMPLOYED BY GROUP HEALTH  
PERMANENTE, P.C., AN ORGANIZATION WITH WHOM GROUP HEALTH HAS AN EXCLUSIVE

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CONTRACT. AS OF YEAR-END 2014, GROUP HEALTH OPERATED ONE HOSPITAL, 25  
PRIMARY CARE MEDICAL CENTERS, SIX SPECIALTY CARE UNITS AND SEVEN  
BEHAVIORAL HEALTH CLINICS. GROUP HEALTH ALSO CONTRACTS WITH COMMUNITY  
HEALTH CARE PROVIDERS FOR SERVICES WHERE GROUP HEALTH DOES NOT OPERATE  
ITS OWN FACILITIES AND FOR MEDICAL SERVICES NOT PROVIDED AT GROUP HEALTH  
FACILITIES.

GROUP HEALTH CONDUCTS PRACTICAL, PUBLIC DOMAIN RESEARCH TO IMPROVE HEALTH  
AND HEALTH CARE THROUGHOUT THE COMMUNITY AND NATION THROUGH THE GROUP  
HEALTH RESEARCH INSTITUTE (GHRI) INVESTING MORE THAN \$45M IN 2014. SINCE  
GHRI'S INCEPTION IN 1983, GHRI INVESTIGATORS HAVE PUBLISHED MORE THAN  
4,400 SCIENTIFIC PAPERS AND HAVE MADE MAJOR CONTRIBUTIONS TO EFFECTIVE  
CARE OF CHRONIC CONDITIONS SUCH AS DIABETES, BACK PAIN, CARDIOVASCULAR  
DISEASE, AND DEPRESSION. GHRI RESEARCHERS DEVELOP AND STUDY WAYS TO HELP  
THE POPULATION MAKE INFORMED MEDICAL DECISIONS, QUIT SMOKING, AND FIGHT  
OBESITY. GHRI ALSO SUPPORTS RESEARCH THAT IMPROVES THE SAFETY AND  
EFFICACY OF MEDICATIONS, IMMUNIZATIONS, MEDICAL IMAGING, AND CANCER  
SCREENING. WHILE RESEARCH GENERALLY TAKES A LONG TIME TO REACH AND

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INFLUENCE HEALTH CARE SYSTEMS (I.E. CLINICAL PRACTICE), GHRI PLACES A HIGH PRIORITY ON QUICKLY DISSEMINATING AND TRANSLATING ITS FINDINGS WITHIN GROUP HEALTH AND ACROSS OUR COMMUNITIES LOCALLY AND NATIONALLY. GHRI IS A GLOBALLY RECOGNIZED LEADER IN PREVENTIVE MEDICINE, HEALTHY AGING, WOMEN'S HEALTH, AND CANCER CONTROL, ALL USING CUTTING-EDGE DATA ANALYSIS AND HEALTH INFORMATION TECHNOLOGY. GHRI INVESTIGATORS ARE HELPING DEVELOP, EVALUATE AND DISSEMINATE EFFECTIVE MODELS OF CARE. IN ADDITION, GHRI'S CENTER FOR COMMUNITY HEALTH AND EVALUATION LEADS EVALUATIONS OF HEALTH-RELATED PROGRAMS AND INITIATIVES NATIONALLY, CONTRIBUTING TO IMPROVEMENTS IN HEALTH OUTCOMES FOR THE MYRIAD OF COMMUNITIES IT SERVES.

THROUGH A PARTNERSHIP WITH KING COUNTY, GROUP HEALTH ALSO SUPPORTS 6 SCHOOL-BASED HEALTH CENTERS AT MIDDLE AND HIGH SCHOOLS IN THE SEATTLE PUBLIC SCHOOL DISTRICT. THIS INCLUDES HIRING NURSES AND NURSE PRACTITIONERS AND SUPPORTING THEIR CLINIC AND ADMINISTRATIVE NEEDS. THROUGH GRANTS, WE HAVE ALSO PROVIDED WRAP AROUND MENTAL HEALTH CARE IN 3 SCHOOL-BASED HEALTH CENTERS. THE SCHOOL-BASED CENTERS SERVED NEARLY 2,000

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STUDENTS DURING OVER 10,000 VISITS IN 2014 AND ARE A HUGE BOOST TO THE HEALTH AND WELLNESS OF THE STUDENT COMMUNITY.

GROUP HEALTH PARTNERS WITH PROJECT ACCESS, AN ORGANIZATION WHICH WORKS WITH MEDICAL PROVIDERS IN HEALTH CARE COMMUNITIES ACROSS THE COUNTRY TO PROVIDE MEDICAL CARE TO INDIVIDUALS THAT MEET COUNTY-SPECIFIC MEDICAL AND FINANCIAL ELIGIBILITY CRITERIA. GROUP HEALTH COORDINATES WITH PROJECT ACCESS TO PROVIDE CARE TO THESE PATIENTS AT DESIGNATED MEDICAL CENTERS AND SPECIALTY DEPARTMENTS.

GROUP HEALTH SHARED EXPERTISE IN THE COMMUNITY BY PARTICIPATING IN OR HOSTING SEVERAL CONFERENCES INCLUDING A PRESENTATION AT SEATTLE'S KING STREET CENTER LUNCH & LEARN TO DESCRIBE THE BENEFIT OF OUTDOOR EXERCISE, "DISASTER AFTERMATH IN THE WORKPLACE: THE MEDICAL & PSYCHOLOGICAL IMPACT" HELD AT GROUP HEALTH EVERETT MEDICAL CENTER AND DIRECTED TOWARD FIRST RESPONDERS, LABOR REPRESENTATIVES, ADMINISTRATORS, RISK MANAGERS, AND HEALTHCARE AND SAFETY PROFESSIONALS AND EDUCATORS, A COLLOQUIUM ON OCCUPATIONAL HEALTH BEST PRACTICES HOSTED BY GROUP HEALTH IN PARTNERSHIP



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WITH THE WASHINGTON STATE DEPARTMENT OF LABOR AND INDUSTRIES, AND  
"CREATING HEALTHIER COMMUNITIES TOGETHER (BLUE ZONES)" A FREE COMMUNITY  
HEALTH PROGRAM IN SPOKANE.

**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.

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

GROUP HEALTH COOPERATIVE

Employer identification number

91-0511770

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2014

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	SCOTT ELLIOT ARMSTRONG PRESIDENT & CEO	(i)	1,005,294.	876,022.	179,614.	170,100.	24,684.	2,255,714.	0
		(ii)	0	0	0	0	0	0	0
2	RICK DALE WOODS EVP; CORP SVCS & CHF LEG OFCR	(i)	635,812.	342,257.	52,674.	165,200.	15,442.	1,211,385.	0
		(ii)	0	0	0	0	0	0	0
3	SCOTT BOYD EVP; CHIEF FINANCIAL OFFICER	(i)	262,346.	0	0	0	5,408.	267,754.	0
		(ii)	0	0	0	0	0	0	0
4	SARAH BARIAN YATES VP & GENERAL COUNSEL	(i)	366,925.	161,701.	38,024.	5,200.	22,673.	594,523.	0
		(ii)	0	0	0	0	0	0	0
5	BRETON CLARK MYERS VP; TREASURY	(i)	251,797.	119,874.	6,372.	27,451.	7,869.	413,370.	0
		(ii)	0	0	0	0	0	0	0
6	ROBERT O'BRIEN EVP; HEALTH PLAN DIVISION	(i)	686,516.	445,407.	72,872.	0	17,095.	1,221,890.	0
		(ii)	0	0	0	0	0	0	0
7	MARK SZALWINSKI EVP; GROUP PRACTICE DIVISION	(i)	569,257.	342,992.	11,082.	56,943.	19,959.	1,000,233.	0
		(ii)	0	0	0	0	0	0	0
8	CYNTHIA JOHNSON EVP; HR	(i)	482,793.	278,139.	234,391.	5,200.	8,846.	1,009,369.	0
		(ii)	0	0	0	0	0	0	0
9	ELLEN SUZANNE DALY VP; NETWORK SVCS & CARE MGMT	(i)	321,337.	137,772.	4,728.	34,836.	24,836.	523,509.	0
		(ii)	0	0	0	0	0	0	0
10	ERIC LARSON VP; GROUP HEALTH RESEARCH INST	(i)	305,496.	172,176.	102,418.	5,200.	20,130.	605,420.	0
		(ii)	0	0	0	0	0	0	0
11	ERIN LEFF VP; CLIN OPS & MKT INTEGRATION	(i)	313,904.	137,344.	30,070.	5,200.	8,826.	495,344.	0
		(ii)	0	0	0	0	0	0	0
12	BARBARA ANN BELT-LLOYD VP; CHIEF ACCOUNTING OFFICER	(i)	239,711.	66,479.	9,875.	143,766.	17,463.	477,294.	0
		(ii)	0	0	0	0	0	0	0
13	CHRISTOPHER KNACKSTEDT EVP; CHIEF FINANCIAL OFFICER	(i)	613,157.	0	5,514.	44,135.	12,380.	675,186.	0
		(ii)	0	0	0	0	0	0	0
14	BARBARA TREHEARNE VP; CLIN EXCL & INT CHIEF NURSE	(i)	316,257.	146,996.	36,505.	156,530.	16,224.	672,512.	0
		(ii)	0	0	0	0	0	0	0
15	DAWN LOELIGER EVP; STRAT PLANNING & DEPLOY	(i)	267,239.	81,990.	8,945.	29,735.	23,193.	411,102.	0
		(ii)	0	0	0	0	0	0	0
16	DIANA RAKOW BIRKETT EVP; MARKETING & PUB. AFFAIRS	(i)	251,547.	98,624.	2,937.	28,773.	22,770.	404,651.	0
		(ii)	0	0	0	0	0	0	0

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DONALD LEWIS VP; CHIEF TECHNOLOGY OFFICER	(i)	283,972.	182,977.	3,228.	25,892.	8,961.	505,030.	0
	(ii)	0	0	0	0	0	0	0
2 ROBERT WISE VP; MARKETING	(i)	301,713.	127,785.	54,238.		0	483,736.	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Public Inspection Copy

**Part III Supplemental Information**

Complete this part to 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.

## FIRST CLASS TRAVEL

SCHEDULE J, PART I, LINE 1A

PER THE GROUP HEALTH EXPENSE REIMBURSEMENT POLICY, AIR TRAVEL IS TO BE BOOKED AT COACH CLASS UNLESS PRE-AUTHORIZED BY THE APPROVING MANAGER. THE COMPENSATION COMMITTEE OF THE BOARD OF GROUP HEALTH AUTHORIZED FIRST-CLASS TRAVEL FOR THE PRESIDENT/CEO DUE TO EXTENSIVE AMOUNT OF REQUIRED BUSINESS TRAVEL DURING 2014. FIRST CLASS TRAVEL EXPENSE IS NOT REPORTED AS TAXABLE COMPENSATION AS IT IS ONLY REIMBURSED WHEN INCURRED FOR BUSINESS PURPOSES.

## SOCIAL CLUB DUES

SCHEDULE J, PART 1, LINE 1A

ALL EMPLOYEES ARE RESPONSIBLE FOR FOLLOWING ALL OF GROUP HEALTH'S EXPENSE REIMBURSEMENT GUIDELINES AND BEING GOOD STEWARDS OF THE COMPANY'S RESOURCES. THE COMPANY WILL PAY FOR CERTAIN EXECUTIVES' SOCIAL CLUB DUES IF THE EXPENSE COMPLIES WITH THE EXPENSE REIMBURSEMENT POLICY AND THE BUSINESS EXPENSES ARE RELATED TO A LEGITIMATE BUSINESS PURPOSE AND ARE REASONABLE FOR THE SITUATION IN WHICH THEY WERE INCURRED. SOCIAL CLUB DUES ARE NOT TREATED AS TAXABLE COMPENSATION WHEN STRICTLY INCURRED FOR

**Part III Supplemental Information**

Complete this part to 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.

BUSINESS PURPOSE.

SEVERANCE PAYMENT

SCHEDULE J, PART 1, LINE 4A

THE GROUP HEALTH PRESIDENT AND CEO, THE EXECUTIVE VICE PRESIDENTS, AND THE VICE PRESIDENTS ARE EACH PARTIES TO WRITTEN EMPLOYMENT AGREEMENTS WITH GROUP HEALTH COOPERATIVE THAT PROVIDE FOR SEVERANCE BENEFITS UNDER CERTAIN CONDITIONS. THE PRESIDENT AND CEO'S EMPLOYMENT AGREEMENT IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. EXECUTIVES WHO ARE TERMINATED FOR CAUSE, OR WHO ELECT TO TERMINATE THEIR EMPLOYMENT RELATIONSHIP WITHOUT CAUSE (MEANING THEY VOLUNTARILY QUIT), ARE NOT ENTITLED TO SEVERANCE BENEFITS. IN THE EVENT THE EXECUTIVE IS ELIGIBLE FOR SEVERANCE BENEFITS, THE SEVERANCE BENEFITS ARE AS FOLLOWS:

SEVERANCE PAYMENTS IN THE MAXIMUM, TOTAL AMOUNT OF TWELVE (12) MONTHS OF BASE SALARY, (EIGHTEEN (18) MONTHS FOR THE PRESIDENT AND CEO), PLUS MEDICAL AND DENTAL COVERAGE (AT THE SAME LEVEL PROVIDED TO THE EXECUTIVE AS OF THE DATE OF SEPARATION) FOR A MAXIMUM OF TWELVE (12) MONTHS (EIGHTEEN (18) MONTHS FOR THE PRESIDENT AND CEO). THESE BENEFITS ARE

**Part III Supplemental Information**

Complete this part to 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.

FORFEITED IF THE EXECUTIVE VIOLATES THE TERMS OF THE NON-COMPETITION,  
NON-SOLICITATION, AND CONFIDENTIALITY COMMITMENTS IN THE EMPLOYMENT  
AGREEMENT.

FURTHER, WITH RESPECT TO THE EXECUTIVE VICE PRESIDENTS AND VICE  
PRESIDENTS, THE SEVERANCE PAYMENTS (AND MEDICAL AND DENTAL COVERAGE) WILL  
CEASE AFTER SIX MONTHS OF THE EXECUTIVE'S SEPARATION DATE IN THE EVENT  
AND AS OF THE DATE THAT THE EXECUTIVE PROVIDES SERVICES, OR ENTERS INTO  
AN AGREEMENT TO PROVIDE SERVICES, AS AN EMPLOYEE OR INDEPENDENT  
CONTRACTOR TO GROUP HEALTH, ANY OF ITS SUBSIDIARIES, GROUP HEALTH  
PERMANENTE, OR ANY OTHER ORGANIZATION IN A COMPARABLE POSITION (MEANING  
AN EXECUTIVE LEVEL POSITION WITH COMPENSATION THAT IS AT LEAST 80% OF THE  
EXECUTIVE'S COMPENSATION AS OF THE SEPARATION DATE). LAST, THE PRESIDENT  
AND CEO'S EMPLOYMENT AGREEMENT ALSO PROVIDES FOR SEVERANCE PAYMENTS IN  
THE EVENT OF A CHANGE IN CONTROL, WHICH THE EMPLOYMENT AGREEMENT DEFINES  
AS (1) THE ACQUISITION BY ANOTHER ORGANIZATION OF OWNERSHIP OR CONTROL OF  
ALL OR SUBSTANTIALLY ALL OF THE ASSETS OR OPERATIONS OF GROUP HEALTH, BY  
MERGER, CONSOLIDATION, DISSOLUTION, LIQUIDATION, JOINT VENTURE,

**Part III Supplemental Information**

Complete this part to 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.

PARTNERSHIP, AFFILIATION, MANAGEMENT AGREEMENT, SALE OR TRANSFER OF ASSETS, OR OTHERWISE; (2) A CONVERSION OF GROUP HEALTH TO A STOCK-BASED CORPORATION; (3) A FIFTY PERCENT (50%) OR GREATER CHANGE IN THE COMPOSITION OF THE BOARD OF TRUSTEES THAT OCCURS WITHIN ANY SINGLE CALENDAR YEAR; OR (4) ANY OTHER CHANGE IN THE MANAGEMENT OR OPERATIONAL CONTROL OF GROUP HEALTH THAT IS DETERMINED BY THE GROUP HEALTH BOARD OF TRUSTEES BY MAJORITY VOTE TO BE A CHANGE IN CONTROL FOR PURPOSES OF THE CEO'S EMPLOYMENT AGREEMENT.

EXECUTIVE RECEIVING SEVERANCE PAYMENTS IN 2014:

SCOTT BOYD, VP, FINANCE	262,346
CYNTHIA JOHNSON, EVP, HR	160,385
ROBERT WISE, VP, MARKETING	154,538

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

THE GROUP HEALTH PRESIDENT AND CEO, THE EXECUTIVE VICE PRESIDENTS, AND

THE VICE PRESIDENTS ARE ELIGIBLE TO PARTICIPATE IN A NONQUALIFIED



**Part III Supplemental Information**

Complete this part to 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.

SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (THE PLAN) APPROVED BY THE GROUP HEALTH COOPERATIVE BOARD OF TRUSTEES COMPENSATION COMMITTEE AND ADMINISTERED BY THE COMPENSATION COMMITTEE. GROUP HEALTH CREDITS TO THE ACCOUNT OF EACH ACTIVE PARTICIPANT AN ANNUAL CONTRIBUTION AMOUNT OF NINE PERCENT OF THE PARTICIPANT'S BASE SALARY (15.3% FOR THE PRESIDENT AND CEO). THE FORMULA FOR THE ANNUAL CONTRIBUTION IS BASED ON THE PARTICIPANT'S BASE SALARY AND EXCLUDES ANY INCENTIVE PLAN OR BONUS PAYMENT AMOUNTS. THE PLAN BALANCES ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE UNTIL THE PARTICIPANT HAS VESTED AND MET OTHER PLAN REQUIREMENTS. VESTING OCCURS EITHER FIVE YEARS AFTER THE DATE ON WHICH A PARTICIPANT ENTERS THE PLAN, OR ON THE DATE ON WHICH A PARTICIPANT COMPLETES TEN CONSECUTIVE YEARS OF EMPLOYMENT WITH GROUP HEALTH COOPERATIVE, WHICHEVER OCCURS FIRST, PROVIDED THAT THE PARTICIPANT DOES NOT EXPERIENCE A SEPARATION FROM SERVICE BEFORE THE VESTING DATE. A PARTICIPANT REMAINS ELIGIBLE TO PARTICIPATE UNTIL HIS OR HER ACCOUNT BALANCE IS EITHER FULLY DISTRIBUTED OR FORFEITED. GROUP HEALTH MADE SERP PLAN CONTRIBUTIONS AND DISTRIBUTIONS IN 2014 AS FOLLOWS:

**Part III Supplemental Information**

Complete this part to 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.

## SERP DISTRIBUTIONS

CYNTHIA JOHNSON, EVP, HR	55,887
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## SERP CONTRIBUTIONS - VESTED

SCOTT ELLIOT ARMSTRONG, PRESIDENT & CEO	149,175
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RICK DALE WOODS, EVP, SR ADVSR TO THE PRES/CEO	44,325
--	--------

SARAH BARIAN YATES, EVP & GENERAL COUNSEL	30,565
---	--------

ROBERT O'BRIEN, EVP, HEALTH PLAN DIVISION	60,810
---	--------

CYNTHIA JOHNSON, EVP, HR	31,730
--------------------------	--------

ERIC LARSON, VP, GROUP HEALTH RESEARCH INSTITUTE	31,275
--	--------

ERIN LEFF, EVP, GROUP PRACTICE DIVISION	24,460
---	--------

BARBARA ANN BELT-LLOYD, VP, CHIEF ACCOUNTING OFFICER	766
--	-----

BARBARA TREHEARNE, VP CLIN EXCEL & INT CHIEF NURSE	26,162
--	--------

## SERP CONTRIBUTIONS - NONVESTED

BRETON CLARK MYERS, VP, TREASURY	22,745
----------------------------------	--------

MARK SZALWINSKI, EVP, GROUP PRACTICE DIVISION	51,743
---	--------

ELLEN SUZANNE DALY, VP, NETWORK SVCS & CARE MGMT	29,636
--	--------

**Part III Supplemental Information**

Complete this part to 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.

CHRISTOPHER KNACKSTEDT, EVP, CHIEF FINANCIAL OFFICER	42,058
DAWN LOELIGER, EVP, STRATEGIC PLANNING & DEPLOYMENT	24,535
DIANA RAKOW BIRKETT, EVP, MARKETING & PUBLIC AFFAIRS	23,573
DONALD LEWIS, VP, CHIEF TECHNOLOGY OFFICER	25,892

PAYMENTS SUBJECT TO THE INITIAL CONTRACT EXCEPTION

SCHEDULE J, PART I, LINE 8

A PORTION OF THE COMPENSATION REPORTED IN PART VII WAS PAID PURSUANT TO WRITTEN CONTRACTS THAT WERE THE INITIAL CONTRACT (WITHIN THE MEANING OF REGULATIONS SECTION 53.4958.4(A)(3)) BETWEEN GROUP HEALTH COOPERATIVE AND THE FOLLOWING INDIVIDUALS, WHO WERE NOT DISQUALIFIED PERSONS (WITHIN THE MEANING OF REGULATIONS SECTION 53.4958.3) IMMEDIATELY BEFORE ENTERING INTO THE CONTRACT: BRETON MYERS, CHRISTOPHER KNACKSTEDT, DAWN LOELIGER AND DIANA RAKOW. THE ORGANIZATION FOLLOWED THE REBUTTABLE PRESUMPTION PROCEDURE IN ESTABLISHING THAT COMPENSATION.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

**2014**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GROUP HEALTH COOPERATIVE

Employer identification number  
91-0511770

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	97978EE24	11/08/2006	99,995,662.	FUND MEDICAL CENTER BUILDING COSTS		X		X		X
B											
C											
D											

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	99,995,662.			
4 Gross proceeds in reserve funds	8,848,163.			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	1,999,913.			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	89,147,586.			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2008			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

**Part III Private Business Use**

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

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

**Part III Private Business Use (Continued)**

BOND ISSUE 2006

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

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X							
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X							
<b>b</b> Name of provider . . . . .	CITIBANK N.A.							
<b>c</b> Term of hedge . . . . .	30.000							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						



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

Public Inspection Copy

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

GROUP HEALTH COOPERATIVE

Employer identification number

91-0511770

ORGANIZATION'S MEMBERSHIP

FORM 990, PART VI, SECTION A, LINE 6

GROUP HEALTH COOPERATIVE (GHC) HAS VOTING MEMBERS. THE GHC BYLAWS OUTLINE A NUMBER OF PURPOSES, INCLUDING TO SERVE THE GREATEST POSSIBLE NUMBER OF PEOPLE UNDER CONSUMER COOPERATIVE PRINCIPLES WITHOUT DISCRIMINATION. ELIGIBLE CONSUMERS WHO BELIEVE IN THIS PURPOSE ARE ENCOURAGED TO BECOME VOTING MEMBERS AND PARTICIPATE IN GOVERNING GHC. TO BE ELIGIBLE FOR MEMBERSHIP, A CONSUMER MUST BE EIGHTEEN YEARS OF AGE OR OLDER AND CURRENT IN MONTHLY PREMIUMS.

ORGANIZATION'S VOTING MEMBERSHIP

FORM 990, PART VI, SECTION A, LINE 7A

GHC HAS VOTING MEMBERS. THE RIGHTS OF MEMBERS ARE DELINEATED IN GHC'S BYLAWS AND INCLUDE THE DETERMINATION OF QUALIFICATIONS FOR MEMBERSHIP; THE ELECTION OF MEMBERS OF THE BOARD OF TRUSTEES (GHC'S GOVERNING BODY); THE ELECTION OF THE CHAIR OF THE STANDING NOMINATING COMMITTEE OF THE MEMBERSHIP (WHICH EVALUATES AND NOMINATES CANDIDATES FOR ELECTION TO THE BOARD); ADOPTION OF RESOLUTIONS THAT ARE ADVISORY TO THE BOARD; APPROVAL OF EXTRAORDINARY ACTIONS; AND AMENDMENT OF THE PREAMBLE, MEMBERSHIP, AND MEMBERSHIP RIGHTS SECTIONS OF THE BYLAWS.

APPROVAL BY VOTE OF MEMBERS

FORM 990, PART VI, SECTION A, LINE 7B

GHC BYLAWS PROVIDE THAT THE MERGER OR CONSOLIDATION OF GHC WITH ANOTHER



Name of the organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
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ENTITY, THE VOLUNTARY DISSOLUTION OF GHC, OR THE SALE, LEASE, EXCHANGE, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF GHC MUST BE APPROVED BY VOTE OF THE MEMBERS. THE BOARD OF TRUSTEES PRESENTS A PROPOSED PLAN OF MERGER, CONSOLIDATION, DISSOLUTION, OR SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF GHC TO THE MEMBERS FOR APPROVAL. SUCH RESOLUTION IS FIRST CONSIDERED AT AN ANNUAL OR SPECIAL MEETING. ALSO, AMENDMENTS TO ARTICLE 2 OF THE GHC BYLAWS (ADDRESSING MEMBERSHIP AND MEMBERSHIP RIGHTS) MAY ONLY BE APPROVED BY VOTE OF THE MEMBERS. THE BOARD OF TRUSTEES MAY PROPOSE AMENDMENTS TO ARTICLE 2 BY RESOLUTION

ORGANIZATION'S FORM 990 REVIEW PROCESS  
FORM 990, PART VI, SECTION A, LINE 11A

THE FORM 990 UNDERGOES A ROBUST PREPARATION AND REVIEW PROCESS BEFORE IT IS SIGNED. THE ORGANIZATION'S FINANCE TEAM WORKS CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM IT ENGAGES TO PREPARE THE RETURN AND INVOLVES MANY MEMBERS OF MANAGEMENT IN REVIEW OF THE RETURN. THE FORM 990 IS THEN REVIEWED BY GHC MANAGEMENT FOR ACCURACY AND COMPLETENESS PRIOR TO BEING PRESENTED TO GHC'S AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES (A DULY CONSTITUTED COMMITTEE OF THE BOARD). THE FINAL DRAFT FORM 990 IS PRESENTED TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW AND DISCUSSION. THE FINAL DRAFT FORM 990 IS ALSO PROVIDED TO THE FULL BOARD OF TRUSTEES FOR REVIEW AND INFORMATION BEFORE THE RETURN IS FILED.

ORGANIZATION'S MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY  
FORM 990, PART VI, SECTION B, LINE 12C

Name of the organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
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GROUP HEALTH HAS A CONFLICT OF INTEREST POLICY (BOARD POLICY 100-202, CONFLICT OF INTEREST - BOARD OF TRUSTEES, COOPERATIVE OFFICERS, AND EMPLOYEES) THAT APPLIES TO TRUSTEES, OFFICERS, EMPLOYEES AND GROUP HEALTH PERMANENTE (GHP) MEDICAL AND ADMINISTRATIVE STAFF WHEN THEY ARE PERFORMING WORK ON BEHALF OF GROUP HEALTH OR ARE REPRESENTING GROUP HEALTH IN ANY TRANSACTION THAT INVOLVES GROUP HEALTH.

UNDER THIS POLICY:

-TRUSTEES AND COOPERATIVE OFFICERS PROVIDE A WRITTEN DECLARATION OF ANY ACTUAL OR POTENTIAL AREAS OF CONFLICT OF INTEREST ON AN ANNUAL BASIS USING FORMS AND PROCEDURES DEVELOPED BY THE OFFICE OF COMPLIANCE AND ETHICS. THESE DECLARATIONS ARE SUBMITTED BY TRUSTEES AND OFFICERS TO THE OFFICE OF COMPLIANCE AND ETHICS FOR REVIEW. THE OFFICE OF COMPLIANCE AND ETHICS EVALUATES THE DECLARATIONS AND PROVIDES A SUMMARY OF DISCLOSURES THAT IS FORWARDED TO THE AUDIT AND COMPLIANCE COMMITTEE FOR ITS CONSIDERATION. ANY APPARENT CONFLICTS OF INTEREST AND/OR OTHER INSTANCES OF NONCOMPLIANCE WITH THIS POLICY ARE REFERRED BY THE AUDIT AND COMPLIANCE COMMITTEE TO THE CHAIR OF THE COOPERATIVE FOR RESOLUTION

-DURING THE YEAR, TRUSTEES AND COOPERATIVE OFFICERS REPORT MATERIAL ADDITIONS OR CHANGES TO THE INFORMATION PROVIDED ON ANNUAL CONFLICT OF INTEREST DECLARATIONS. THESE ADDITIONS OR CHANGES TO THE DECLARATIONS ARE SUBMITTED TO THE OFFICE OF COMPLIANCE AND ETHICS FOR REVIEW. IF THE

Name of the organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
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REVIEW INDICATES THAT THERE IS A CONFLICT OF INTEREST OR THE APPEARANCE OF ONE, A SUMMARY OF THE ADDITIONS OR CHANGES WILL BE FORWARDED TO THE AUDIT AND COMPLIANCE COMMITTEE, FOLLOWING THE PROCESS USED FOR ANNUAL DECLARATIONS.

-THE CHAIR OF THE COOPERATIVE COUNSELS ANY TRUSTEE OR OFFICER ABOUT PROHIBITED CONFLICTS OF INTEREST AND OTHER INSTANCES OF NONCOMPLIANCE WITH THE POLICY, INCLUDING APPARENT UNDISCLOSED CONFLICTS OF INTEREST AND, IF NOT RESOLVED TO HIS/HER SATISFACTION, PLACES THE MATTER ON THE AGENDA OF AN EXECUTIVE SESSION. THE CHIEF COMPLIANCE AND ETHICS OFFICER SUPPORTS THE CHAIR OF THE COOPERATIVE IN FULFILLING THIS RESPONSIBILITY.

-TRUSTEES DISCLOSE AN ACTUAL CONFLICT OF INTEREST, OR THE APPEARANCE OF SUCH A CONFLICT, WHEN SUCH AN INTEREST BECOMES A MATTER FOR BOARD ACTION. ANY TRUSTEE HAVING AN ACTUAL CONFLICT OF INTEREST, OR THE APPEARANCE OF A CONFLICT OF INTEREST, RELATED TO A MATTER AT ISSUE DOES NOT VOTE, TAKE OTHER ACTION, OR USE HIS/HER PERSONAL INFLUENCE ON THE MATTER BEYOND THAT DESCRIBED BELOW. THE MINUTES OF THE MEETING REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE TRUSTEE ABSTAINED FROM PARTICIPATION IN THE DISCUSSION EXCEPT AS DESCRIBED BELOW. IF ANY TRUSTEE HAS REASON TO BELIEVE S/HE OR ANOTHER TRUSTEE MAY HAVE AN ACTUAL CONFLICT OF INTEREST, OR THE APPEARANCE OF SUCH A CONFLICT, THE TRUSTEE SHALL RAISE THE QUESTION FOR CONSIDERATION. IF THERE IS ANY DISAGREEMENT REGARDING THE EXISTENCE OF AN ACTUAL CONFLICT OF INTEREST, OR THE APPEARANCE OF SUCH A CONFLICT, THE

Name of the organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
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CHAIR OF THE COOPERATIVE POLLS OTHER TRUSTEES TO DETERMINE IF THE BOARD CONCLUDES THAT AN ACTUAL CONFLICT OR THE APPEARANCE OF A CONFLICT OF INTEREST EXISTS. IF THE BOARD CONCLUDES THERE IS A CONFLICT OR THE APPEARANCE OF A CONFLICT, THEN THE TRUSTEE ABSTAINS FROM VOTING OR DISCUSSIONS ON THE MATTER. THE REQUIREMENTS OF THIS PARAGRAPH SHOULD NOT BE CONSTRUED AS PREVENTING THE TRUSTEE WITH AN ACTUAL CONFLICT OF INTEREST, OR THE APPEARANCE OF SUCH A CONFLICT, FROM BRIEFLY STATING HIS/HER POSITION IN THE MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS OF OTHER TRUSTEES OR OFFICERS SINCE HIS/HER KNOWLEDGE MAY BE OF ASSISTANCE.

-GROUP HEALTH OFFICERS, OTHER EMPLOYEES, AND GHP EMPLOYEES ACTING ON BEHALF OF GROUP HEALTH DISCLOSE AN ACTUAL CONFLICT OF INTEREST, OR THE APPEARANCE OF SUCH A CONFLICT, WHEN SUCH AN INTEREST IS RELEVANT TO A MATTER IN WHICH THEY HAVE A ROLE, EITHER DIRECTLY OR THROUGH SUBORDINATES ACTING AT THEIR DIRECTION. GROUP HEALTH OFFICERS, OTHER EMPLOYEES, OR GHP EMPLOYEES ACTING ON BEHALF OF GROUP HEALTH HAVING AN ACTUAL CONFLICT OF INTEREST, OR THE APPEARANCE OF A CONFLICT OF INTEREST, RELATED TO A MATTER AT ISSUE DO NOT PARTICIPATE IN THE MATTER OR USE HIS/HER PERSONAL OR PROFESSIONAL INFLUENCE ON THE MATTER. ANY GROUP HEALTH OFFICER, OTHER EMPLOYEE, OR GHP EMPLOYEE ACTING ON BEHALF OF GROUP HEALTH WHO BELIEVES HE/SHE MAY HAVE AN ACTUAL CONFLICT OF INTEREST, OR THE APPEARANCE OF SUCH A CONFLICT, IS EXPECTED TO ABSTAIN FROM PARTICIPATION OR STATING HIS/HER POSITION IN THE MATTER, OR MAY ASK HIS/HER DIRECT SUPERVISOR TO DETERMINE IF THE SUPERVISOR BELIEVES THAT AN ACTUAL CONFLICT OR THE APPEARANCE OF A

Name of the organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
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CONFLICT OF INTEREST EXISTS. IF THE SUPERVISOR DETERMINES THAT A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT EXISTS, THE INDIVIDUAL ABSTAINS FROM PARTICIPATION IN THE MATTER. CONSULTATION WITH THE OFFICE OF COMPLIANCE AND ETHICS IS RECOMMENDED WHEN IT IS DIFFICULT TO DETERMINE WHETHER THE CIRCUMSTANCES CONSTITUTE A CONFLICT OF INTEREST.

-THE GROUP HEALTH OFFICE OF COMPLIANCE AND ETHICS IS RESPONSIBLE FOR DEVELOPING COMPLIANCE PROCEDURES FOR ADMINISTERING THIS POLICY, DEVELOPING PROCEDURES FOR THE DISCLOSURE STATEMENTS TO BE COMPLETED BY KEY PERSONS (DEFINED IN THE POLICY AS INDIVIDUALS HOLDING CERTAIN HIGH-LEVEL POSITIONS AND OTHER POSITIONS INVOLVING TRANSACTIONS WITH OUTSIDE PARTIES THAT MAY GIVE RISE TO POTENTIAL CONFLICTS OF INTEREST OR THE APPEARANCE OF CONFLICTS), AND FOR PROVIDING GENERAL GUIDANCE TO GROUP HEALTH MANAGEMENT AND EMPLOYEES REGARDING COMPLIANCE WITH THIS POLICY. THE OFFICE OF COMPLIANCE AND ETHICS CONSULTS WITH GROUP HEALTH EXECUTIVE MANAGEMENT TO ENSURE SUPPORT FOR THE IMPLEMENTATION AND ADMINISTRATION OF THIS POLICY. THE CHIEF COMPLIANCE AND ETHICS OFFICER PROVIDES PERIODIC REPORTS TO THE AUDIT AND COMPLIANCE COMMITTEE ON THE IMPLEMENTATION AND ADMINISTRATION OF THIS POLICY.

-ALL KEY PERSONS COMPLETE AN ANNUAL DISCLOSURE STATEMENT TO IDENTIFY ACTUAL CONFLICTS OF INTEREST, OR CIRCUMSTANCES THAT MIGHT GIVE THE APPEARANCE OF A CONFLICT OF INTEREST, OR TO ATTEST THAT NO SUCH CONFLICT EXISTS. DURING THE YEAR, KEY PERSONS REPORT MATERIAL ADDITIONS OR CHANGES TO THE INFORMATION PROVIDED ON ANNUAL CONFLICT OF INTEREST DECLARATIONS.

Name of the organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
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THESE ADDITIONS OR CHANGES TO THE DECLARATIONS ARE SUBMITTED TO THE OFFICE OF COMPLIANCE AND ETHICS, FOLLOWING THE PROCESS USED FOR ANNUAL DECLARATIONS.

-ALL DISCLOSURE STATEMENTS OF KEY PERSONS WHO HAVE A GROUP HEALTH MANAGER ARE REVIEWED BY THE KEY PERSON'S DIRECT MANAGER AND BY THE OFFICE OF COMPLIANCE AND ETHICS TO DETERMINE WHETHER OR TO WHAT EXTENT ANY DISCLOSED ACTIVITY MAY BE UNDERTAKEN. THE DISCLOSURE STATEMENTS OF KEY PERSONS WHO DO NOT HAVE A GROUP HEALTH MANAGER (TRUSTEES, THE PRESIDENT AND CEO) ARE REVIEWED BY THE OFFICE OF COMPLIANCE AND ETHICS. NOT EVERY POTENTIAL CONFLICT OF INTEREST SITUATION WILL WARRANT ACTION.

-COVERED PERSONS NOT CONSIDERED KEY PERSONS MAY ALSO BE ASKED TO COMPLETE ANNUAL DISCLOSURE STATEMENTS.

ORGANIZATION'S COMPENSATION SETTING PROCESS  
FORM 990, PART VI, SECTION B, LINE 15

GROUP HEALTH COOPERATIVE (GHC) IS GOVERNED BY AN INDEPENDENT BOARD OF TRUSTEES ("THE BOARD"), COMPRISED OF 11 CONSUMERS ELECTED BY GHC'S VOTING MEMBERS. THE BOARD HAS DELEGATED TO THE COMPENSATION COMMITTEE OF THE BOARD (THE "COMMITTEE") THE RESPONSIBILITY FOR NEGOTIATING AND APPROVING THE EMPLOYMENT AGREEMENT AND COMPENSATION PACKAGE FOR THE GHC PRESIDENT AND CHIEF EXECUTIVE OFFICER ("CEO"); APPROVING THE EXECUTIVE TOTAL COMPENSATION PHILOSOPHY THAT DRIVES ALL EXECUTIVE COMPENSATION DECISIONS; AND APPROVING COMPENSATION FOR THE EXECUTIVE VICE PRESIDENTS AND VICE

Name of the organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
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PRESIDENTS OF GHC (EXCEPT FOR COMPENSATION ESTABLISHED IN THE INITIAL WRITTEN CONTRACTS OFFERED TO CANDIDATES FOR VICE PRESIDENT POSITIONS WHO ARE NOT THEN EMPLOYED BY GHC AND WHO HAVE NOT BEEN DETERMINED TO BE A "DISQUALIFIED PERSON" UNDER APPLICABLE IRS REGULATIONS, AS TO WHOM THE BOARD HAS DELEGATED SUCH AUTHORITY TO THE CEO). THE FIVE MEMBERS OF THE COMMITTEE ARE THE CHAIR OF THE BOARD OF TRUSTEES, THE VICE CHAIR, AND THREE ADDITIONAL TRUSTEES SELECTED BY THE CHAIR. AS ADOPTED BY THE COMMITTEE, THE EXECUTIVE TOTAL COMPENSATION PHILOSOPHY PROVIDES THAT GHC WILL MAINTAIN AN EXECUTIVE TOTAL COMPENSATION PROGRAM DESIGNED TO FACILITATE THE ACHIEVEMENT OF ITS CHARITABLE MISSION, VALUES AND ORGANIZATIONAL GOALS.

EXECUTIVE COMPENSATION IS SET AT A LEVEL THAT ENABLES THE ORGANIZATION TO ATTRACT, RETAIN, MOTIVATE AND REWARD THE HIGHEST CALIBER EXECUTIVES AT A COST THAT IS CONSISTENT WITH OUR PERFORMANCE AND CHARITABLE MISSION. BASED UPON THOSE PRINCIPLES, THE PHILOSOPHY CONFIRMS THAT COMPENSATION WILL BE COMPARED TO COMPARABLE ORGANIZATIONS (HMOS AND MANAGED CARE, HEALTH CARE, AND HEALTH INSURANCE ORGANIZATIONS), AND THAT BASE SALARY RANGES WILL BE BUILT AROUND 50TH PERCENTILE MARKET BASE PAY LEVELS (WITH FLEXIBILITY TO RECOGNIZE INDIVIDUAL SKILLS, EXPERIENCE AND CONTRIBUTIONS), ANNUAL AND LONG-TERM INCENTIVES WILL BE TARGETED AT THE 50TH PERCENTILE (WITH AN OPPORTUNITY TO EARN ABOVE THAT LEVEL BASED ON PERFORMANCE), AND BENEFITS AND PERQUISITES WILL BE ESTABLISHED CONSISTENT WITH MARKET PRACTICES. A SIGNIFICANT PORTION OF EXECUTIVES' TOTAL COMPENSATION IS CONTINGENT ON ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE. CONSISTENT WITH

Name of the organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
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GHC'S PHILOSOPHY, THE COMMITTEE REVIEWS AND APPROVES THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING SALARY INCREASES AND INCENTIVE COMPENSATION CRITERIA FOR THE GHC CEO, EXECUTIVE VICE PRESIDENTS AND VICE PRESIDENTS (WHICH GROUP INCLUDES ALL GHC KEY EMPLOYEES AND GHC OFFICERS, EXCLUDING THE CHAIR OF THE BOARD AND THE VICE CHAIR, WHO ARE NOT EMPLOYED BY GHC). THE COMMITTEE ALSO HIRES A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT (AN INDEPENDENT EXPERT) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF THE CEO, EXECUTIVE VICE PRESIDENTS AND VICE PRESIDENTS. APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM THE INDEPENDENT EXPERT, I.E., COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS (BOTH TAXABLE AND TAX- EXEMPT, OF SIMILAR SIZE AND IN THE SAME INDUSTRY) FOR SIMILAR JOB RESPONSIBILITIES. THE COMMITTEE'S WRITTEN RECORDS AND MINUTES INCLUDE THE (1) TERMS OF THE ARRANGEMENT WITH THE DISQUALIFIED PERSON (INCLUDING THE DATE THE ARRANGEMENT WAS APPROVED); (2) A LIST OF MEMBERS PRESENT DURING THE DEBATE ON THE TRANSACTION (AND HOW THE MEMBERS VOTED WHEN IT WAS APPROVED); AND (3) A DESCRIPTION OF THE COMPARABLE DATA RELIED ON BY THE COMMITTEE. KEY DELIBERATIONS OF THE COMMITTEE ARE ALSO DOCUMENTED IN MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING. THE COMMITTEE'S COMPENSATION DECISIONS ARE SHARED WITH THE BOARD.

THE FOLLOWING ARE THE 2014 OFFICES AND POSITIONS FOR WHICH THE ABOVE-DESCRIBED PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE PERSONS WHO HELD THESE POSITIONS: PRESIDENT & CEO; VICE PRESIDENT (VP),



Name of the organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
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ADMINISTRATIVE SERVICES DIVISION; EXECUTIVE VICE PRESIDENT (EVP), GROUP PRACTICE DIVISION; VP, NETWORK SERVICES & PROVIDER RELATIONS; VP, PROVIDER RELATIONS & CARE MANAGEMENT; VP, SALES; EVP, HUMAN RESOURCES; VP, GROUP HEALTH RESEARCH INSTITUTE; VP, CONSULTATIVE SPECIALTY SERVICES & MARKET DEVELOPMENT; VP, CHIEF TECHNOLOGY OFFICER; EVP & CHIEF INFORMATION OFFICER; VP, PUBLIC AFFAIRS; VP, MARKETING; VP, PUBLIC AFFAIRS & MARKETING; EVP, MARKETING & PUBLIC AFFAIRS; EVP & CHIEF FINANCIAL OFFICER; VP, STRATEGIC PLANNING, DEPLOYMENT & BUSINESS DEVELOPMENT; EVP, HEALTH PLAN DIVISION; VP, HEALTH PLAN ADMINISTRATION; VP, COMMUNITY RESPONSIBILITY; VP, PRIMARY CARE, CLINICAL EXCELLENCE & NURSING; VP, CLINICAL EXCELLENCE & INTEGRATION, CHIEF NURSE; VP, EMPLOYEE & LABOR RELATIONS; EVP, CHIEF LEGAL OFFICER & CORPORATE SERVICES; VP & GENERAL COUNSEL; VP, ANALYTICS & CHIEF MEDICAL INFORMATION OFFICER; VP, MARKET DEVELOPMENT; VP, CHIEF ACTUARY; VP, FINANCIAL PLANNING & ANALYSIS; VP, TREASURY; VP & CHIEF ACCOUNTING OFFICER; VP, INNOVATION, DEVELOPMENT & BUSINESS SERVICES; VP, CLINICAL ANCILLARY SERVICES; VP, LINES OF BUSINESS & PRODUCT MANAGEMENT; VP, HUMAN RESOURCES OPERATIONS; VP, HUMAN RESOURCES BUSINESS SOLUTIONS, AND VP, CLINICAL OPERATIONS & MARKET INTEGRATION. THIS PROCESS WAS ALSO USED IN 2013.

ORGANIZATION'S DOCUMENTS AVAILABLE TO THE PUBLIC  
FORM 990, PART VI, SECTION C, LINE 19  
BYLAWS, CONSOLIDATED AUDITED FINANCIAL STATEMENTS, AND THE FORM 990 AND 990-T ARE MADE AVAILABLE TO THE GENERAL PUBLIC THROUGH GHC'S WEBSITE AND BY PROVIDING PAPER COPIES UPON REQUEST. COPIES OF THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

Name of the organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
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RECONCILIATION OF NET ASSETS

PART XI, LINE 9

MEMBERSHIP	\$(55,350)
CAPITAL DUES	\$(84,821)
TEMP RESTRICTED	\$(140,750)
PERM RESTRICTED	\$180,152
OTHER COMPREHENSIVE INCOME	\$(147,253,100)
RETAINED EARNINGS	\$5,510,737

-----  
TOTAL OTHER CHANGES IN NET ASSETS \$(141,833,172)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GROUP HEALTH COOPERATIVE ("GROUP HEALTH") IS ONE OF THE NATION'S LARGEST CONSUMER GOVERNED HEALTH CARE ORGANIZATIONS. GROUP HEALTH IS GOVERNED BY AN INDEPENDENT BOARD OF TRUSTEES COMPRISED OF 11 CONSUMERS ELECTED BY GROUP HEALTH'S VOTING MEMBERSHIP. ANY PERSON 18 YEARS AND OLDER WHO IS ENROLLED IN A PREPAID HEALTH PLAN OFFERED BY GROUP HEALTH OR A DESIGNATED AFFILIATE OR A SUBSIDIARY ("ENROLLEE") IS ELIGIBLE TO BE A VOTING MEMBER. GROUP HEALTH'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE COMPREHENSIVE, PREVENTION-ORIENTED HEALTH CARE SERVICES TO ITS ENROLLEES AND OTHER PATIENTS IN A MANNER THAT REDUCES COST AS A BARRIER TO CARE AND TO PROVIDE HEALTH-RELATED EDUCATION AND RESEARCH ACTIVITIES THAT BENEFIT THE BROADER COMMUNITY. TO FULFILL THIS PURPOSE, GROUP HEALTH PROVIDES OUTPATIENT PRIMARY AND SPECIALTY CARE AS WELL AS INPATIENT ACUTE AND SUB-ACUTE CARE, THROUGH THE

Name of the organization

GROUP HEALTH COOPERATIVE

Employer identification number

91-0511770

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SERVICES OF SALARIED PHSYCIANS, NURSES, AND OTHER HEALTH CARE PRACTITIONERS. THE SALARIED PHSYCIANS ARE EMPLOYED BY GROUP HEALTH PERMANENTE, P.C., AN ORGANIZATION WITH WHOM GROUP HEALTH HAS AN EXCLUSIVE CONTRACT. IN 2013, GROUP HEALTH OPERATED ONE HOSPITAL, 25 PRIMARY CARE MEDICAL CENTERS, SIX SPECIALTY CARE UNITS, SEVEN BEHAVIORAL HEALTH CLINICS, 13 EYE CARE CLINICS, FIVE AUDIOLOGY/HEAR CENTERS, AND EIGHT SPEECH, LANGUAGE AND LEARNING CLINICS. GROUP HEALTH ALSO CONTRACTS WITH COMMUNITY HEALTH CARE PROVIDERS FOR SERVICES WHERE GROUP HEALTH DOES NOT OPERATE ITS OWN FACILITIES AND FOR SUB-SPECIALTY MEDICAL SERVICES NOT PROVIDED AT GROUP HEALTH FACILITIES.

ATTACHMENT 2

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
HEALTHY COMMUNITIES	0	1,260,176.	17,071.
TOTALS	<u>0</u>	<u>1,260,176.</u>	<u>17,071.</u>

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GROUP HEALTH PERMANENTE 320 WESTLAKE AVE N SUITE 100 SEATTLE, WA 98109-5233	MEDICAL PROFESSIONAL	360,314,150.
VIRGINIA MASON MEDICAL CENTER PO BOX 91046 SEATTLE, WA 98111-9146	HOSPITAL SERVICES	115,321,273.

Name of the organization GROUP HEALTH COOPERATIVE	Employer identification number 91-0511770
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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
OVERLAKE HOSPITAL MED CTR PO BOX 34224 SEATTLE, WA 98124	HOSPITAL SERVICES	78,658,923.
ST JOSEPH MEDICAL CENTER 1717 S J ST TACOMA, WA 98405	HOSPITAL SERVICES	64,060,910.
PEACEHEALTH MEDICAL GROUP WR PO BOX 5096 BELLINGHAM, WA 98227-5096	HOSPITAL SERVICES	61,309,140.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
OTHER FEES	1,914,923.	-13,875,062.	11,960,139.	
O/S LABOR	6,206,085.	3,666,817.	2,539,268.	
INPATIENT SERVICES	527,198,195.	527,198,195.		
HOSPICE SERVICES	4,529,444.	4,529,444.		
OUTPATIENT SERVICES	636,941,747.	636,941,747.		
HOME CARE SERVICES	9,090,762.	9,090,762.		
GH PERM MED SERVICES	372,314,150.	372,314,150.		
FACILITY SUPPORT SERVICES	97,436,434.	23,268,176.	74,168,258.	
PHARMACY	70,979,357.	70,979,357.		
TOTALS	<u>1722781251.</u>	<u>1634113586.</u>	<u>88,667,665.</u>	

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Name of the organization

GROUP HEALTH COOPERATIVE

Employer identification number

91-0511770

**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
(1) COLUMBIA MEDICAL ASSOCIATES, L.L.C. 20-0986848 1003 EAST TRENT SUITE 150 SPOKANE, WA 99202	COMP MED CARE	WA	20,549,927.	6,760,729.	GHC
(2) COLUMBIA CLINIC, L.L.C. 1003 EAST TRENT SUITE 150 SPOKANE, WA 99202	INACTIVE	WA	0	0	CMA L.L.C.
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GROUP HEALTH FOUNDATION 91-1246279 320 WESTLAKE AVE. N, STE 100 SEATTLE, WA 98109-5233	FOUNDATION	WA	501(C)(3)	7	GHC	X	
(2) GROUP HEALTH NORTHWEST 91-1216876 320 WESTLAKE AVE. N, STE 100 SEATTLE, WA 98109-5233	INACTIVE	WA	501(C)(3)	11, TYPE I	GHC	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GROUP HEALTH OPTIONS, INC. 91-1467158 320 WESTLAKE AVE. N, STE 100 SEATTLE, WA 98109-5233	INSURANCE	WA	GHC	C CORP	746,322,587.	248,651,766.	100.0000		
(2) KPS HEALTH PLANS 91-054052 400 WARRAN AVE. BREMERTON, WA 98337	INSURANCE	WA	GHC	C CORP	118,089,697.	50,343,339.	100.0000		
(3) GROUP HEALTH SERVICES, INC 91-1392222 320 WESTLAKE AVE. N, STE 100 SEATTLE, WA 98109-5233	INACTIVE	WA	GHC	C CORP	0	0	100.0000		
(4) GROUP HEALTH OF WASHINGTON 91-1314907 320 WESTLAKE AVE. N, STE 100 SEATTLE, WA 98109-5233	INACTIVE	WA	GHC	C CORP	0	0	100.0000		
(5)									
(6)									
(7)									

**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GROUP HEALTH OPTIONS, INC.	L	185,608,178.	FMV
(2) GROUP HEALTH OPTIONS, INC.	M	-220,387.	FMV
(3) GROUP HEALTH OPTIONS, INC.	A (IV)	21,541.	FMV
(4) KPS HEALTH PLANS	L	2,498,089.	FMV
(5) KPS HEALTH PLANS	M	-57,759.	FMV
(6) KPS HEALTH PLANS	A (IV)	35,130.	FMV

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.

Table with 3 columns: Question (1a-1s), Yes, No. Rows include: 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. 1b Gift, grant, or capital contribution to related organization(s). 1c Gift, grant, or capital contribution from related organization(s). 1d Loans or loan guarantees to or for related organization(s). 1e Loans or loan guarantees by related organization(s). 1f Dividends from related organization(s). 1g Sale of assets to related organization(s). 1h Purchase of assets from related organization(s). 1i Exchange of assets with related organization(s). 1j Lease of facilities, equipment, or other assets to related organization(s). 1k Lease of facilities, equipment, or other assets from related organization(s). 1l Performance of services or membership or fundraising solicitations for related organization(s). 1m Performance of services or membership or fundraising solicitations by related organization(s). 1n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 1o Sharing of paid employees with related organization(s). 1p Reimbursement paid to related organization(s) for expenses. 1q Reimbursement paid by related organization(s) for expenses. 1r Other transfer of cash or property to related organization(s). 1s Other transfer of cash or property from related organization(s).

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.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows include: (1) GROUP HEALTH FOUNDATION, C, 2,030,676, CASH; (2) COLUMBIA MEDICAL ASSOCIATES, LLC, B, -6,650,000, CASH; (3) COLUMBIA MEDICAL ASSOCIATES, LLC, L, 2,500,159, FMV; (4) COLUMBIA MEDICAL ASSOCIATES, LLC, M, -3,318,857, FMV; (5) ; (6) .



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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