

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2015 calendar year, or tax year beginning **2015**, and ending **20**

| | | | | |
|--|---|--------------------------------------|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization GROUP HEALTH COOPERATIVE | | D Employer identification number 91-0511770 | |
| | Doing business as | | E Telephone number (206) 448-4683 | |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 320 WESTLAKE AVE N, SUITE 100 | | G Gross receipts \$ 3,518,551,660. | |
| | City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98109-5233 | | H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) | |
| F Name and address of principal officer: SCOTT ARMSTRONG 320 WESTLAKE AVE N, STE 100 SEATTLE, WA 98109-5233 | | H(c) Group exemption number ▶ | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | |
| J Website: ▶ WWW.GHC.ORG | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | |
| L Year of formation: 1945 | | | M State of legal domicile: WA | |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: 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. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 11. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11. |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 7,843. |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 624. |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 2,483,044. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 143,708. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 43,361,597. | 46,364,989. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,867,051,673. | 2,869,169,578. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10C, and 11e) | 53,307,207. | 42,865,145. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 71,521,250. | 69,441,225. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 3,035,241,727. | 3,027,840,937. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 603,375,486. | 567,848,372. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | 0. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,316,546,268. | 2,340,776,945. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,919,921,755. | 2,908,625,317. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 115,319,972. | 119,215,620. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 1,855,357,995. | 1,877,474,544. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 896,265,502. | 838,748,423. |
| | | 959,092,493. | 1,038,726,121. |

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: <i>Bretton Myers</i> | Date: 11/15/16 |
| | Type or print name and title: BRETTON MYERS ASST. TREASURER | |

| | | | | | |
|-------------------------------|---|--|-------------------------|---|------------------------|
| Paid Preparer Use Only | Print/Type preparer's name: SUE ROBISON | Preparer's signature: <i>Sue Robison</i> | Date: 11/14/2016 | Check <input type="checkbox"/> if self-employed | PTIN: P00560072 |
| | Firm's name: KPMG LLP | Firm's EIN: 13-5565207 | | Phone no.: 206-913-4000 | |
| | Firm's address: 1918 EIGHTH AVENUE, SUITE 2900 SEATTLE, WA 98101 | | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

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 \$ 2,315,935,910. including grants of \$) (Revenue \$ 2,863,835,095.)

GROUP HEALTH COOPERATIVE (GROUP HEALTH) PROVIDED HEALTH CARE COVERAGE AND/OR SERVICES TO APPROXIMATELY 352,000 COMMERCIAL GROUP, MEDICARE, MEDICARE ADVANTAGE, MEDICAID, BASIC HEALTH PLAN, FEDERAL EMPLOYEE HEALTH BENEFIT PLAN AND INDIVIDUAL ENROLLEES IN WASHINGTON AND NORTH IDAHO. PLEASE REFER TO A DESCRIPTION OF THE PROGRAM'S OBJECTIVES IN SCHEDULE H, PART VI.2 AND PART VI.5.

4b (Code:) (Expenses \$ 55,636,116. including grants of \$) (Revenue \$ 21,499,107.)

CARE AND COVERAGE TO 32,816 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 \$ 64,090,025. including grants of \$) (Revenue \$ 48,377,734.)

HEALTH RESEARCH AND EDUCATION FOR 439 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 \$ 1,863,775. including grants of \$ 0.) (Revenue \$ 37,079.)

4e Total program service expenses 2,437,525,826.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | X | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | X | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 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 |
| 26 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 |
| 27 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 |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 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 |
| c 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 |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| 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 | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 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

Main form table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 (voting members), 1b (independent members), 2-9 (governing body details, relationships, and documentation).

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-16b (local chapters, policies, conflict of interest, whistleblower, compensation, and investments).

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.
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) SUSAN JOY BYINGTON CHAIR, TRUSTEE | 7.50 .20 | X | | X | | | 39,813. | 1,000. | 0. | |
| (2) ROBERT ALEXANDER WATT VICE CHAIR, TRUSTEE | 7.50 .20 | X | | X | | | 33,313. | 1,000. | 0. | |
| (3) PORSCHE EVERSON TRUSTEE | 6.50 .25 | X | | | | | 36,563. | 1,000. | 0. | |
| (4) JENNIFER ANN JOLY TRUSTEE | 6.50 .20 | X | | | | | 16,875. | 750. | 0. | |
| (5) HARRY HARRISON JR. TRUSTEE | 6.50 .20 | X | | | | | 28,438. | 750. | 0. | |
| (6) DOROTHY ANNE RUZICKI TRUSTEE | 6.50 .20 | X | | | | | 28,438. | 1,000. | 0. | |
| (7) LEO FRANCIS GREENAWALT JR. TRUSTEE | 6.50 .20 | X | | | | | 22,500. | 1,000. | 0. | |
| (8) RUTA ELMA FANNING TRUSTEE | 6.50 .20 | X | | | | | 22,500. | 1,000. | 0. | |
| (9) KATHERINE BELL TRUSTEE | 6.50 .20 | X | | | | | 22,500. | 750. | 0. | |
| (10) PHILLIP JEFFREY HAAS TRUSTEE | 6.50 .20 | X | | | | | 28,438. | 1,000. | 0. | |
| (11) JERRY FRANKLIN CAMPBELL TRUSTEE | 6.50 .20 | X | | | | | 5,625. | 250. | 0. | |
| (12) JUDITH EMILY SCHURKE TRUSTEE | 6.50 .20 | X | | | | | 16,875. | 750. | 0. | |
| (13) SCOTT ELLIOT ARMSTRONG PRESIDENT & CEO | 39.00 1.00 | | | X | | | 2,499,696. | 0. | 36,971. | |
| (14) SARAH BARIAN YATES EVP & GENERAL COUNSEL | 40.00 0. | | | X | | | 629,260. | 0. | 25,246. | |

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) CHRISTOPHER KNACKSTEDT EVP; CHIEF FINANCIAL OFFICER | 40.00 0. | | | X | | | 987,776. | 0. | 21,751. | |
| 16) RICK DALE WOODS EVP; SR ADVSR TO PRES/CEO | 40.00 0. | | | X | | | 1,495,524. | 0. | 41,211. | |
| 17) BRETON CLARK MYERS VP; TREASURY | 40.00 0. | | | | X | | 366,785. | 0. | 11,271. | |
| 18) SUSAN S KOZIK EVP; CHIEF INFORMATION OFFICER | 40.00 0. | | | X | | | 519,407. | 0. | 22,270. | |
| 19) ERIN LEFF EVP; GROUP PRACTICE DIVISION | 40.00 0. | | | X | | | 627,419. | 0. | 13,855. | |
| 20) MARK SZALWINSKI EVP; GROUP PRACTICE DIVISION | 40.00 0. | | | X | | | 1,115,164. | 0. | 22,496. | |
| 21) ROBERT O'BRIEN EVP; HEALTH PLAN DIVISION | 40.00 0. | | | X | | | 1,193,607. | 0. | 16,819. | |
| 22) TAMI LAMP EVP; HR | 40.00 0. | | | X | | | 380,957. | 0. | 15,999. | |
| 23) DIANA BIRKETT RAKOW EVP; MARKETING & PUB. AFFAIRS | 32.00 8.00 | | | X | | | 448,854. | 0. | 25,714. | |
| 24) DAWN LOELIGER EVP; STRAT PLANNING & DEPLOY | 40.00 0. | | | X | | | 462,606. | 0. | 25,714. | |
| 25) GERARD FISHER VP; CLINICAL ANCILLARY SRVCS | 40.00 0. | | | X | | | 381,552. | 0. | 18,531. | |
| 1b Sub-total | | | | | | | 3,430,834. | 10,250. | 62,217. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 11,231,558. | 0. | 536,820. | |
| d Total (add lines 1b and 1c) | | | | | | | 14,662,392. | 10,250. | 599,037. | |

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 **▶ 1229**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | | 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 **▶ 1,197**

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) BRIAN O'SHIELDS VP; CHIEF ACTUARY | 40.00 0. | | | | | X | 449,512. | 0. | 25,245. | |
| 27) DONALD LEWIS VP; CHIEF TECHNOLOGY OFFICER | 40.00 0. | | | | | X | 558,745. | 0. | 12,804. | |
| 28) BARBARA TREHEARNE VP; CLIN EXCL &INT CHIEF NURSE | 39.00 1.00 | | | | | X | 505,198. | 0. | 139,974. | |
| 29) ERIC LARSON VP; GROUP HEALTH RESEARCH INST | 39.00 1.00 | | | | | X | 555,741. | 0. | 18,874. | |
| 30) DEBORAH HUNTINGTON VP; SALES | 39.00 1.00 | | | | | X | 474,957. | 0. | 25,246. | |
| 31) CYNTHIA JOHNSON EVP; HR | 40.00 0. | | | | | | X | 323,519. | 5,926. | |
| 32) BARBARA ANN BELT-LLOYD VP; CHIEF ACCOUNTING OFFICER | 40.00 0. | | | | | | X | 384,235. | 73,120. | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 **1229**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | | 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 | |
|---|--|---|----------------|----------------------|--|---|--|------------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | 2,116,557. | | | | | |
| | e Government grants (contributions) | 1e | 36,095,069. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 8,153,363. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 15,805. | | | | | |
| | h Total. Add lines 1a-1f | | | 46,364,989. | | | | |
| Program Service Revenue | 2a MEMBER DUES | Business Code | | | | | | |
| | | 524114 | | 2,393,719,450. | 2,393,719,450. | | | |
| | b MEDICAL SERVICES REVENUE | 621491 | | 372,253,792. | 372,253,792. | | | |
| | c CAPITATION REVENUE | 621491 | | 53,549,189. | 53,549,189. | | | |
| | d CMA - PROGRAM SERVICE REVENUE | 621491 | | 15,903,770. | 15,903,770. | | | |
| | e SELF-FUNDED ADMINISTRATIVE FEES | 524292 | | 13,628,959. | 13,628,959. | | | |
| | f All other program service revenue | | | 20,114,418. | 20,114,418. | | | |
| g Total. Add lines 2a-2f | | | 2,869,169,578. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). | | | 37,042,600. | | | 37,042,600. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0. | | | | |
| | 5 Royalties | | | 0. | | | | |
| | 6a Gross rents | (i) Real | 2,378,744. | | | | | |
| | | (ii) Personal | | | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | | 2,378,744. | | | | |
| | d Net rental income or (loss) | | | | 2,378,744. | | | 2,378,744. |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 496,360,760. | (ii) Other | 99,985. | | | |
| | | b Less: cost or other basis and sales expenses | | | 490,598,639. | 39,561. | | |
| | | c Gain or (loss) | | | 5,762,121. | 60,424. | | |
| | | d Net gain or (loss) | | | 5,822,545. | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | | |
| | | b Less: direct expenses | b | | | | | |
| | | c Net income or (loss) from fundraising events | | | | 0. | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | | |
| | b Less: direct expenses | b | | | | | | |
| | c Net income or (loss) from gaming activities | | | | 0. | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | 177,743. | | | | | |
| | b Less: cost of goods sold | b | | 72,523. | | | | |
| | c Net income or (loss) from sales of inventory | | | 105,220. | | | | 105,220. |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a ADMIN CONTRACT | | 561000 | | 64,437,384. | 64,437,384. | | | |
| | b SALES TO MEMBERS | 446199 | | 51,244. | 51,244. | | | |
| | c GROUP HEALTH RESEARCH INSTITUTE | 541700 | | 2,269,640. | | 2,269,640. | | |
| | d All other revenue | 900099 | | 198,993. | 90,809. | 108,184. | | |
| | e Total. Add lines 11a-11d | | | 66,957,261. | | | | |
| 12 Total revenue. See instructions. | | | 3,027,840,937. | 2,933,749,015. | 2,483,044. | 45,243,889. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 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 | 15,559,270. | | 15,559,270. | |
| 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 | 447,715,014. | 264,352,426. | 183,362,588. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 53,218,095. | 31,422,517. | 21,795,578. | |
| 9 Other employee benefits | 12,287,323. | 7,255,025. | 5,032,298. | |
| 10 Payroll taxes | 39,068,670. | 23,032,325. | 16,036,345. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 3,781,584. | | 3,781,584. | |
| c Accounting | 127,651. | | 127,651. | |
| d Lobbying | 614,073. | | 614,073. | |
| e Professional fundraising services. See Part IV, line 17. | 0. | | | |
| f Investment management fees | 1,935,667. | | 1,935,667. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 4 | 1,685,701,720. | 1,594,415,417. | 91,286,303. | |
| 12 Advertising and promotion | 5,313,076. | 105,703. | 5,207,373. | |
| 13 Office expenses | 380,356,205. | 352,881,973. | 27,474,232. | |
| 14 Information technology | 33,640,945. | 12,791. | 33,628,154. | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 48,870,171. | 17,044,723. | 31,825,448. | |
| 17 Travel | 1,805,829. | 1,172,920. | 632,909. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 5,218,267. | 963,176. | 4,255,091. | |
| 20 Interest | 3,364,962. | | 3,364,962. | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 55,798,842. | 32,947,774. | 22,851,068. | |
| 23 Insurance | 10,600,782. | 9,504,292. | 1,096,490. | |
| 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>PREMIUM AND BUSINESS TAX</u> | 55,113,676. | 65,279,482. | -10,165,806. | |
| b <u>CMA - PROGRAM SERVICE EXP.</u> | 22,152,208. | 22,152,208. | | |
| c <u>BAD DEBT EXPENSE</u> | 13,636,068. | 11,333,311. | 2,302,757. | |
| d <u>ADMINISTRATIVE/ACCESS FEES</u> | 9,261,740. | 2,373,210. | 6,888,530. | |
| e All other expenses | 3,483,479. | 1,276,553. | 2,206,926. | |
| 25 Total functional expenses. Add lines 1 through 24e | 2,908,625,317. | 2,437,525,826. | 471,099,491. | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 |
|---|--|--------------------------|----------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 105,037,075. | 1 | 135,584,246. |
| | 2 Savings and temporary cash investments | 30,129,073. | 2 | 37,790,013. |
| | 3 Pledges and grants receivable, net | 9,683,476. | 3 | 10,358,480. |
| | 4 Accounts receivable, net | 100,493,819. | 4 | 102,956,256. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 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. | 6 | 0. |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 Inventories for sale or use | 16,764,175. | 8 | 18,071,621. |
| | 9 Prepaid expenses and deferred charges | 39,991,159. | 9 | 18,053,764. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1077432054. | | |
| | b Less: accumulated depreciation | 10b 680,800,056. | | |
| | 11 Investments - publicly traded securities | 815,709,588. | 11 | 839,172,118. |
| | 12 Investments - other securities. See Part IV, line 11 | 247,131,334. | 12 | 249,370,094. |
| | 13 Investments - program-related. See Part IV, line 11 | 23,219,041. | 13 | 16,937,197. |
| | 14 Intangible assets | 0. | 14 | 427,094. |
| | 15 Other assets. See Part IV, line 11 | 52,333,505. | 15 | 52,121,663. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,855,357,995. | 16 | 1,877,474,544. | |
| Liabilities | 17 Accounts payable and accrued expenses | 403,055,830. | 17 | 364,256,063. |
| | 18 Grants payable | 0. | 18 | 0. |
| | 19 Deferred revenue | 34,381,851. | 19 | 47,766,301. |
| | 20 Tax-exempt bond liabilities | 128,904,435. | 20 | 122,901,368. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 22 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. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 329,923,386. | 25 | 303,824,691. |
| | 26 Total liabilities. Add lines 17 through 25 | 896,265,502. | 26 | 838,748,423. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 942,405,809. | 27 | 1,022,866,977. |
| | 28 Temporarily restricted net assets | 7,209,171. | 28 | 6,218,997. |
| | 29 Permanently restricted net assets | 9,477,513. | 29 | 9,640,147. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 959,092,493. | 33 | 1,038,726,121. |
| 34 Total liabilities and net assets/fund balances | 1,855,357,995. | 34 | 1,877,474,544. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|----------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,027,840,937. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,908,625,317. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 119,215,620. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 959,092,493. |
| 5 | Net unrealized gains (losses) on investments | 5 | -28,771,867. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -10,810,125. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,038,726,121. |

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 |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

Form **990** (2015)

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.

OMB No. 1545-0047

2015

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 (Form 990 or 990-EZ).)
- 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 B.**
 - 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 (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) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (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

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. 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.

19b 33 1/3% support tests - 2014. 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 in 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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 |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | 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 | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | 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 Part VI 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. | | |
| 2 | 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 | 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 | 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 Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | | |
|----------|--|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| a | 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 Part VI 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 | 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a | 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 Part VI . | | | |
| 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 Part VI the role played by the organization in this regard. | | | |

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 | Adjusted Net Income (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 | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount 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 | Minimum Asset Amount (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 | Distributable Amount. 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 Total annual distributions. 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 2015 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-2015 | (iii) Distributable Amount for 2015 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015: | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2015 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d Excess from 2014 | | | |
| e Excess from 2015 | | | |

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).

PUBLIC INSPECTION COPY

Schedule of Contributors

2015

▶ 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.

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 for 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 | _____ | \$ 25,259,166. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ | \$ 5,140,836. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ | \$ 3,231,985. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ | \$ 2,118,608. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ | \$ 2,116,557. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | _____ | \$ 1,459,588. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| 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 |
|------------|-----------------------------------|----------------------------|---|
| 7 | _____ | \$ 1,376,405. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | _____ | \$ 1,356,179. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | _____ | \$ 1,310,457. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | _____ | \$ 893,239. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | _____ | \$ 775,006. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | _____ | \$ 512,996. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 | | \$ 378,527. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | | \$ 279,863. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | | \$ 251,649. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | | \$ 223,902. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | | \$ 226,171. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | | \$ 133,756. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 |
|------------|-----------------------------------|----------------------------|---|
| 19 | | \$ 111,445. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | | \$ 100,584. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | | \$ 87,713. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | | \$ 83,835. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | | \$ 73,663. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | | \$ 65,748. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 |
|------------|-----------------------------------|----------------------------|---|
| 25 | | \$ 63,071. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | | \$ 61,994. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | | \$ 61,831. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | | \$ 56,576. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | | \$ 54,595. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | | \$ 51,197. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 |
|------------|-----------------------------------|----------------------------|---|
| 31 | | \$ 50,772. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | | \$ 44,587. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | | \$ 42,749. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | | \$ 41,876. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | | \$ 31,546. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | | \$ 30,522. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 |
|------------|-----------------------------------|----------------------------|---|
| 37 | | \$ 29,078. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | | \$ 24,785. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | | \$ 24,348. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | | \$ 22,170. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | | \$ 20,825. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | | \$ 19,764. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 |
|------------|-----------------------------------|----------------------------|---|
| 43 | | \$ 17,818. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | | \$ 17,024. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | | \$ 16,694. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | | \$ 15,120. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 47 | | \$ 14,523. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | | \$ 13,815. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 | | \$ 11,936. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 50 | | \$ 11,749. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | | \$ 11,465. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | | \$ 11,338. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | | \$ 9,615. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | | \$ 9,462. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 |
|------------|-----------------------------------|----------------------------|---|
| 55 | | \$ 9,282. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 56 | | \$ 8,846. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 57 | | \$ 6,985. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 58 | | \$ 6,716. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 59 | | \$ 5,906. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 60 | | \$ 5,890. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 |
|------------|-----------------------------------|----------------------------|---|
| 61 | | \$ 67,488. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 62 | | \$ 11,855. | 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.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 |
|---------------------|---|--|-------------------|
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

PUBLIC INSPECTION COPY

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

2015

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.**

If the organization answered "Yes," on 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," on 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," on 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) 2015

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.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 795,952. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 795,952. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 2,907,829,365. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 2,908,625,317. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | 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. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | 0. | 0. | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | 0. | 0. | | | | | | | | | | | | |
| j 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.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 935,937. | 840,359. | 804,876. | 795,952. | 3,377,124. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f 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: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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.

Horizontal lines for providing supplemental information.

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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

GROUP HEALTH COOPERATIVE

91-0511770

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | 29,061,478. | ATTACHMENT 1 |
| (2) Closely-held equity interests | 219,671,216. | ATTACHMENT 2 |
| (3) Other | | |
| (A) ONE HEALTH PORT | 637,400. | COST |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 249,370,094. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) SELF INSURANCE | 57,591,093. |
| (3) RETIREE MEDICAL | 44,913,415. |
| (4) PENSION LIABILITY | 183,516,936. |
| (5) DEFERRED COMPENSATION | 7,446,089. |
| (6) LEASES | 4,396,149. |
| (7) RENT DIFFERENTIAL | 3,954,425. |
| (8) SECURITY CARE CLAIMS | 1,453,585. |
| (9) OTHER LIABILITIES | 552,999. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 303,824,691. |

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 302,784,093.7.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 290,862,531.7.

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 | (\$3,970,939) |
| BOOK PARTNERSHIP EARNINGS | (\$1,406,945) |
| COGS RECLASS | \$74,371 |
| | ----- |
| TOTAL | (\$5,303,513) |

LINE 4B

| | |
|-------------|--------------|
| CMA REVENUE | \$15,903,770 |
| | ----- |
| TOTAL | \$15,903,770 |

PART XII

LINE 2D

| | |
|--------------------------|-----------|
| LOSS ON SALE OF ASSETS | \$257,477 |
| TAX PARTNERSHIP EARNINGS | (\$7,489) |
| COGS RECLASS | \$74,371 |
| | ----- |
| TOTAL | \$324,359 |

LINE 4B

| | |
|--------------|--------------|
| CMA EXPENSES | \$22,152,208 |
| | ----- |
| TOTAL | \$22,152,208 |

Part XIII Supplemental Information (continued)ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - FINANCIAL DERIVATIVES

| <u>DESCRIPTION</u> | <u>BOOK VALUE</u> | <u>COST OR FMV</u> |
|-----------------------|--------------------|------------------------|
| FINANCIAL DERIVATIVES | 29,061,478. | COST |
| TOTALS | <u>29,061,478.</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 | 219,671,216. | COST |
| TOTALS | <u>219,671,216.</u> | |

PUBLIC INSPECTION COPY

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on 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.**

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 |
|---|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | X | |
| 1b If "Yes," was it a written policy? | X | |
| 2 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 | | |
| 3 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. | | |
| a 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 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 | |
| c 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. | | |
| 4 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 | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | | X |
| 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | | |
| 5c 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? | | |
| 6a Did the organization prepare a community benefit report during the tax year? | X | |
| 6b 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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | 435 | 386,819. | | 386,819. | .01 |
| b Medicaid (from Worksheet 3, column a) | | 37767 | 56,308,833. | 22,499,468. | 33,809,365. | 1.16 |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | 1094 | 801,086. | | 801,086. | .03 |
| d Total Financial Assistance and Means-Tested Government Programs | | 32212 | 57,496,738. | 22,499,468. | 34,997,270. | 1.20 |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 5 | 4472 | 1,230,816. | 37,079. | 1,193,737. | .04 |
| f Health professions education (from Worksheet 5) | 9 | 439 | 11,710,149. | | 11,710,149. | .40 |
| g Subsidized health services (from Worksheet 6) | 4 | 604 | 1,687,933. | 277,503. | 1,410,430. | .05 |
| h Research (from Worksheet 7) | 1 | | 52,379,876. | 48,377,734. | 4,002,142. | .14 |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 1 | 667 | 245,097. | | 245,097. | .01 |
| j Total. Other Benefits | 20 | 6182 | 67,253,871. | 48,692,316. | 18,561,555. | .64 |
| k Total. Add lines 7d and 7j. | 20 | 38394 | 124,750,609. | 71,191,784. | 53,558,825. | 1.84 |

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 | | 15,000. | | 15,000. | |
| 3 Community support | 2 | | 350,262. | | 350,262. | .01 |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | 1 | | 7,600. | | 7,600. | |
| 8 Workforce development | 1 | | 15,000. | | 15,000. | |
| 9 Other | | | | | | |
| 10 Total | 5 | | 387,862. | | 387,862. | .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 | 1,170,916. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 771,929. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | 398,987. |
| 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 (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? | | |
| 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: | | | |
| 13 | 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 | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>250.0000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input type="checkbox"/> Underinsurance status | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | X | |
| 15 | 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): | | | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| 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 | | |
| c | <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 | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | 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): | | | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <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) | | |
| f | <input checked="" 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) | | |
| g | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input type="checkbox"/> Other (describe in Section C) | | |

Billing and Collections

| | | | |
|-----------|--|---|--|
| 17 | 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 | |
| 18 | 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: | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| d | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| e | <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 (CCH) 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 CENTERS

-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 & 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 & 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

IN ITS 2013-2015 CHNA, GROUP HEALTH IDENTIFIED THE SIGNIFICANT HEALTH NEEDS TO BE ADDRESSED AS WELL AS THE IDENTIFIED HEALTH NEEDS WHICH WOULD NOT BE ADDRESSED BY GROUP HEALTH. EFFORTS MADE TOWARD IDENTIFIED HEALTH NEEDS THAT WERE ADDRESSED ARE SPELLED OUT IN THE CHNA AND ARE ENTIRELY CONSISTENT WITH GROUP HEALTH'S MISSION AND NATURE AS AN INTEGRATED DELIVERY SYSTEM, ALIGNING COVERAGE AND CARE TO ENGAGE PATIENTS IN THEIR OWN HEALTH.

ALTHOUGH THE FOLLOWING HEALTH ISSUES WERE IDENTIFIED IN THE 2013-2015 CHNA, THEY WERE NOT A GROUP HEALTH FOCUS DUE TO LIMITED EXPERTISE, THERE ARE OTHER ORGANIZATIONS ADDRESSING THE NEED, AND/OR GROUP HEALTH RESOURCE CONSTRAINTS PREVENTED EFFECTIVELY ADDRESSING THE NEED.

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.

-INJURY PREVENTION: FEEDBACK RECEIVED WAS TO FOCUS GROUP HEALTH'S LIMITED RESOURCES ON ITS MOST EFFECTIVE AND EFFICIENT AREAS. THIS WAS NOT ONE OF THOSE AREAS.

-TOBACCO CESSATION: THERE ARE OTHER ORGANIZATIONS IN THE COMMUNITY THAT ARE FOCUSED ON THIS HEALTH NEED AND ARE IN A BETTER POSITION TO PROVIDE THIS SERVICE.

-MENTAL HEALTH AND SUBSTANCE ABUSE: WHILE GROUP HEALTH HAS A BEHAVIORAL HEALTH UNIT, THIS WAS NOT CONSIDERED EXPERTISE THAT IT COULD LEVERAGE EFFECTIVELY.

-ORAL HEALTH: GROUP HEALTH DOES NOT OFFER ORAL HEALTH CARE.

THE THREE HEALTH NEEDS CHOSEN FROM THE 2013-2015 CHNA TO BE ADDRESSED BY GROUP HEALTH ARE:

1. ACCESS TO CARE FOR UNDERSERVED POPULATIONS
2. PROMOTION OF PHYSICAL ACTIVITY, IMPROVED FITNESS, AND HEALTHY EATING
3. CHRONIC DISEASE MANAGEMENT AND PREVENTION OF DIABETES AND CARDIOVASCULAR DISEASE

THESE NEEDS ARE BEING ADDRESSED BY:

ACCESS TO CARE FOR UNDERSERVED POPULATIONS

-PROMOTE ENROLLMENT AND PARTICIPATION IN THE HEALTH BENEFIT EXCHANGE AND MEDICAID

-CREATE A MORE SYSTEMATIC APPROACH TO PROVIDING ACCESS TO PATIENTS OF

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.

SAFETY NET ORGANIZATIONS SERVING COMMUNITIES WITH THE HIGHEST HEALTH NEEDS

-PROVIDE DIRECT CARE FOR UNDERSERVED PATIENTS
-SHARE CLINICAL AND ORGANIZATIONAL EXPERTISE WITH SAFETY NET ORGANIZATIONS

PROMOTION OF PHYSICAL ACTIVITY, IMPROVED FITNESS, AND HEALTHY EATING
-COLLABORATE WITH SCHOOLS - PARTICULARLY SCHOOL-BASED HEALTH CENTERS - TO PROVIDE OPPORTUNITIES FOR YOUTH TO PARTICIPATE IN HEALTH-PROMOTING ACTIVITIES

-PARTICIPATE IN KING COUNTY HEALTHY HOSPITAL INITIATIVES
-ENSURE YOUTH ACCESS TO HEALTHY FOOD YEAR ROUND.

CHRONIC DISEASE MANAGEMENT AND PREVENTION OF DIABETES AND CARDIOVASCULAR DISEASE

-COLLABORATE WITH COMMUNITY AND GOVERNMENT PARTNERS TO PROMOTE BICYCLING AND WALKING AS A FORM OF EXERCISE AND TRANSPORTATION
-PROMOTE PHYSICAL ACTIVITY AND FITNESS THROUGH PROGRAM SPONSORSHIPS
-COLLABORATE WITH COMMUNITY ORGANIZATIONS TO SUPPORT NEWLY DIAGNOSED DIABETICS WITH TOOLS AND INFORMATION TO MANAGE THEIR DISEASE
-SHARE CLINICAL AND ORGANIZATIONAL EXPERTISE, INCLUDING RESEARCH FROM THE GROUP HEALTH RESEARCH INSTITUTE, ABOUT THE PREVENTION, DETECTION, AND MANAGEMENT OF DIABETES AND CARDIOVASCULAR DISEASE, INCLUDING BEST PRACTICES AND EVIDENCE-BASED GUIDELINES

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 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.

PUBLIC INSPECTION COPY

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? 48

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

Schedule H (Form 990) 2015

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) |
|---|-----------------------------|
| 1 FACTORIA MEDICAL CENTER 13451 SE 36TH STREET BELLEVUE WA 98006-1454 | MEDICAL CENTER |
| 2 KENT MEDICAL CENTER 26004 104TH AVE SE KENT WA 98031 | MEDICAL CENTER |
| 3 LIDGERWOOD MEDICAL CENTER 6002 N LIDGERWOOD SPOKANE WA 99208 | MEDICAL CENTER |
| 4 LYNNWOOD MEDICAL CENTER 20200 54TH AVENUE W LYNNWOOD WA 98036-6389 | MEDICAL CENTER |
| 5 NORTHGATE MEDICAL CENTER 9800 4TH AVENUE NE SEATTLE WA 98115-2158 | MEDICAL CENTER |
| 6 NORTHGATE SOUTH BUILDING 9720 4TH AVENUE NE SEATTLE WA 98115 | MEDICAL CLINIC |
| 7 NORTHSHORE MEDICAL CENTER 11913 NE 195TH STREET BOTHELL WA 98011-3147 | MEDICAL CENTER |
| 8 OLYMPIA MEDICAL CENTER 700 LILLY ROAD NE OLYMPIA WA 98506-5196 | MEDICAL CENTER |
| 9 PORT ORCHARD MEDICAL CENTER 1400 POTTERY AVENUE PORT ORCHARD WA 98366-3768 | MEDICAL CENTER |
| 10 POULSBO MEDICAL CENTER 19379 7TH AVENUE NE POULSBO WA 98370 | MEDICAL CENTER |

Schedule H (Form 990) 2015

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

Schedule H (Form 990) 2015

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) |
|--|-----------------------------|
| 1 ST JOSEPH 1708 S YAKIMA AVENUE TACOMA WA 98405 | MEDICAL CLINIC |
| 2 TACOMA MEDICAL CENTER 209 MARTIN LUTHER KING JR WAY TACOMA WA 98405-4267 | MEDICAL CENTER |
| 3 TACOMA SOUTH MEDICAL CENTER 9505 S STEELE ST TACOMA WA 98444-6858 | MEDICAL CENTER |
| 4 VERADALE MEDICAL CENTER 14402 E SPRAGUE AVENUE SPOKANE VALLEY WA 99216-2167 | MEDICAL CENTER |
| 5 METROPOLITAN PARK EAST RESEARCH FACILITY 1730 MINOR AVENUE SEATTLE WA 98101 | RESEARCH FACILITY |
| 6 TACOMA BEHAVIORAL HEALTH SERVICES 4301 S PINE STREET TACOMA WA 98409-7206 | MEDICAL CLINIC |
| 7 FEDERAL WAY MEDICAL CENTER 301 SOUTH 320TH STREET FEDERAL WAY WA 98003-5296 | MEDICAL CENTER |
| 8 CMA - SPOKANE BREAST CANCER 105 W 8TH AVE STE 122 SPOKANE WA 99204 | MEDICAL CENTER |
| 9 CMA NEUROLOGY 610 S SHERMAN ST STE 208 SPOKANE WA 99202 | MEDICAL CENTER |
| 10 CMA 6120 N MAYFAIR ST SPOKANE WA 99208 | MEDICAL CENTER |

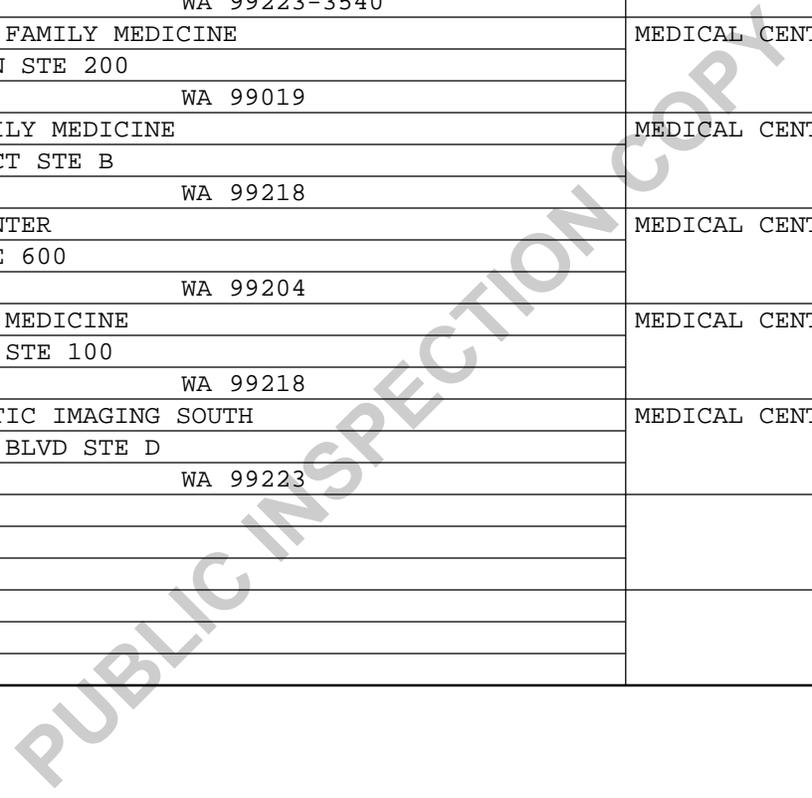
Schedule H (Form 990) 2015

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) |
|---|-----------------------------|
| 1 ASSOCIATED FAMILY PHYSICIANS-FAIRFIELD 210 MAIN ST FAIRFIELD WA 99012 | MEDICAL CENTER |
| 2 ASSOCIATED FAMILY PHYSICIANS-SPOKANE 626 N MULLAN RD STE 16 SPOKANE WA 99206 | MEDICAL CENTER |
| 3 SOUTH HILL FAMILY MEDICINE 3010 S SOUTHEAST BLVD STE A SPOKANE WA 99223-3540 | MEDICAL CENTER |
| 4 CMA LIBERTY LAKE FAMILY MEDICINE 1334 N WHITMAN LN STE 200 LIBERTY LAKE WA 99019 | MEDICAL CENTER |
| 5 CMA WESTVIEW FAMILY MEDICINE 1111 E WESTVIEW CT STE B SPOKANE WA 99218 | MEDICAL CENTER |
| 6 FAMILY HEALTH CENTER 910 W 5TH AVE STE 600 SPOKANE WA 99204 | MEDICAL CENTER |
| 7 CMA NORTH FAMILY MEDICINE 9631 N NEVADA ST STE 100 SPOKANE WA 99218 | MEDICAL CENTER |
| 8 COLUMBIA DIAGNOSTIC IMAGING SOUTH 3010 S SOUTHEAST BLVD STE D SPOKANE WA 99223 | MEDICAL CENTER |
| 9 | |
| 10 | |



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.

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 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

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

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 2015, GROUP HEALTH MADE SIGNIFICANT CONTRIBUTIONS TO THE COMMUNITY, BOTH FINANCIAL AND THROUGH STAFF VOLUNTEER EFFORTS. GROUP HEALTH PLAYED A KEY ROLE IN THE SEATTLE/KING COUNTY CLINIC WHICH PROVIDED FREE DENTAL, VISION, AND MEDICAL SERVICES TO MORE THAN 4,000 PATIENTS. IN ADDITION TO THE 148 STAFF VOLUNTEERS, GROUP HEALTH PROVIDED NEARLY \$128,000 IN LAB SERVICES VALUE FOR THE 4-DAY CLINIC, ALONG WITH 1,700 FLU SHOTS AND

Part VI Supplemental Information

Provide the following information.

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- 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.

MEDICAL SUPPLIES.

THROUGHOUT THE YEAR, GROUP HEALTH PROVIDED 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 WERE 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, SKAGIT COUNTY PUBLIC HEALTH, THE CRISIS CLINIC, KING COUNTY PUBLIC HEALTH, COUNTRY DOCTOR, THE NORTHWEST CENTER, YOUTHCARE, PROJECT ACCESS NW AND PROJECT ACCESS PIERCE COUNTY, THE KING COUNTY SEXUAL ASSAULT RESOURCE CENTER, AND SENIOR SERVICES OF KING AND SNOHOMISH COUNTIES.

GROUP HEALTH SUPPORTED ECONOMIC AND WORKFORCE DEVELOPMENT EFFORTS THROUGH SUPPORT FOR THE ECONOMIC OPPORTUNITY INSTITUTE, THE ALLIANCE FOR EDUCATION, THE GREATER SEATTLE BUSINESS ASSOCIATION, THE SEATTLE CHAMBER

Part VI Supplemental Information

Provide the following information.

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- 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.
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OF COMMERCE, THE WASHINGTON ROUNDTABLE, THE BELLEVUE DOWNTOWN ASSOCIATION AND THE BELLEVUE COLLEGE FOUNDATION TO 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 ORGANIZATIONS AND ACTIVITIES 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 ROAD RACE TRAINING CLINICS, THE KING COUNTY PARKS DIVISION BIG BACKYARD AND YMCA'S HEALTHY KIDS DAY WHICH PROVIDED OVER 3,000 KIDS BIKE HELMETS FREE OF CHARGE IN 20 DIFFERENT YMCAS ACROSS THE STATE.

Part VI Supplemental Information

Provide the following information.

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- 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.
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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

Part VI Supplemental Information

Provide the following information.

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- 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.

THE FOLLOWING IS THE BAD DEBT POLICY IN PLACE DURING THE 2015 TAX YEAR:

IF NO PAYMENT IS RECEIVED, AND THE BALANCE IS AT LEAST 45 DAYS AFTER THE 3RD CYCLE BILL DATE AND NOT MORE THAN 105 DAYS FROM THE FIRST STATEMENT DATE, STANDARD BALANCES ARE SYSTEMATICALLY REFERRED TO THE COLLECTION EXTERNAL 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

Part VI Supplemental Information

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- 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.

COVERAGE IS RECEIVED.

AT ANY TIME DURING THE BILLING CYCLES, FINANCIAL ASSISTANCE MAY BE OFFERED BY GROUP HEALTH TO ANY PATIENT WHO INDICATES A CONCERN ABOUT SETTTLING THE BALANCE. AFTER BAD DEBT ASSIGNMENT, FINANCIAL ASSISTANCE IS OFFERED IF PATIENT 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 FINANCIAL ASSISTANCE.

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 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.
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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.

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 45 DAYS AFTER THE THIRD BILLING CYCLE HAS PASSED WITHOUT PAYMENT. DURING EACH MONTH-END CLOSE THE BAD DEBT RESERVE AND EXPENSE ACCOUNTS ARE ADJUSTED UP OR DOWN BASED ON AN ANALYSIS OF THE ACCOUNTS RECEIVABLE AGING. 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

Part VI Supplemental Information

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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 2, NEEDS ASSESSMENT

GROUP HEALTH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE 3-YEAR PERIOD OF 2013-2015. BASED ON THE RESULTS OF THE CHNA, GROUP HEALTH IDENTIFIED THREE HEALTH NEEDS THAT COULD BE MOST EFFECTIVELY ADDRESSED GIVEN OUR RESOURCES AND EXPERTISE: IMPROVING ACCESS TO CARE, INCREASING PHYSICAL ACTIVITY AND HEALTHY EATING AND MANAGING CHRONIC DISEASES, ESPECIALLY DIABETES AND CARDIOVASCULAR DISEASE. THIS IMPLEMENTATION STRATEGY WAS APPROVED BY THE BOARD OF TRUSTEES IN 2013 AND OVER THE NEXT 3 YEARS, GROUP HEALTH'S COMMUNITY ENGAGEMENT FOCUSED ON SUPPORT FOR INITIATIVES, PROGRAMS AND SERVICES THAT ADDRESSED THE HEALTH OF OUR COMMUNITIES, PARTICULARLY IN THESE AREAS.

Part VI Supplemental Information

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- 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.

IN ADDITION, 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 HEALTH INNOVATION LEADERSHIP NETWORK, THE PUGET SOUND HEALTH ALLIANCE, KING COUNTY HOSPITALS FOR A HEALTHIER COMMUNITY, THE BREE COLLABORATIVE, HEALTHIER WASHINGTON, VAX NW, U.S. PREVENTIVE SERVICES TASK FORCE, COMMUNITY HEALTH ADVISORY COMMITTEE, BOYS AND GIRLS CLUBS, YMCA, ALLIANCE FOR EDUCATION, AND THE WASHINGTON ACCOUNTABLE COMMUNITIES OF HEALTH (ACH'S) 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.

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- 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.

PART VI, LINE 3, PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

GROUP HEALTH'S FINANCIAL ASSISTANCE PROGRAM, ALSO REFERRED TO AS 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.

GROUP HEALTH INFORMS PATIENTS ABOUT SPONSORED CARE AS FOLLOWS:

1. GROUP HEALTH DISPLAYS SIGNS AT ALL OF ITS HOSPITAL SERVICES

CHECK-IN DESKS INFORMING PATIENTS THAT THEY MAY BE ELIGIBLE FOR FREE

CARE.

HARD COPIES OF OUR FINANCIAL ASSISTANCE POLICY ONE-PAGE PLAIN LANGUAGE

SUMMARY AND CHARITY CARE APPLICATION FORM ARE AVAILABLE AT EACH HOSPITAL

SERVICE LOCATION IN PLAIN SIGHT WITHOUT NEEDING TO ASK STAFF.

Part VI Supplemental Information

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2. GROUP HEALTH HOSPITAL URGENT CARE, BUSINESS OFFICE, INFORMATION DESK AND HOSPITAL SERVICES CHECK-IN STAFF PROVIDE FINANCIAL INFORMATION AND APPLICATION FORMS UPON REQUEST TO PATIENTS SEEKING CHARITY CARE OR HEALTH CARE ASSISTANCE AT THE TIME OF REGISTRATION FOR SERVICES.

3. AS PART OF THEIR STANDARD OPERATING PROCEDURES, CLINICAL, CUSTOMER 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 AND/OR THE CHARITY CARE FINANCIAL ASSISTANCE POLICY 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.

Part VI Supplemental Information

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

IN Q4 2015, GROUP HEALTH COMPLETED WORK AND IMPLEMENTED CHANGES INTRODUCED IN THE CODE OF FEDERAL REGULATIONS 26 CFR 1.501(R).

PART VI, LINE 4, COMMUNITY INFORMATION

GROUP HEALTH'S SERVICE AREAS INCLUDE ALL OR PART OF 20 COUNTIES IN WASHINGTON AND 2 COUNTIES IN IDAHO. BETWEEN 2010 AND 2015, THE MINORITY POPULATION OF WASHINGTON GREW FROM 27% TO 30%. COUNTIES IN THE GROUP HEALTH SERVICE AREA WITH THE HIGHEST PERCENTAGE OF NONWHITE RESIDENTS ARE FRANKLIN (59%), YAKIMA (56%), KING (46%), AND PIERCE (32%). THE HIGHEST SHARES OF HISPANIC POPULATION ARE IN FRANKLIN COUNTY (65%) AND YAKIMA COUNTY (49%). IN THE GROUP HEALTH SERVICE AREA, THE COUNTIES WITH THE HIGHEST CONCENTRATIONS OF MINORITY POPULATION BY RACE ARE ASIAN: KING

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(16%), BLACK: PIERCE (7%), AMERICAN INDIAN/ALASKA NATIVE: YAKIMA (6%), NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER: PIERCE (2%). IN 2015, AN ESTIMATED 51% OF WASHINGTON'S BLACK POPULATION AND 59% OF THE ASIAN POPULATION LIVED IN KING COUNTY (THE LARGEST AND MOST URBAN COUNTY IN THE STATE WHERE 12 OF GROUP HEALTH'S 25 MEDICAL CENTERS ARE LOCATED). THE RACIAL AND ETHNIC MAKEUP OF MEMBERS RECEIVING CARE AT GROUP HEALTH CLINICS IS WHITE (76%), ASIAN/PACIFIC ISLANDER (11%), BLACK (5%), AMERICAN INDIAN/ALASKA NATIVE (1%) AND OTHER/UNKNOWN (7%); 5% ARE HISPANIC.

IN 2015, GROUP HEALTH COOPERATIVE AND ITS WHOLLY-OWNED SUBSIDIARIES, GROUP HEALTH OPTIONS, INC. AND KPS HEALTH PLANS, PROVIDED HEALTH CARE COVERAGE AND SERVICES TO APPROXIMATELY 593,000 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.

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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 2015, SPECIFICALLY RELATED TO LOW-INCOME INDIVIDUALS, GROUP HEALTH PROVIDED CARE TO APPROXIMATELY 25,000 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 SERVICES IN GROUP HEALTH OWNED AND OPERATED MEDICAL CENTERS 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.

FINALLY, THE GROUP HEALTH TEEN PREGNANCY AND PARENTING CLINIC PROVIDES COMPREHENSIVE SERVICES TO WOMEN, INFANTS AND CHILDREN AND OTHER HEALTH CARE SERVICES TO BOTH ENROLLED GROUP HEALTH MEMBERS AND NON-ENROLLED LOW-INCOME TEENAGERS AND YOUNG ADULTS. IN 2015, THE TOTAL NUMBER OF PATIENT VISITS WAS 482.

Part VI Supplemental Information

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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 CONTRACT. AS OF YEAR-END 2015, 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

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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 2015. SINCE GHRI'S INCEPTION IN 1983, GHRI INVESTIGATORS HAVE PUBLISHED MORE THAN 5,000 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 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.

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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 OVER 2,200 STUDENTS DURING OVER 10,700 VISITS IN 2015 AND ARE A HUGE BOOST TO THE HEALTH AND WELLNESS OF THE STUDENT COMMUNITY.

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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 DISSEMINATING INFORMATION ABOUT OUR ONLINE DIABETES MANAGEMENT CONTINUING MEDICAL EDUCATION (CME), HOSTING ONLINE A FREE CME ON THE TOPIC OF COLORECTAL CANCER SCREENING WHICH DREW NEARLY 50 PARTICIPANTS, AND "LIVE WELL, DIE WELL" A FREE COMMUNITY HEALTH PROGRAM IN SPOKANE.

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 THE GROUP HEALTH SERVICE AREA AND ARE ELECTED BY GROUP HEALTH'S VOTING

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.

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 ORGANIZATIONS 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 INCREASE VACCINATION RATES IN WASHINGTON STATE.

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.

GROUP HEALTH COOPERATIVE HAS AN EXCLUSIVE CONTRACT WITH GROUP HEALTH PERMANENTE, P.C., A GROUP PRACTICE WITH NEARLY 1,000 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 STAFF 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. THE RESIDENCY PROGRAM INCLUDES CLINICAL TRAINING AND THE PROVISION OF MEDICAL CARE FOR HOMELESS YOUTH AS WELL AS FOR SOME OF THE FREE CLINICS IN KING COUNTY. IN ADDITION TO THE ABOVE-MENTIONED PROGRAMS IN WASHINGTON STATE, IN 2015, GROUP HEALTH PHYSICIANS AND STAFF

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.

VOLUNTEERED MEDICAL SERVICES TO HOMELESS SHELTERS, COMMUNITY CLINICS AND OTHER RELIEF EFFORTS 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 PURSUES INNOVATIVE NEW APPROACHES TO CARE. THIS HAS INCLUDED BEING A NATIONAL LEADER IN THE WIDESPREAD ADOPTION OF ELECTRONIC MEDICAL RECORDS, FOCUSING ON PREVENTION AND ADOPTING 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. THE ALLIANCE CONDUCTS COMMUNITY CHECKUPS AND ISSUES PUBLIC REPORTS ON PROVIDER QUALITY MEASURES.

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

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.

OTHER PATIENT ENGAGEMENT TOOLS, LEAN PROCESS IMPROVEMENTS IN CLINICAL CARE, THE MEDICAL HOME TEAM-BASED CARE MODEL, THE CHRONIC CARE MODEL, AND OTHER CARE INNOVATIONS. IN COLLABORATION WITH BARTELL DRUGS, GROUP HEALTH CURRENTLY STAFFS 10 CARECLINICS WITH GROUP HEALTH PHYSICIAN ASSISTANTS AND ADVANCED REGISTERED NURSE PRACTITIONERS. RETAIL-BASED WALK-IN MEDICAL CARE IS AVAILABLE SEVEN DAYS A WEEK FOR ANYONE AGED TWO AND OLDER, NOT JUST GROUP HEALTH MEMBERS. CLINICIANS CAN ASSESS AND ADDRESS A VARIETY OF COMMON AILMENTS, INCLUDING UPPER RESPIRATORY INFECTIONS; WARTS, RASHES AND SKIN ISSUES; PINKEYE OR CONJUNCTIVITIS; EAR INFECTIONS; URINARY TRACT INFECTIONS; AND BRONCHITIS. MOST VISITS ARE COVERED BY INSURANCE PLANS OR AN AFFORDABLE FEE WITHOUT INSURANCE. THE CARECLINIC LOCATIONS ALSO OFFER A VARIETY OF VACCINES AND IMMUNIZATIONS, AS WELL AS SPORT AND CAMP PHYSICALS.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GROUP HEALTH COOPERATIVE

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.

OMB No. 1545-0047

2015

Open to Public Inspection

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 on 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 checked="" 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1a | X | |
| 2 | X | |
| 3 | | |
| 4a | X | |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | X | |
| 9 | X | |

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

Schedule J (Form 990) 2015

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 SCOTT ELLIOT ARMSTRONG PRESIDENT & CEO | (i) | 1,089,910. | 1,216,485. | 193,301. | 11,800. | 26,011. | 2,537,507. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 SARAH BARIAN YATES EVP & GENERAL COUNSEL | (i) | 422,725. | 165,038. | 41,497. | 5,300. | 21,021. | 655,581. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 CHRISTOPHER KNACKSTEDT EVP; CHIEF FINANCIAL OFFICER | (i) | 710,106. | 270,000. | 7,670. | 69,399. | 17,717. | 1,074,892. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 RICK DALE WOODS EVP; SR ADVSR TO PRES/CEO | (i) | 632,393. | 794,251. | 68,880. | 27,788. | 14,345. | 1,537,657. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 BRETON CLARK MYERS VP; TREASURY | (i) | 267,943. | 95,264. | 3,578. | 29,107. | 7,394. | 403,286. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 SUSAN S KOZIK EVP; CHIEF INFORMATION OFFICER | (i) | 382,835. | 125,050. | 11,522. | 43,474. | 18,218. | 581,099. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 ERIN LEFF EVP; GROUP PRACTICE DIVISION | (i) | 472,350. | 122,887. | 32,182. | 5,300. | 9,304. | 642,023. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 MARK SZALWINSKI EVP; GROUP PRACTICE DIVISION | (i) | 645,930. | 306,625. | 162,609. | 5,300. | 17,585. | 1,138,049. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 ROBERT O'BRIEN EVP; HEALTH PLAN DIVISION | (i) | 727,661. | 390,874. | 75,072. | 0. | 18,024. | 1,211,631. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 TAMI LAMP EVP; HR | (i) | 315,978. | 60,000. | 4,979. | 28,859. | 16,626. | 426,442. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 DIANA BIRKETT RAKOW EVP; MARKETING & PUB. AFFAIRS | (i) | 318,213. | 127,033. | 3,608. | 34,855. | 21,090. | 504,799. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 12 DAWN LOELIGER EVP; STRAT PLANNING & DEPLOY | (i) | 315,752. | 141,026. | 5,828. | 34,187. | 21,542. | 518,335. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 13 GERARD FISHER VP; CLINICAL ANCILLARY SRVCS | (i) | 307,659. | 67,570. | 6,323. | 33,100. | 14,397. | 429,049. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 14 BRIAN O'SHIELDS VP; CHIEF ACTUARY | (i) | 332,303. | 114,125. | 3,084. | 36,052. | 20,814. | 506,378. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 15 DONALD LEWIS VP; CHIEF TECHNOLOGY OFFICER | (i) | 304,447. | 122,279. | 132,019. | 4,249. | 9,424. | 572,418. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 16 BARBARA TREHEARNE VP; CLIN EXCL & INT CHIEF NURSE | (i) | 342,678. | 121,876. | 40,644. | 126,400. | 15,172. | 646,770. | 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| ERIC LARSON 1 VP; GROUP HEALTH RESEARCH INST | (i) | 389,601. | 111,763. | 54,377. | 5,300. | 15,374. | 576,415. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| DEBORAH HUNTINGTON 2 VP; SALES | (i) | 317,379. | 122,764. | 34,814. | 5,300. | 20,786. | 501,043. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CYNTHIA JOHNSON 3 EVP; HR | (i) | 323,519. | 0. | 0. | 0. | 5,926. | 329,445. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| BARBARA ANN BELT-LLOYD 4 VP; CHIEF ACCOUNTING OFFICER | (i) | 258,950. | 93,057. | 32,228. | 56,300. | 18,418. | 458,953. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 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) | | | | | | | |

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 2015. 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 PURPOSES.

SEVERANCE PAYMENT

SCHEDULE J, PART 1, LINE 4A

THE GROUP HEALTH PRESIDENT AND CEO IS A PARTY TO A WRITTEN EMPLOYMENT AGREEMENT WITH GROUP HEALTH COOPERATIVE THAT PROVIDES FOR SEVERANCE BENEFITS IN THE EVENT OF TERMINATION OF EMPLOYMENT UNDER CERTAIN CONDITIONS. THE EMPLOYMENT AGREEMENT IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE PRESIDENT AND CEO IS NOT ENTITLED TO SEVERANCE BENEFITS IF HE IS TERMINATED FOR CAUSE, OR IF HE ELECTS TO TERMINATE HIS EMPLOYMENT RELATIONSHIP WITHOUT CAUSE (MEANING HE VOLUNTARILY RESIGNS), EXCEPT FOR A RESIGNATION FOLLOWING CERTAIN CIRCUMSTANCES THAT AFFECT THE TERMS AND CONDITIONS OF HIS EMPLOYMENT AND CONSTITUTE "GOOD REASON" AS DEFINED IN THE AGREEMENT (SUCH AS CERTAIN REDUCTIONS IN COMPENSATION OR AUTHORITY, CERTAIN CHANGES IN REPORTING STRUCTURES, OR GROUP HEALTH'S MATERIAL BREACH OF THE EMPLOYMENT AGREEMENT).

EXCEPT IN THE EVENT OF AN ELIGIBLE TERMINATION OF EMPLOYMENT OCCURRING

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.

WITHIN TWENTY-FOUR (24) MONTHS AFTER A "CHANGE OF CONTROL", MAXIMUM SEVERANCE PAYMENTS TO THE PRESIDENT AND CEO ARE IN A TOTAL AMOUNT EQUIVALENT TO EIGHTEEN (18) MONTHS OF BASE SALARY, PLUS MEDICAL AND DENTAL COVERAGE (AT THE SAME LEVEL PROVIDED AS OF THE DATE OF SEPARATION) FOR A MAXIMUM PERIOD OF EIGHTEEN (18) MONTHS; AND A PAYMENT EQUIVALENT TO THE PRESIDENT AND CEO'S TARGET INCENTIVE COMPENSATION UNDER GROUP HEALTH'S ANNUAL INCENTIVE COMPENSATION PLAN FOR THE YEAR IN WHICH THE TERMINATION OF EMPLOYMENT OCCURRED, PRO-RATED BASED ON THE PROPORTION OF THE YEAR DURING WHICH THE PRESIDENT AND CEO WAS EMPLOYED.

IN THE EVENT OF AN ELIGIBLE TERMINATION OF EMPLOYMENT OCCURRING WITHIN TWENTY-FOUR (24) MONTHS FOLLOWING A "CHANGE OF CONTROL" OF GROUP HEALTH (AS DEFINED IN THE AGREEMENT), MAXIMUM SEVERANCE PAYMENTS TO THE PRESIDENT AND CEO ARE IN A TOTAL AMOUNT EQUIVALENT TO MONTHLY BASE SALARY PLUS ONE-TWELFTH OF THE PRESIDENT AND CEO'S TARGET INCENTIVE COMPENSATION UNDER GROUP HEALTH'S ANNUAL INCENTIVE COMPENSATION PLAN, PAYABLE FOR TWENTY-FOUR (24) MONTHS, PLUS MEDICAL AND DENTAL COVERAGE (AT THE SAME LEVEL PROVIDED AS OF THE DATE OF SEPARATION) FOR A MAXIMUM EIGHTEEN (18)

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.

MONTHS); A PAYMENT EQUIVALENT TO THE PRESIDENT AND CEO'S TARGET INCENTIVE COMPENSATION UNDER GROUP HEALTH'S ANNUAL INCENTIVE COMPENSATION PLAN FOR THE YEAR IN WHICH THE TERMINATION OF EMPLOYMENT OCCURRED, PRO-RATED BASED ON THE PROPORTION OF THE YEAR DURING WHICH GROUP HEALTH EMPLOYED THE PRESIDENT AND CEO; AND PAYMENT OF UP TO \$20,000 IN OUTPLACEMENT SERVICES EXPENSES INCURRED BY THE PRESIDENT AND CEO. IN ADDITION, THE PRESIDENT AND CEO'S EMPLOYMENT AGREEMENT PROVIDES FOR ADDITIONAL SEVERANCE PAYMENTS IN THE FORM OF (1) A PAYMENT OF 15.3 PERCENT OF BASE SALARY EARNED DURING THE YEAR THAT TERMINATION OCCURS (IN LIEU OF A CONTRIBUTION TO GROUP HEALTH'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR SUCH YEAR); AND (2) A PAYMENT EQUIVALENT TO THE PRESIDENT AND CEO'S TARGET INCENTIVE COMPENSATION UNDER THE ORGANIZATION'S LONG-TERM INCENTIVE COMPENSATION PLAN WITH RESPECT TO PERFORMANCE CYCLES UNDER THE PLAN THAT WERE UNCOMPLETED AS OF THE DATE OF TERMINATION, PRO-RATED BASED ON THE PROPORTION OF THE CYCLE(S) DURING WHICH GROUP HEALTH EMPLOYED THE PRESIDENT AND CEO.

THE PRESIDENT AND CEO MUST SIGN A RELEASE ACCEPTABLE TO GROUP HEALTH AS A

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.

CONDITION OF RECEIVING SEVERANCE BENEFITS. FURTHER, ALL SEVERANCE BENEFITS WILL CEASE IF THE PRESIDENT AND CEO VIOLATES THE TERMS OF THE NON-COMPETITION, NON-SOLICITATION, NON-DISPARAGEMENT, CONFIDENTIALITY OR COOPERATION COMMITMENTS IN HIS EMPLOYMENT AGREEMENT.

SEVERANCE BENEFITS ARE PROVIDED TO EXECUTIVE VICE PRESIDENTS AND VICE PRESIDENTS IN THE EVENT OF TERMINATION OF EMPLOYMENT UNDER CERTAIN CONDITIONS PURSUANT TO A WRITTEN EXECUTIVE SEVERANCE PLAN, WHICH IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. UNDER THE PLAN, EXECUTIVES WHO ARE TERMINATED FOR CAUSE, OR WHO ELECT TO TERMINATE THEIR EMPLOYMENT RELATIONSHIP WITHOUT CAUSE (MEANING THEY VOLUNTARILY RESIGN), ARE NOT ENTITLED TO SEVERANCE BENEFITS EXCEPT FOR RESIGNATIONS THAT OCCUR WITHIN EIGHTEEN (18) MONTHS AFTER A "CHANGE IN CONTROL" OF GROUP HEALTH (AS DEFINED IN THE PLAN) AND FOLLOW CERTAIN CIRCUMSTANCES AFFECTING TERMS AND CONDITIONS OF THE EXECUTIVE'S EMPLOYMENT THAT CONSTITUTE "GOOD REASON" AS DEFINED IN THE PLAN (SUCH AS CERTAIN REDUCTIONS IN COMPENSATION OR AUTHORITY, CERTAIN RELOCATIONS OF THE PRIMARY WORK LOCATION, OR GROUP HEALTH'S MATERIAL BREACH OF THE

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.

EXECUTIVE'S EMPLOYMENT AGREEMENT). IN ADDITION, EXECUTIVES ARE NOT ENTITLED TO SEVERANCE BENEFITS IF THEY ARE OFFERED A "COMPARABLE POSITION" (AS DEFINED BY THE PLAN) BEFORE THE TERMINATION OF THEIR EMPLOYMENT.

EXCEPT FOR ELIGIBLE TERMINATIONS OCCURRING WITHIN EIGHTEEN (18) MONTHS AFTER A CHANGE OF CONTROL, MAXIMUM SEVERANCE PAYMENTS TO EXECUTIVE VICE PRESIDENTS AND VICE PRESIDENTS ARE IN A TOTAL AMOUNT EQUIVALENT TO TWELVE (12) MONTHS OF BASE SALARY, PLUS MEDICAL AND DENTAL COVERAGE (AT THE SAME LEVEL PROVIDED AS OF THE DATE OF SEPARATION) FOR A MAXIMUM PERIOD OF TWELVE (12) MONTHS, PLUS PAYMENT OF UP TO \$10,000 IN OUTPLACEMENT SERVICES EXPENSES INCURRED BY THE EXECUTIVE.

IN THE EVENT OF AN ELIGIBLE TERMINATION OF EMPLOYMENT OCCURRING WITHIN EIGHTEEN (18) MONTHS AFTER A CHANGE OF CONTROL OF GROUP HEALTH (AS DEFINED IN THE PLAN), MAXIMUM SEVERANCE PAYMENTS FOR THE EXECUTIVE VICE PRESIDENTS AND VICE PRESIDENTS ARE IN A TOTAL AMOUNT EQUIVALENT TO THE MONTHLY BASE SALARY PLUS ONE-TWELFTH OF THE EXECUTIVE'S TARGET INCENTIVE

Part III Supplemental Information

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COMPENSATION UNDER GROUP HEALTH'S ANNUAL INCENTIVE COMPENSATION PLAN), PAYABLE FOR TWELVE (12) MONTHS FOR VICE PRESIDENTS AND EIGHTEEN (18) MONTHS FOR EXECUTIVE VICE PRESIDENTS, PLUS MEDICAL AND DENTAL COVERAGE (AT THE SAME LEVEL PROVIDED AS OF THE DATE OF SEPARATION) FOR A MAXIMUM OF TWELVE (12) MONTHS (EIGHTEEN (18) MONTHS FOR EXECUTIVE VICE PRESIDENTS); A PAYMENT EQUIVALENT TO THE EXECUTIVE'S TARGET INCENTIVE COMPENSATION UNDER GROUP HEALTH'S ANNUAL INCENTIVE COMPENSATION PLAN FOR THE YEAR IN WHICH THE TERMINATION OF EMPLOYMENT OCCURRED, PRO-RATED BASED ON THE PROPORTION OF THE YEAR DURING WHICH THE EXECUTIVE WAS EMPLOYED; AND PAYMENT OF UP TO \$10,000 IN OUTPLACEMENT SERVICE EXPENSES INCURRED BY THE EXECUTIVE.

A VICE PRESIDENT OR EXECUTIVE VICE PRESIDENT MUST SIGN A RELEASE ACCEPTABLE TO GROUP HEALTH AS A CONDITION OF RECEIVING SEVERANCE BENEFITS. FURTHER, ALL SEVERANCE BENEFITS WILL CEASE IF THE EXECUTIVE IS HIRED AS AN EMPLOYEE OF GROUP HEALTH OR A PURCHASER OF GROUP HEALTH (OR AN AFFILIATE OF EITHER) OR GROUP HEALTH PERMANENTE (SUBJECT TO A MINIMUM OF SIX MONTHS' SEVERANCE PAYMENTS FOLLOWING A TERMINATION THAT DOES NOT

Part III Supplemental Information

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OCCUR WITHIN EIGHTEEN (18) MONTHS AFTER A CHANGE OF CONTROL), OR IF THE EXECUTIVE VIOLATES THE TERMS OF THE NON-COMPETITION, NON-SOLICITATION, NON-DISPARAGEMENT, OR CONFIDENTIALITY PROVISIONS OF THE SEVERANCE PLAN.

EXECUTIVES RECEIVING SEVERANCE PAYMENTS IN 2015:

| | |
|---|---------|
| CYNTHIA JOHNSON, EVP, HR | 323,519 |
| MARK SZALWINSKI, EVP, GROUP PRACTICE DIVISION | 398,769 |

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 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

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.

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 2015 AS
FOLLOWS:

SERP DISTRIBUTIONS

MARK SZALWINSKI, EVP, GROUP HEALTH DIVISION 148,441

SERP CONTRIBUTIONS - VESTED

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.

| | |
|--|---------|
| SCOTT ELLIOT ARMSTRONG, PRESIDENT & CEO | 154,942 |
| RICK DALE WOODS, EVP, SR ADVSR TO THE PRES/CEO | 57,579 |
| SARAH BARIAN YATES, EVP & GENERAL COUNSEL | 33,681 |
| ROBERT O'BRIEN, EVP, HEALTH PLAN DIVISION | 62,342 |
| DONALD LEWIS, VP, CHIEF TECHNOLOGY OFFICER | 126,983 |
| ERIC LARSON, VP, GROUP HEALTH RESEARCH INSTITUTE | 32,975 |
| ERIN LEFF, EVP, GROUP PRACTICE DIVISION | 28,828 |
| BARBARA ANN BELT-LLOYD, VP, CHIEF ACCOUNTING OFFICER | 21,945 |
| BARBARA TREHEARNE, VP CLIN EXCEL & INT CHIEF NURSE | 29,098 |
| DEBORAH HUNTINGTON, VP, SALES | 27,561 |
| | |
| SERP CONTRIBUTIONS - NONVESTED | |
| BRETON CLARK MYERS, VP, TREASURY | 24,227 |
| CHRISTOPHER KNACKSTEDT, EVP, CHIEF FINANCIAL OFFICER | 64,468 |
| DAWN LOELIGER, EVP, STRATEGIC PLANNING & DEPLOYMENT | 28,887 |
| DIANA BIRKETT RAKOW, EVP, MARKETING & PUBLIC AFFAIRS | 29,555 |
| TAMI LAMP, EVP, HR | 28,859 |

Part III Supplemental Information

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| | |
|--|--------|
| SUSAN KOZIK, EVP, CHIEF INFORMATION OFFICER | 38,174 |
| GERARD C FISCHER, VP, CLINICAL ANCILLARY SRVCS | 27,800 |
| BRIAN O'SHIELDS, VP, CHIEF ACTUARY | 30,752 |

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: GERARD FISCHER, SUSAN KOZIK AND TAMI LAMP. THE ORGANIZATION FOLLOWED THE REBUTTABLE PRESUMPTION PROCEDURE IN ESTABLISHING THAT COMPENSATION.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2015

**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.**

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 | 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

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and bond issue security. Includes a large 'PUBLIC INSPECTION COPY' watermark.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, rebate computation, and qualified hedge details.

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

2015

**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

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

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

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

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:

-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 (FOR THE PURPOSES OF THIS POLICY, KEY PERSONS INCLUDE MANAGERS, INDIVIDUALS HOLDING CERTAIN HIGH-LEVEL POSITIONS, AND THOSE IN SENSITIVE ROLES OR 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.

-TRUSTEES AND COOPERATIVE OFFICERS PROVIDE A WRITTEN DECLARATION OF ANY ACTUAL OR POTENTIAL AREAS OF CONFLICT OF INTEREST ON AN ANNUAL BASIS

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

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 REVIEW INDICATES THAT THERE IS A CONFLICT OF INTEREST OR THE APPEARANCE OF ONE, A SUMMARY OF THE ADDITIONS OR CHANGES IS 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.

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

-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 RAISES 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 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

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

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 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.

-ALL KEY PERSONS MUST 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. THESE ADDITIONS OR CHANGES TO THE DECLARATIONS ARE SUBMITTED TO THE OFFICE OF COMPLIANCE AND ETHICS, FOLLOWING THE PROCESS USED FOR ANNUAL

Name of the organization

GROUP HEALTH COOPERATIVE

Employer identification number

91-0511770

DECLARATIONS.

-ALL DISCLOSURE STATEMENTS OF KEY PERSONS ARE SUBMITTED TO THE OFFICE OF COMPLIANCE AND ETHICS AND ANY DISCLOSURES ARE REVIEWED. NOT EVERY DISCLOSURE WILL WARRANT ACTION. FOR THOSE THAT DO, THE OFFICE OF COMPLIANCE AND ETHICS WORKS WITH MANAGEMENT TO MITIGATE OR CORRECT ANY ACTUAL OR APPARENT CONFLICTS OF INTEREST.

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 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

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

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| Name of the organization GROUP HEALTH COOPERATIVE | Employer identification number 91-0511770 |
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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 OFFICES AND POSITIONS FOR WHICH THE ABOVE-DESCRIBED PROCESS WAS USED IN 2015 TO ESTABLISH COMPENSATION FOR THE PERSONS WHO HELD THESE POSITIONS: PRESIDENT & CHIEF EXECUTIVE OFFICER (CEO); VICE PRESIDENT (VP), ADMINISTRATIVE SERVICES DIVISION; EXECUTIVE VICE PRESIDENT (EVP), GROUP PRACTICE DIVISION; EVP & SENIOR ADVISOR TO THE PRESIDENT & CEO; VP, NETWORK SERVICES & PROVIDER RELATIONS; VP, SALES; EVP, HUMAN RESOURCES; VP, GROUP HEALTH RESEARCH INSTITUTE; VP, CHIEF TECHNOLOGY OFFICER; EVP & CHIEF INFORMATION OFFICER; EVP, MARKETING & PUBLIC AFFAIRS; EVP & CHIEF FINANCIAL OFFICER; EVP, STRATEGIC PLANNING & DEPLOYMENT; EVP, HEALTH PLAN DIVISION; VP, HEALTH PLAN ADMINISTRATION;

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

VP, CLINICAL EXCELLENCE & INTEGRATION, CHIEF NURSE; VP, EMPLOYEE & LABOR RELATIONS; EVP & GENERAL COUNSEL; VP & DEPUTY 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 SERVICES & SYSTEMS; VP, HEALTH PLAN INFORMATION TECHNOLOGY; AND VP, CLINICAL OPERATIONS & MARKET INTEGRATION. THIS PROCESS WAS ALSO USED IN 2014.

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.

RECONCILIATION OF NET ASSETS

PART XI, LINE 9

| | |
|----------------------------|----------------|
| MEMBERSHIP | \$(50,100) |
| CAPITAL DUES | \$(66,800) |
| TEMP RESTRICTED | \$(990,174) |
| PERM RESTRICTED | \$161,392 |
| OTHER COMPREHENSIVE INCOME | \$955,745 |
| CMA ADJUSTMENT | \$6,249,680 |
| RETAINED EARNINGS | \$(17,069,868) |

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

FOR SUB-SPECIALTY MEDICAL SERVICES NOT PROVIDED AT GROUP HEALTH FACILITIES.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|---------------------|---------------|-------------------|----------------|
| HEALTHY COMMUNITIES | 0. | 1,863,775. | 37,079. |
| TOTALS | <u>0.</u> | <u>1,863,775.</u> | <u>37,079.</u> |

ATTACHMENT 3990, 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 | 332,867,465. |
| VIRGINIA MASON MED CTR PO BOX 91046 SEATTLE, WA 98111 | HOSPITAL SERVICES | 109,413,482. |
| OVERLAKE HOSPITAL MED CTR PO BOX 34224 SEATTLE, WA 98124 | HOSPITAL SERVICES | 75,267,373. |
| ST JOSEPH MEDICAL CENTER 1717 S J ST TACOMA, WA 98405 | HOSPITAL SERVICES | 65,271,609. |
| PEACEHEALTH MEDICAL GROUP WR DEPT 364 VANCOUVER, WA 98683 | HOSPITAL SERVICES | 64,587,499. |

ATTACHMENT 4

Name of the organization

GROUP HEALTH COOPERATIVE

Employer identification number

91-0511770

ATTACHMENT 4 (CONT'D)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> |
|---------------------------|------------------------------|--|--|--|
| O/S LABOR | 4,240,607. | 1,897,254. | 2,343,353. | |
| INPATIENT SERVICES | 524,109,088. | 524,109,088. | | |
| HOSPICE SERVICES | 4,080,216. | 4,080,216. | | |
| OUTPATIENT SERVICES | 662,570,596. | 662,570,596. | | |
| HOME CARE SERVICES | 9,829,947. | 9,829,947. | | |
| GH PERM MED SERVICES | 344,867,465. | 344,867,465. | | |
| FACILITY SUPPORT SERVICES | 100,883,702. | 22,406,749. | 78,476,953. | |
| PHARMACY | 72,430,980. | 72,430,980. | | |
| OTHER FEES | -37,310,881. | -47,776,878. | 10,465,997. | |
| TOTALS | <u>1685701720.</u> | <u>1594415417.</u> | <u>91,286,303.</u> | |

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**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.**

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 | 18,449,818. | 5,659,895. | 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 91-1246278 320 WESTLAKE AVE. N, STE 100 SEATTLE, WA 98109-5233 | FOUNDATION | WA | 501(C)(3) | 7 | GHC | X | |
| (2) GROUP HEALTH NORTHWEST 91-1216856 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) 2015

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 | 547,198,329. | 292,251,206. | 100.0000 | | |
| (2) KPS HEALTH PLANS 91-0540525 400 WARRAN AVENUE BREMERTON, WA 98337 | INSURANCE | WA | GHC | C CORP | 0. | 0. | 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 |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | X | |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s 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 | 163,426,965. | FMV |
| (2) GROUP HEALTH OPTIONS, INC. | M | 69,622. | FMV |
| (3) GROUP HEALTH OPTIONS, INC. | A (IV) | 1,186. | FMV |
| (4) KPS HEALTH PLANS | L | 2,602,198. | FMV |
| (5) KPS HEALTH PLANS | M | -264,823. | FMV |
| (6) KPS HEALTH PLANS | A (IV) | 26,507. | 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.

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

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 FOUNDATION | C | 2,116,557. | CASH |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (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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