

**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))  
 For calendar year 2010 or other tax year beginning \_\_\_\_\_, 2010, and  
 ending \_\_\_\_\_, 2010. See separate instructions.

<b>A</b>	<input type="checkbox"/> Check box if address changed			Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>GROUP HEALTH COOPERATIVE</b>	<b>D Employer identification number</b> (Employees' trust, see instructions for Block D on page 9.) 91-0511770
<b>B</b>	Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. <b>320 WESTLAKE AVE N</b>		<b>E Unrelated business activity codes</b> (See instructions for Block E on page 9.) 541900 541700
<b>C</b>	Book value of all assets at end of year 1559175867.		City or town, state, and ZIP code <b>SEATTLE, WA 98109-5233</b>		
<b>F</b> Group exemption number (See instructions for Block F on page 9.) ▶					
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust					

**H** Describe the organization's primary unrelated business activity. ▶ **ATTACHMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **JAMIE LEE** Telephone number ▶ **206-448-4683**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <b>2,446,361.</b>			
<b>b</b>	Less returns and allowances <input type="checkbox"/> c Balance ▶			
		<b>1c</b> 2,446,361.		
<b>2</b>	Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b> 394,868.		
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b> 2,051,493.		2,051,493.
<b>4a</b>	Capital gain net income (attach Schedule D) . . . . .	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement) . . . . .	<b>5</b> 30,271.	ATCH 2	30,271.
<b>6</b>	Rent income (Schedule C) . . . . .	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
<b>11</b>	Advertising income (Schedule J) . . . . .	<b>11</b>		
<b>12</b>	Other income (See page 10 of the instructions; attach schedule.) . . . . .	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b> 2,081,764.		2,081,764.

<b>Part II Deductions Not Taken Elsewhere</b> (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>		
<b>15</b>	Salaries and wages . . . . .	<b>15</b>		741,103.
<b>16</b>	Repairs and maintenance . . . . .	<b>16</b>		5.
<b>17</b>	Bad debts . . . . .	<b>17</b>		128.
<b>18</b>	Interest (attach schedule) . . . . .	<b>18</b>		
<b>19</b>	Taxes and licenses . . . . .	<b>19</b>		90,313.
<b>20</b>	Charitable contributions (See page 13 of the instructions for limitation rules.) . . . . .	<b>20</b>		
<b>21</b>	Depreciation (attach Form 4562) . . . . .	<b>21</b>	1,827.	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22a</b>		<b>22b</b> 1,827.
<b>23</b>	Depletion . . . . .	<b>23</b>		
<b>24</b>	Contributions to deferred compensation plans . . . . .	<b>24</b>		
<b>25</b>	Employee benefit programs . . . . .	<b>25</b>		183,314.
<b>26</b>	Excess exempt expenses (Schedule I) . . . . .	<b>26</b>		
<b>27</b>	Excess readership costs (Schedule J) . . . . .	<b>27</b>		
<b>28</b>	Other deductions (attach schedule) . . . . .	<b>28</b>	ATTACHMENT 3	1,795,767.
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>		2,812,457.
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	<b>30</b>		-730,693.
<b>31</b>	Net operating loss deduction (limited to the amount on line 30) . . . . .	<b>31</b>		
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	<b>32</b>		-730,693.
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) . . . . .	<b>33</b>		1,000.
<b>34</b>	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>34</b>		-730,693.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ 0. (2) \$ 0. (3) \$ 0.		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0. (2) Additional 3% tax (not more than \$100,000) \$ 0.		
c Income tax on the amount on line 34 <b>ATCH 4</b>	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See page 16 of the instructions	<b>37</b>	0.
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	0.

**Part IV Tax and Payments**

<b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see page 16 of the instructions)	<b>40b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	0.
<b>44 a</b> Payments: A 2009 overpayment credited to 2010	<b>44a</b>	
<b>b</b> 2010 estimated tax payments	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>44g</b>	
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>	
<b>46</b> Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	0.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	0.
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2011 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>49</b>	0.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 17)

<b>1</b> At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>	394,868.	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	394,868.
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4 a</b> Additional section 263A costs (attach schedule)	<b>4a</b>				X
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>	394,868.			

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: *[Signature]* Date: 11-5-11 Title: **TREASURER**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **Sue Robinson** Preparer's signature: *[Signature]* Date: 11/1/11  
 Firm's name: **KPMG LLP** Firm's EIN: **13-5565207**  
 Firm's address: **801 SECOND AVENUE, SUITE 900** Phone no.: **206-913-6517**  
 SEATTLE, WA 98104

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Total dividends-received deductions included in column 8 . . . . . ▶

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals . . . . . ▶

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b>						
<b>Totals</b> , Part II (lines 1-5) . . . . . ▶		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> . Enter here and on page 1, Part II, line 14 . . . . . ▶			

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

OPTICAL, HEARING AID, INTERNET SALES OF MEDICAL APPLIANCES/PRODUCTS AND LAB SERVICES ARE OFFERED TO NON-MEMBERS. GROUP HEALTH IS ALSO A MEMBER OF A PURCHASING PARTNERSHIP THAT GENERATES UNRELATED BUSINESS INCOME. CENTER FOR HEALTH STUDIES IS A DEPARTMENT OF GROUP HEALTH THAT CONDUCTS RESEARCH SUPPORTING GROUP HEALTH IN ITS MISSION TO "TRANSFORM HEALTH CARE." CENTER FOR HEALTH STUDIES RECEIVED GRANTS FROM PHARMACEUTICAL COMPANIES TO PERFORM MEDICAL STUDIES. MOMENTUM IS A SUITE OF PRODUCTS AND SERVICES DEVELOPED BY GHC TO BETTER SUPPORT THE HEALTH AND WELLNESS NEEDS OF KEY PURCHASERS AND EMPLOYER GROUPS.

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

PREMIER PURCHASING PARTNERSHIP

30,271.

INCOME (LOSS) FROM PARTNERSHIPS

30,271.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

BOOKS & PUBLICATIONS	42.
OUTSIDE LABOR	433.
TELECOM-OTHER	952.
SMALL EQUIPMENT-SOFTWARE	81.
OCCUPANCY	758.
SUPPLIES	28,771.
ADVERTISING	1,825.
PHONE AND RENTAL	524.
OTHER EXPENSES	3,756.
OUTSIDE PROFESSIONAL SERVICES	479,432.
POSTAGE	35,157.
PRINTING, COPIES AND PRINTS	12,946.
REGISTRATION/TRAINING	8,901.
TRAVEL	15,119.
MEALS AT 50%	1,551.
MILEAGE	7,805.
MISCELLANEOUS	4,133.
OVERHEAD	22,356.
PCARD ACCRUAL EXPENSE	533,031.
FACILITIES SERVICES PURCHASED	216,728.
SERVICES PURCHASED-GRANTS	421,466.

PART II - LINE 28 - OTHER DEDUCTIONS

1,795,767.

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T .....	-730,693.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	-730,693.
3	SUBTRACT LINE 2 FROM LINE 1 .....	
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	
5	SUBTRACT LINE 4 FROM LINE 3 .....	
6	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	
7	SUBTRACT LINE 6 FROM LINE 5 .....	
8	ENTER 15% OF LINE 2 .....	
9	ENTER 25% OF LINE 4 .....	
10	ENTER 34% OF LINE 6 .....	
11	ENTER 35% OF LINE 7 .....	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE EXCESS OVER \$100,000 OR (B) \$11,750 .....	0.
13	MEMBER'S SHARE OF ADDITONAL TAX: (A) 3% OF THE EXCESS OVER \$15 MILLION OR (B) \$100,000 .....	0.
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T .....	0.



SCHEDULE O  
(Form 1120)

Consent Plan and Apportionment Schedule  
for a Controlled Group

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ See separate instructions.

2010

Name

Employer identification number

Part I Apportionment Plan Information

- 1 Type of controlled group:
  - a  Parent-subsidiary group
  - b  Brother-sister group
  - c  Combined group
  - d  Life insurance companies only
  
- 2 This corporation has been a member of this group:
  - a  For the entire year.
  - b  From \_\_\_\_\_, 20\_\_\_\_\_, until \_\_\_\_\_, 20\_\_\_\_\_.
  
- 3 This corporation consents and represents to:
  - a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, 20\_\_\_\_\_, and for all succeeding tax years.
  - b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, 20\_\_\_\_\_, and for all succeeding tax years.
  - c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
  - d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, 20\_\_\_\_\_, and for all succeeding tax years.
  
- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
  - a  Elected by the component members of the group.
  - b  Required for the component members of the group.
  
- 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
  - a  No apportionment plan is in effect and none is being adopted.
  - b  An apportionment plan is already in effect. It was adopted for the tax year ending 12/31, 2006, and for all succeeding tax years.
  
- 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.
  - a  Yes.
    - (i)  The statute of limitations for this year will expire on \_\_\_\_\_, 20\_\_\_\_\_.
    - (ii)  On \_\_\_\_\_, 20\_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_, 20\_\_\_\_\_.
  - b  No. The members may not adopt or amend an apportionment plan.
  
- 7 Required information and elections for component members. Check the applicable box(es) (see instructions).
  - a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
  - b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
  - c  The corporation has a short tax year that does not include December 31.

**Part II Taxable Income Apportionment** (See instructions)

**Caution:** Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) NONE	
1	Group Health Cooperative 91-0511770		NONE	NONE	NONE	NONE	NONE	NONE
2	Group Health Options, Inc. 91-1467158		50,000	25,000	9,925,000	5,334,065	15,334,065	
3	Group Health Services, Inc. 91-1392222		NONE	NONE	NONE	NONE	NONE	NONE
4	KPS Health Plans 91-0540525		NONE	NONE	NONE	NONE	NONE	NONE
5								
6								
7								
8								
9								
10								
<b>Total</b>								

**Part III** Income Tax Apportionment (See instructions)

**Income Tax Apportionment**

(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 Group Health Cooperative	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 Group Health Options, Inc.	7,500	6,250	3,374,500	1,866,923	11,750	10,022	5,276,945
3 Group Health Services, Inc.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 KPS Health Plans	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**Part IV Other Apportionments (See instructions)**

**Other Apportionments**

(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 Group Health Cooperative	NONE	NONE	NONE	NONE	NONE
2 Group Health Options, Inc.	NONE	NONE	NONE	NONE	NONE
3 Group Health Services, Inc.	NONE	NONE	NONE	NONE	NONE
4 KPS Health Plans	NONE	NONE	NONE	NONE	NONE
5					
6					
7					
8					
9					
10					
<b>Total</b>					

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization <b>GROUP HEALTH COOPERATIVE</b>	Employer identification number <b>91-0511770</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>320 WESTLAKE AVE N</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SEATTLE, WA 98109-5233</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**INTERNAL REVENUE SERVICE  
W & I - FIELD ASSISTANCE  
SEATTLE, WA**

**MAY 12 2011**

**RECEIVED  
55319**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► JAMIE LEE

Telephone No. ► 206-448-4683 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 10 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	NONE
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	NONE
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	NONE

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.