

Department of the Treasury
Internal Revenue Service

For calendar year 2012 or other tax year beginning _____, 2012, and ending _____, 2012. **See separate instructions.**

Open to Public Inspection for 501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p>C Book value of all assets at end of year 1466981065.</p>	<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GROUP HEALTH COOPERATIVE</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 320 WESTLAKE AVE N</p> <p>City or town, state, and ZIP code SEATTLE, WA 98109-5233</p>	<p>D Employer identification number (Employees' trust, see instructions.) 91-0511770</p> <p>E Unrelated business activity codes (see instructions.) 541900 541700</p>
<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)								
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)								
<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)								
<p>F Group exemption number (see instructions) ▶ 1466981065.</p>		<p>G 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</p>							

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 **▶** **MARTIN R. DOPPS** Telephone number **▶** **206-448-5146**

		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 1,232,337.				
b Less returns and allowances	c Balance ▶	1c 1,232,337.		
2 Cost of goods sold (Schedule A, line 7)	2	193,915.		
3 Gross profit. Subtract line 2 from line 1c	3	1,038,422.		1,038,422.
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5	8,665.	ATCH 2	8,665.
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	1,047,087.		1,047,087.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		349,142.
16 Repairs and maintenance	16		197.
17 Bad debts	17		-179.
18 Interest (attach statement)	18		
19 Taxes and licenses	19		57,963.
20 Charitable contributions (see instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21	2,021.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
	22b		2,021.
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		70,913.
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach statement) ATTACHMENT 3	28		598,048.
29 Total deductions. Add lines 14 through 28	29		1,078,105.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-31,018.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-31,018.
33 Specific deduction (generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-31,018.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations taxable as corporations, Income tax on amount on line 34, Trusts taxable at trust rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments: A 2011 overpayment credited to 2012, 2012 estimated tax payments, Tax deposited with Form 8868, Foreign organizations: Tax paid or withheld at source, Backup withholding, Credit for small employer health insurance premiums, Other credits and payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about interest in a foreign country, distribution from a foreign trust, and tax-exempt interest received.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, Total, Inventory at end of year, Cost of goods sold, and Do the rules of section 263A apply.

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. Signature of officer: [Signature], Date: 11/13/13, Title: TREASURER.

Table with 3 columns: Field, Value, Field. Includes fields for Preparer's name (ROBISON, SUE), Signature (Sue W. Robison), Date (10/18/13), Firm's name (KPMG LLP), Firm's EIN (13-5565207), Firm's address (1918 EIGHTH AVENUE, SUITE 2900), and Phone no. (206-913-4000).

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

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (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. Rows (1) through (4) and a Total row.

(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)

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 (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row and instructions for entering values on page 1.

Total dividends-received deductions included in column 8

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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. Includes instructions for adding columns 5 and 10, and 6 and 11.

Totals

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		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)

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)						
Totals		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)

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)						
Totals (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)						
Totals from Part I		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.
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

**SCHEDULE O
(Form 1120)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.**
▶ **Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.**

OMB No. 1545-0123

Name

Employer identification number

GROUP HEALTH COOPERATIVE

91-0511770

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 _____, until _____.

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 _____, 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 _____, 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 _____, 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 DECEMBER 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 _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- 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).

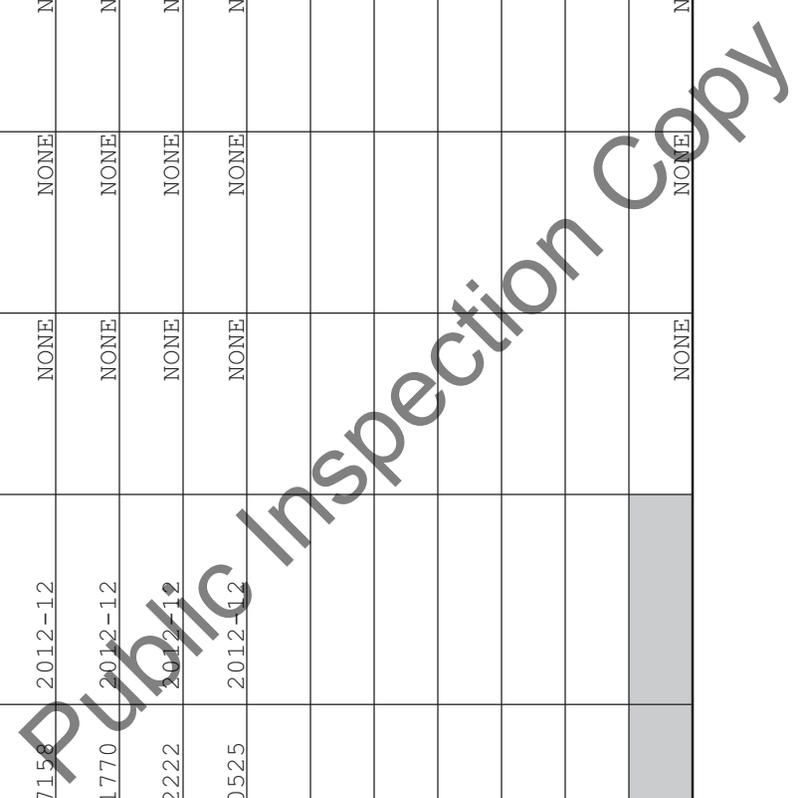
- a The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the 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 equal taxable income from 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%	
1	GROUP HEALTH OPTIONS, INC. 91-1467158	2012-12	NONE	NONE	NONE	NONE	NONE
2	GROUP HEALTH COOPERATIVE 91-0511770	2012-12	NONE	NONE	NONE	NONE	NONE
3	GROUP HEALTH SERVICES, INC. 91-1392222	2012-12	NONE	NONE	NONE	NONE	NONE
4	KPS HEALTH PLANS 91-0540525	2012-12	NONE	NONE	NONE	NONE	NONE
5							
6							
7							
8							
9							
10							
Total			NONE	NONE	NONE	NONE	NONE

Schedule O (Form 1120) (Rev. 12-2012)



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 OPTIONS, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 GROUP HEALTH COOPERATIVE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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							
Total	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule O (Form 1120) (Rev. 12-2012)

Public Inspection Copy

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 OPTIONS, INC.	NONE	NONE	NONE	NONE	NONE
2 GROUP HEALTH COOPERATIVE	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					
Total	NONE	NONE	NONE	NONE	NONE

Schedule O (Form 1120) (Rev. 12-2012)

Public Inspection Copy

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Attachment Sequence No. 179

Name(s) shown on return

Identifying number

GROUP HEALTH COOPERATIVE

91-0511770

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, (b) Cost, (c) Elected cost, and Amount. Includes lines 1-13 for general depreciation calculations.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table with 2 columns: Line number and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Line number and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-g for general depreciation system.

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Line number, Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 20a-c for alternative depreciation system.

Part IV Summary (See instructions.)

Table with 2 columns: Line number and Amount. Includes lines 21-23 for summary calculations.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles). 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2012 tax year (see instructions): 43 Amortization of costs that began before your 2012 tax year. 44 Total. Add amounts in column (f). See the instructions for where to report.

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 RESEARCH INSTITUTE IS A DEPARTMENT OF GROUP HEALTH THAT CONDUCTS RESEARCH SUPPORTING GROUP HEALTH IN ITS MISSION TO "TRANSFORM HEALTH CARE". GROUP HEALTH RESEARCH INSTITUTE RECEIVES GRANTS FROM PHARMACEUTICAL COMPANIES TO PERFORM MEDICAL STUDIES.

GROUP HEALTH PROVIDES ONSITE BIOMETRIC SCREENING FOR EMPLOYERS. THE SCREENINGS ASSOCIATED WITH NON-MEMBERS ARE CONSIDERED UNRELATED BUSINESS INCOME.

GROUP HEALTH IS A MEMBER OF A PURCHASING PARTNERSHIP THAT GENERATES UNRELATED BUSINESS INCOME.

Public Inspection Copy

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

PREMIER PURCHASING PARTNERSHIP	8,665.
INCOME (LOSS) FROM PARTNERSHIPS	<u>8,665.</u>

Public Inspection Copy

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

BOOKS & PUBLICATIONS	1,695.
COMMUNICATIONS & UTILITIES	1,074.
OCCUPANCY	612.
SUPPLIES	5,994.
ADVERTISING	784.
OUTSIDE PROFESSIONAL SERVICES	3,066.
POSTAGE	5,916.
PRINTING, COPIES AND PRINTS	284.
EDUCATION & TRAINING	2,602.
TRAVEL	10,434.
MEALS AT 50%	1,529.
MILEAGE	803.
MISCELLANEOUS	1,679.
OVERHEAD	14,461.
ACTIVITY BURDEN	395,655.
FACILITIES SERVICES PURCHASED	11,095.
SERVICES PURCHASED - GRANTS	140,365.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>598,048.</u>

Public Inspection Copy

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T	-31,018.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	-31,018.
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	
13	MEMBER'S SHARE OF ADDITONAL TAX: (A) 3% OF THE EXCESS OVER \$15 MILLION OR (B) \$100,000	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T	

Public Inspection Copy

Group Health Cooperative
NOL Carryforward Schedule

91-0511770

ATTACHMENT 5

<u>Year Incurred</u>	<u>Original NOL</u>	<u>Amount Used</u>	<u>Remaining NOL</u>	
12/31/2007	879,014	0	879,014	
12/31/2008	3,012,171	0	3,012,171	
12/31/2009	1,833,687	0	1,833,687	
12/31/2010	730,693	0	730,693	
12/31/2011	127,039	0	127,039	
12/31/2012	31,017	0	31,017	
			<u>6,613,621</u>	Total NOL
				Carryforward to 2013

Public Inspection Copy