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Form 990

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Group Health Cooperative of South Central WI	D Employer identification number 39-1199466
E Doing Business As	
F Number and street (or P O box if mail is not delivered to street address) PO Box 44971	
Room/suite	
G City or town, state or country, and ZIP + 4 Madison, WI 537444971	

E Telephone number
(608) 251-4156

G Gross receipts \$ 588,294,837

I Tax-exempt status 501(c) (3) ► (insert no) 4947(a)(1) or 527

J Website: ► ghcscw.com

K Form of organization Corporation Trust Association Other ► HMO

L Year of formation 1972

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE ACCESSIBLE, COMPREHENSIVE, HIGH QUALITY, HEALTH CARE AND OUTSTANDING SERVICE IN AN EFFICIENT AND PERSONALIZED MANNER ON A PREPAID BASIS IN GHC-SCW'S SERVICE AREA

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of employees (Part V, line 2a)	5	731
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8	10,450	10,450
9 Program service revenue (Part VIII, line 2g)	9	233,874,870	251,267,558
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	1,206,836	2,142,236
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	294,482	313,779
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	235,386,638	253,734,023

		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	319,665	370,942
14 Benefits paid to or for members (Part IX, column (A), line 4)	14	141,710,716	158,559,629
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	42,946,335	47,962,086
16a Professional fundraising fees (Part IX, column (A), line 11e)	16a	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0	b		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	41,514,163	44,904,777
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18	226,490,879	251,797,434
19 Revenue less expenses Subtract line 18 from line 12	19	8,895,759	1,936,589

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	20	125,126,452	133,514,791
21 Total liabilities (Part X, line 26)	21	53,911,434	57,249,676
22 Net assets or fund balances Subtract line 21 from line 20	22	71,215,018	76,265,115

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

2010-09-15

Date

EDWARD PAUTZ FINANCE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Grant Thornton LLP PO Box 8100 Madison, WI 537088100		EIN ►	Phone no ► (608) 257-6761

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

GROUP HEALTH COOPERATIVE OF SOUTH CENTRAL WISCONSIN (GHC) IS A NONSTOCK, NOT-FOR-PROFIT, FEDERALLY
QUALIFIED HEALTH MAINTENANCE ORGANIZATION (HMO), LICENSED UNDER THE PROVISIONS OF TITLE XIII OF THE PUBLIC
HEALTH SERVICES ACT AND SECTION 185.981 OF THE WISCONSIN STATUTES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 227,313,605 including grants of \$ 370,942) (Revenue \$ 251,267,558)

Group Health Cooperative of South Central Wisconsin (GHC) contracts with business organizations and individuals in the State of Wisconsin to provide comprehensive medical care benefits in exchange for prepaid premiums. Services as defined by the Secretary of the U.S. Department of Health and Human Services are provided to subscribers as needed, and generally without limitation as to time and cost. GHC is a staff-model HMO, whereby the clinic-based physicians are employees of and work exclusively for GHC. GHC operates five clinics in the Madison metropolitan area. GHC's enrollment as of December 31, 2009 was 62,771. In addition to providing HMO benefits and daily patient care, GHC's mission is to contribute to and aid community organizations, perform good deeds and to make Dane County a better place to live. SEE ALSO SCHEDULE F, Q for additional program descriptions.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$

4c (Code) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule O)

(Expenses \$**1,000,000**) including grants of \$**1,000,000**) (Revenue \$**1,000,000**)

4e Total program service expenses **\$ 227,313,605**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • 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? If "Yes," complete Schedule D, Part X. 	11	Yes
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes
12a Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Yes
<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12a	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29		No
30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34		No
35 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35		No
36 Section 501(c)(3) organizations. Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 2,076	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 731	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a No	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b No	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a No	
4b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	4b No	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c No	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a No	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b No	
7	Organizations that may receive deductible contributions under section 170(c).	7a No	
7b		7b No	
7c		7c No	
7d	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7d No	
7e	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e No	
7f	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f No	
7g	If "Yes," indicate the number of Forms 8282 filed during the year	7g No	
7h	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h No	
7i	If "Yes," did the organization pay premiums, directly or indirectly, on a personal benefit contract?	7i No	
7j	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7j No	
7k	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7k No	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8 No	
9	Sponsoring organizations maintaining donor advised funds.	9a No	
9b	Did the organization make any taxable distributions under section 4966?	9b No	
10	Section 501(c)(7) organizations. Enter	10a No	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b No	
11	Section 501(c)(12) organizations. Enter	11a No	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b No	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a No	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body . . .	1a	11	
b Enter the number of voting members that are independent . . .	1b	9	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6 Does the organization have members or stockholders?	6	Yes	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13 Does the organization have a written whistleblower policy?	13	Yes	
14 Does the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 EDWARD PAUTZ
 1265 JOHN Q HAMMONS DR
 Madison, WI 53717
 (608) 251-4156

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 the organization did not compensate any current or former officer, director, trustee or key employee.

1b Total	3,238,417	0	748,513
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **►110**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
UNV OF WIS HOSPITAL AND CLINIC AUTH 600 HIGHLAND AVE MADISON, WI 53792	CARE SERVICES	51,679,636
UNIVERSITY OF WIS MEDICAL FOUNDATIO 600 HIGHLAND AVENUE MADISON, WI 73792	MEDICAL SERVICES	33,290,905
ST MARYS HOSPITAL MEDICAL 707 SOUTH MILLS STREET MADISON, WI 53715	MEDICAL SERVICES	11,046,209
MERITER HOSPITAL INC 202 SOUTH PARK STREET MADISON, WI 53715	MEDICAL SERVICES	10,163,432
SXC HEALTH SOLUTIONS INC 2441 WARRENVILLE ROAD SUITE 610 LISLE, IL 605323642	PHARMACY MANAGEMENT	7,983,312
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 ►119		

Part VIII Statement of Revenue

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) but are not required to complete columns (B), (C), and (D).**

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 governments and organizations in the U S See Part IV, line 21	370,942	370,942		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	158,559,629	158,559,629		
5 Compensation of current officers, directors, trustees, and key employees	2,784,097	2,200,136	583,961	
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	30,399,662	22,163,627	8,236,035	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,663,112	1,982,759	680,353	
9 Other employee benefits	9,667,381	6,859,639	2,807,742	
10 Payroll taxes	2,447,834	1,841,249	606,585	
11 Fees for services (non-employees)				
a Management	0			
b Legal	352,808	40,007	312,801	
c Accounting	109,816	12,453	97,363	
d Lobbying	0			
e Professional fundraising See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	4,818,682	34,095	4,784,587	
13 Office expenses	29,570,451	27,096,667	2,473,784	
14 Information technology	545,511		545,511	
15 Royalties	0			
16 Occupancy	1,812,497	1,548,401	264,096	
17 Travel	175,224	44,971	130,253	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	491,756	329,817	161,939	
20 Interest	335,584	323,182	12,402	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,249,475	2,103,907	1,145,568	
23 Insurance	499,529	296,360	203,169	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a TAXES LICENSES & FEES	1,399,197	886,604	512,593	
b OUTSIDE SERVICES	780,705	310,279	470,426	
c BOARDS, BUREAUS, ASSOC FEES	299,180	47,095	252,085	
d RECRUITING	131,580	32,117	99,463	
e WHEFA EXPENSES	87,195	87,195	0	
f All other expenses	245,587	142,474	103,113	
25 Total functional expenses. Add lines 1 through 24f	251,797,434	227,313,605	24,483,829	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	14,576,925	1 3,642,187
	2 Savings and temporary cash investments	3,685,767	2 1,529,517
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	16,215,744	4 19,440,607
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use	1,502,178	8 1,622,721
	9 Prepaid expenses and deferred charges	2,025,277	9 1,987,935
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 51,389,081	
	b Less accumulated depreciation	10b 21,437,298	10c 29,951,783
	11 Investments—publicly traded securities	34,322,215	11 53,815,743
	12 Investments—other securities See Part IV, line 11	21,879,218	12 19,796,076
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11	1,793,251	15 1,728,222
	16 Total assets. Add lines 1 through 15 (must equal line 34)	125,126,452	16 133,514,791
Liabilities	17 Accounts payable and accrued expenses	24,719,184	17 28,184,347
	18 Grants payable		18
	19 Deferred revenue	19,048,935	19 19,827,374
	20 Tax-exempt bond liabilities	9,500,000	20 8,500,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities Complete Part X of Schedule D	643,315	25 737,955
	26 Total liabilities. Add lines 17 through 25	53,911,434	26 57,249,676
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets		27
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input checked="" 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	-6,400,000	31 -6,400,000
	32 Retained earnings, endowment, accumulated income, or other funds	77,615,018	32 82,665,115
	33 Total net assets or fund balances	71,215,018	33 76,265,115
	34 Total liabilities and net assets/fund balances	125,126,452	34 133,514,791

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a	No
b Were the organization's financial statements audited by an independent accountant?	2b	Yes
c If "Yes," to 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	2c	Yes
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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. ► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName of the organization
Group Health Cooperative of South Central WI

Employer identification number

39-1199466

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 **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No

(ii) a family member of a person described in (i) above? 11g(i)

(iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(ii)

h Provide the following information about the supported organization(s) 11g(iii)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) 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)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2008. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2009****Open to Public
Inspection****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. ► See separate instructions.**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization

Group Health Cooperative of South Central WI

Employer identification number

39-1199466

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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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 <input type="checkbox"/> if the filing organization belongs to an affiliated group	B Check <input type="checkbox"/> 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)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000		The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a If zero or less, enter -0-			
i Subtract line 1f from line 1c If zero or less, enter -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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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)).

	(a)		(b)
	Yes	No	
	Amount		
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		22,596
j Total lines 1c through 1i			22,596
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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).

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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)	4	
	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Lobbying Expense	Form 990, Schedule C, Part II-B, Line 11	GHC pays dues to America's Health Insurance Plan, Wisconsin Association of Health Plans, Cooperative Network, and Alliance of Community Health Plans. All of these organizations advocate for their members with various legislative parties for policy development

2009

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service**Name of the organization**

Group Health Cooperative of South Central WI

Employer identification number

39-1199466

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's 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 XIV

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

(i) unrelated organizations Yes No

(ii) related organizations Yes No

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

Yes	No
3a(i)	
3a(ii)	
3b	

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,801,780			3,801,780
b Buildings		19,816,062	4,465,334		15,350,728
c Leasehold improvements		7,921,458	2,226,024		5,695,434
d Equipment		15,888,821	12,018,574		3,870,247
e Other		3,960,960	2,727,366		1,233,594
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					29,951,783

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
FEDERAL HOME LOAN BANK BONDS	2,500,000	F
US TREASURY NOTE	299,766	F
CERTIFICATES OF DEPOSIT	16,996,310	F
Total (Column (b) should equal Form 990, Part X, col (B), line 12.)	19,796,076	

Total. (Column (b) should equal Form 990, Part X, col (B) line 12) **►** **19,796,076**

Part VIII Investments—Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value

Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)

Part IX Other Assets. See Form 990, Part X, line 15

Total (Column (b) should equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities See Form 990, Part X, line 25

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) **737,955**

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	253,734,023
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	251,797,434
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,936,589
4	Net unrealized gains (losses) on investments	4	3,113,508
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	3,113,508
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,050,097

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	253,723,573
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	253,723,573
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	10,450
c	Add lines 4a and 4b	4c	10,450
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	253,734,023

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	251,517,984
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	251,517,984
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	279,450
c	Add lines 4a and 4b	4c	279,450
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	251,797,434

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
FIN 48 - Accounting for Uncertainty in Income Taxes	SCHEDULE D, PART X, LINE 2	As required by the accounting and financial reporting standards for uncertain tax positions, GHC-SCW recognizes the financial statement benefit of a tax position only after determining that the relevant tax authority would more likely than not sustain the position following an audit. For tax positions meeting the more-likely-than-not threshold, the amount recognized in the financial statements is the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement with the relevant tax authority. There are no material unrecognized tax benefits taken or expected to be taken in a tax return that have been recorded on GHC-SCW's financial statements for the years ended December 31, 2009, and 2008 as it was determined that all tax positions taken meet the more-likely-than-not threshold.
Sch D - Other revenue on return but not on books	Schedule D, Part XII, line 4b	Medical Home Local Capacity Building Grant from the UW Madison Waisman Center - Southern Regional Children and Youth with Special Health Care Needs Center \$10,450
Sch D - Other Amounts included on Form 990, but not on Books	SCHEDULE D, PART XIII, LINE 4B	Deferred Tax Expense related to unrealized gains (Losses) on investments \$269,000 Expenses incurred from the Medical Home Local Capacity Building Grant from the UW Madison Waisman Center - Southern Regional Children and Youth with Special Health Care Needs Center \$10,450

**Schedule I
(Form 990)****2009****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
Group Health Cooperative of South Central WIEmployer identification number
39-1199466**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Access Community Health Center2202 S Park St Rm 171 Madison, WI 53713	391391134	501(c)(3)	195,072				Sponsors the salary, benefits, and malpractice insurance of the Medical Director for Access Community Health Centers
Aldo Leopold Nature Center 300 Femrite Drive Monona, WI 53716	391786897	501(c)(3)	7,500				Grant to bring quality environmental education to children and their families and teachers
American Family Childrens Hospital1675 Highland Avenue Madison, WI 53792	391835360	501(c)(3)	20,000				Grant to support general operations of the Hospital
American Heart Association 6658 University Ave Middleton, WI 53562	135613797	501(c)(3)	10,900				Grants to support general AHA programs through the American Heart Walk, Go Red for Women, and Jump Rope for Life events
American Red Cross Badger Chapter4860 Sheboygan Ave MADISON, WI 53705	530196605	501(c)(3)	27,500				Grant to support the Basic Aid Training program
Edgewood College5950 Seminole Cntr Ct 220 MADISON, WI 53704	390806202	501(c)(3)	5,360				Grant to Edgewood College to award a scholarship to an Edgewood nursing student
March of Dimes5315 Wall St Ste 140 MADISON, WI 53718	941322184	501(c)(3)	8,500				Grant to support the fight against birth defects and premature births

2 Enter total number of section 501(c)(3) and government organizations ► 7

3 Enter total number of other organizations ► 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Process to Monitor Use of Grant Funds	Schedule I, Part I, Line 2	The use of grant funds is monitored through the application of a proposal process. Grant-seekers must provide key details of the opportunity, a list of sponsors who have committed to date, a comprehensive list of benefits including how they relate to GHC, a timeline including important deadlines, and credentials of the organization and key subcontractors (publicist, event producer, etc.)

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

Group Health Cooperative of South Central WI

Employer identification number

39-1199466

Part I Questions Regarding Compensation

Yes

No

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

<input 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

1b Yes

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

2 Yes

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

4a No

a Receive a severance payment or change-of-control payment?

4b No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c No

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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

5a No

a The organization?

5b No

If "Yes," to line 5a or 5b, describe in Part III

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

6a No

a The organization?

6b No

If "Yes," to line 6a or 6b, describe in Part III

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

7 No

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

8 No

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

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LARRY ZANONI	(i) (ii)	324,940 0	52,744 0	2,851 0	237,682 0	20,689 0	638,906 0	0 0
MICHAEL OSTROV	(i) (ii)	275,555 0	46,267 0	1,858 0	29,682 0	18,358 0	371,720 0	0 0
EDWARD PAUTZ	(i) (ii)	162,441 0	27,621 0	2,012 0	22,506 0	16,532 0	231,112 0	0 0
GALEN METZ	(i) (ii)	156,793 0	27,029 0	1,980 0	21,462 0	16,445 0	223,709 0	0 0
KASSANDRA REMO	(i) (ii)	159,878 0	25,577 0	690 0	21,337 0	16,449 0	223,931 0	0 0
ALLAN WEARING	(i) (ii)	157,362 0	24,091 0	1,290 0	20,650 0	2,537 0	205,930 0	0 0
MARK DALEBROUX	(i) (ii)	140,555 0	24,287 0	629 0	18,465 0	16,163 0	200,099 0	0 0
CHRISTINE TOCK	(i) (ii)	271,612 0	0 0	300 0	27,424 0	17,640 0	316,976 0	0 0
DEBRA SHENOI	(i) (ii)	202,918 0	0 0	300 0	23,744 0	15,546 0	242,508 0	0 0
ALISON CRAIG-SHASHKO	(i) (ii)	179,253 0	0 0	270 0	20,986 0	16,357 0	216,866 0	0 0
Mark Olinger	(i) (ii)	177,196 0	0 0	1,980 0	20,072 0	16,353 0	215,601 0	0 0
ARNOLD BENARDETTE	(i) (ii)	180,056 0	0 0	1,290 0	20,389 0	8,558 0	210,293 0	0 0
ROBERT MATTHEW	(i) (ii)	199,977 0	0 0	300 0	23,314 0	16,645 0	240,236 0	0 0
MARK HUTH	(i) (ii)	173,326 0	0 0	424 0	19,280 0	16,277 0	209,307 0	0 0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

Group Health Cooperative of South Central WI

Employer identification number

39-1199466

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
							Yes	No
A	WIS HEALTH AND EDUCATION FACILITIES AUTHORITY	97710VUC0		07-29-2007	12,000,000	Clinic Construction	X	X

Part II Proceeds

	A	B	C	D	E
1 Total proceeds of issue	12,000,000				
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds					
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds	12,000,000				
8 Year of substantial completion	2004				
9 Were the bonds issued as part of a current refunding issue?	X				
10 Were the bonds issued as part of an advance refunding issue?	X				
11 Has the final allocation of proceeds been made?	X				
12 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	E
	Yes	No	Yes	No	Yes
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 with respect to the financed property which may result in private business use?	X				

Part III Private Business Use (Continued)

	A Yes	B No	C Yes	D No	E Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X				
3b Are there any research agreements with respect to the financed property which may result in private business use?		X				
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %				
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %				
6 Total of lines 4 and 5		0 %				
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X					

Part IV Arbitrage

	A Yes	B No	C Yes	D No	E Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X				
2 Is the bond issue a variable rate issue?	X					
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X					
b Name of provider	M&I Bank					
c Term of hedge	0 5					
4a Were gross proceeds invested in a GIC?	X					
b Name of provider						
c Term of GIC						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?						
5 Were any gross proceeds invested beyond an available temporary period?	X					
6 Did the bond issue qualify for an exception to rebate?	X					

2009

Open to Public
Inspection**SCHEDULE O**
(Form 990)**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization

Group Health Cooperative of South Central WI

Employer identification number

39-1199466

Identifier	Return Reference	Explanation
Part III-Statement of Program Service Accomplishments	Form 990, Part III, Line 4	2009 Group Health Cooperative of South Central Wisconsin Report of Community Giving Summary As a non-profit consumer-sponsored cooperative, Group Health Cooperative of South Central Wisconsin (GHC-SCW) serves its members and the broader community. It is the philosophy of GHC-SCW to invest resources and promote staff volunteerism to non-profit community organizations whose goals and objectives are aligned with GHC-SCW vision, mission and values. Our focus is on issues related to health and wellness in Dane County. This commitment is demonstrated through financial support of organizations and events that make this community strong. However, another part of this commitment includes the dedication of time and expertise to initiatives that contribute to the overall health and well-being of our community. In order to be included in this report, criteria must be met based on the 501(c)3 community giving policy. These services were delivered by GHC-SCW employees during work time and the employees were paid for the time spent on these activities or received compensation time in return. Major activities covering a range of diverse initiatives and involved a broad spectrum of GHC-SCW personnel included the following: BadgerCare Plus began on February 1, 2009 as a new state sponsored health care program that replaced and combined family Medicaid, BadgerCare and Healthy Start into one program. BadgerCare Plus has three different plans-the Standard Plan, the Benchmark Plan, and the Core Plan. BadgerCare Plus Standard provided the same benefits as Family Medicaid, BadgerCare or Healthy Start. BadgerCare Plus Benchmark is modeled after a commercial health insurance plan and provides services in a more limited way than Wisconsin Medicaid or the Standard Plan. GHC-SCW contracts with the Wisconsin Department of Health Services (DHS) to serve BadgerCare Plus recipients. Individuals are eligible for BadgerCare Plus if they meet certain federal poverty thresholds. Individuals served are GHC-SCW members, and costs are partially offset by BadgerCare Plus capitation payments. However, the capitation rates do not cover the average cost of caring for a GHC-SCW member. For example, 2009 BadgerCare rates were roughly \$108.60 Per Member Per Month (PMPM). In contrast, the GHC-SCW combined average cost of caring for BadgerCare members was approximately \$231.13 PMPM during the same period. As a result, GHC-SCW provides a substantial subsidy. As of December 2009 BadgerCare enrollment was 3,878 members. GHC-SCW Pharmacy and Community Care Departments serve as preceptors for students from the University of Wisconsin's Pharmacy School and University of Wisconsin-Madison, School of Social Work. Several pharmacists spent time as preceptors and providing direct teaching, supervising and coaching of 45 pharmacy students during 2009. A social work student was also placed in the Community Care Department and given opportunities to learn about how to help patients connect to community resources and how to develop programs to improve the health of our members. GHC-SCW provides an educational stipend to students from the UW-Madison Social Work students. In 2009, GHC-SCW dedicated a total of 1,224 hours for this activity. Other programs organized by GHC-SCW include -Adopt A School Program -Holiday Gift Giving Program -Healthy Self Program and Healthy Self Olympics -Health Care Access Pilot. GHC-SCW also partners with other local organizations. Partnership programs include -American Red Cross Basic Aid Training -Access Community Health Center -Career Ladders and Wage Support -Monona Terrace Community Center Tai Chi Program. For more information regarding GHC-SCW's programs and activities, please visit ghcscw.com and click on the "Community" tab.
Part VI-Governing Body Voting Rights	Form 990, Pt VI, Sec A, Line 1a	Members of the governing body do not all have the same voting rights. The GHC Board of Directors includes two practitioner directors. These two practitioner directors are precluded from voting on matters pertaining to that member's compensation. Further, they are precluded from membership on any committee that has jurisdiction over compensation matters. In 2009 these employee board members were Robert Matthews, MD, Pamela Sprecher-Galka, PA (January-July 2009), and Mark Huth, MD (August-December 2009). The compensation and hours listed for these individuals are for their services as employees of the organization and not as members of the board.
Part VI- Members or Stockholders	Form 990, Pt VI, Sec A, Line 6	Does the organization have members or stockholders? Yes. GHC-SCW is a member owned cooperative. Members of the GHC-SCW Board of Directors are, with the exception of two provider representatives, are voted into office by the members of the cooperative.
Part VI- Members Electing Governing Body	Form 990, Pt VI, Sec A, Line 7a	May members elect one or more members of the governing body? Yes. Each voting member of GHC-SCW has a vote and is eligible to vote in person or by proxy for each Board Director. Board of Directors serve a term of three years.
Part VI-Governing Body Decisions Approved	Form 990, Pt VI, Sec A, Line 7b	Are decisions for the governing body subject to approval by members? Yes. Changes to the organizational by-laws are subject to approval by the voting members. Further, voting members approve the meeting minutes from each prior membership meeting.
Part VI-Filing Process	Form 990, Pt VI, Sec A, Line 10	Describe the filing process. After the Form 990 is prepared by the GHC-SCW's accounting firm and prior to filing the Form 990, the Finance Director performs an extensive review of the return. A copy is made available to the finance committee of the governing board during a board meeting and major points are discussed. Once approved by the committee, a copy of the return is made available to the rest of the governing body and the Form 990 is electronically filed with the Internal Revenue Service.
Part VI-Conflict of Interest Monitoring	Form 990, Pt VI, Sec B, Line 12c	Describe how the Organization regularly and consistently monitors and enforces compliance with the Conflict of Interest Policy. The Finance Director annually reviews a Conflict of Interest Questionnaire that is to be provided to the Board, Officers, and Key Employees. The Finance Director then has the Organization's CPA's and Attorneys review and provide commentary regarding the questionnaire. Next, the Board, Officers, and Key Employees are provided a copy of the questionnaire to read and sign during a meeting. The meeting provides these persons the opportunity to walk thru the questionnaire with knowledgeable facilitators who guide them to pertinent areas and respond to any questions.
Part VI-Process for Determining Compensation	Form 990, Pt VI, Sec B, Line 15b	Describe the process for determining compensation of top management and other officers or key employees. Human Resources reviews the pay plan of GHC-SCW employees' compensation and benefits and compares various aspects to researched compensation and benefits provided by similar organizations. Consultants are hired to review physician's compensation every three years while senior management compensation is reviewed every two to three years.

Identifier	Return Reference	Explanation
Part VI-Publicly Available Forms	Form 990, Pt VI, Sec C, Line 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. GHC-SCW's Form 1023 is made available to those submitting a request form. GHC-SCW's Form 990 is made available at www.guidestar.org , and to those submitting a request form.

Part VI-Publicly Disclosed Documents Form 990, Pt VI, Sec C, Line 19 Describe whether the Organization makes its governing documents, conflict of interest policy and financial statements available to the public No documents available to the public Schedule A, Part I-Reason for Public Charity Status Schedule A, Pt I, Line 3 & Schedule H Group Health Cooperative of South Central Wisconsin is not required to be licensed, registered or similarly recognized by the State of Wisconsin as a hospital and therefore has no Schedule H filing requirement Schedule K, Part IV Line 3c Term of Hedge related to Tax Exempt Bond The hedge term with M&I Bank ends July 15, 2010, however the organization generally renews this hedge on an annual basis
For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2009

Additional Data

Software ID:
Software Version:
EIN: 39-1199466
Name: Group Health Cooperative of South Central WI

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(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
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
KENNETH MACHTAN PRESIDENT	5 5	X					25,500	0	0
MARY WRIGHT Board Member	4 0	X					16,800	0	0
MICHAEL MULLEE Treasurer	4 0	X					19,500	0	0
CAROL WINKLER SECRETARY	4 0	X					17,700	0	0
JAMES DRISCOLL BOARD MEMBER	4 0	X					16,500	0	0
BRET CLOSTERMERY BOARD MEMBER	4 0	X					16,500	0	0
THOMAS SCHOMISCH BOARD MEMBER	4 0	X					17,700	0	0
PATRICIA GADOW BOARD MEMBER	4 0	X					18,900	0	0
FRED TRUM Board Member	4 0	X					15,900	0	0
ROBERT MATTHEW SITE CHIEF, EMPLOYEE DIRECTOR	60 0	X					200,277	0	39,959
PAMELA SPRECHER-GALKA EMPLOYEE DIRECTOR(APRIL 2009)	50 0	X					67,765	0	6,971
MARK HUTH PHYS , EMPLOYEE DIR (MAY 09)	60 0	X					173,750	0	35,557
LARRY ZANONI EXECUTIVE DIRECTOR	50 0		X				380,535	0	258,371
MICHAEL OSTROV MEDICAL DIRECTOR	50 0		X				323,680	0	48,040
EDWARD PAUTZ FINANCE DIRECTOR	50 0		X				192,074	0	39,038
GALEN METZ INFORMATION SERVICES DIRECTOR	50 0		X				185,802	0	37,907
KASSANDRA REMO CLINIC OPERATIONS DIRECTOR	50 0		X				186,145	0	37,786
ALLAN WEARING MARKETING DIRECTOR	50 0		X				182,743	0	23,187
MARK DALEBROUX HR DIRECTOR	50 0		X				165,471	0	34,628
CHRISTINE TOCK PHYSICIAN	60 0			X			271,912	0	45,064
DEBRA SHENOI CHIEF OF STAFF	60 0			X			203,218	0	39,290
ALISON CRAIG-SHASHKO PEDIATRICIAN	60 0			X			179,523	0	37,343
Mark Olinger PHYSICIAN	60 0			X			179,176	0	36,425
ARNOLD BENARDETTE PEDIATRICIAN	60 0			X			181,346	0	28,947

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TAXES LICENSES & FEES	1,399,197	886,604	512,593	
OUTSIDE SERVICES	780,705	310,279	470,426	
BOARDS, BUREAUS, ASSOC FEES	299,180	47,095	252,085	
RECRUITING	131,580	32,117	99,463	
WHEFA EXPENSES	87,195	87,195	0	