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Form 990

## Return of Organization Exempt From Income Tax

2011

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 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization  
Group Health Cooperative of South Central WI

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO Box 44971City or town, state or country, and ZIP + 4  
Madison, WI 537444971F Name and address of principal officer  
Lawrence J Zanon  
1265 John Q Hammons Dr  
Madison, WI 53717I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► www.ghcscw.com

D Employer identification number

39-1199466

E Telephone number

(608) 251-4156

G Gross receipts \$ 313,480,060

H(a) Is this a group return for affiliates?  
 Yes  NoH(b) Are all affiliates included?  
 Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

K Form of organization  Corporation  Trust  Association  Other ► 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 individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	753
6 Total number of volunteers (estimate if necessary) . . . . .	6	0
7a Total 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	

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	10,790	8,000
9 Program service revenue (Part VIII, line 2g) . . . . .	269,158,157	292,198,982
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	3,324,006	3,617,842
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	320,613	334,436
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	272,813,566	296,159,260

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
	381,028	375,846
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	168,747,452	184,459,006
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	49,419,248	52,019,872
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	50,489,446	52,950,593
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	269,037,174	289,805,317
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	3,776,392	6,353,943

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
	147,333,754	154,147,395
21 Total liabilities (Part X, line 26) . . . . .		67,974,312
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	81,986,537	86,173,083

## 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 Edward Pautz Finance Director Type or print name and title	2012-10-18 Date
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Paid Preparer's Use Only	Preparer's signature ► Michelle L Weber	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Grant Thornton LLP 100 E Wisconsin Ave Milwaukee, WI 53202			EIN ►
				Phone no ► (414) 289-8200

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

### **Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III.

**1 Briefly describe the organization's mission**

The mission of Group Health Cooperative of South Central Wisconsin (GHC-SCW) is to provide accessible, comprehensive, high quality health care and outstanding service in an efficient and personalized manner. In support of this mission, Group Health Cooperative has the following responsibilities:

- 1 To promote the not-for-profit and cooperative nature of GHC-SCW which allows membership participation in policy decisions affecting the delivery of health care
- 2 To foster a partnership between members and practitioners that encourages members to assume responsibility for their health, emphasizing health education and preventive medicine
- 3 Satisfy the needs of GHC-SCW members by operating GHC-SCW on a sound financial basis, maintaining a cost efficient health care delivery organization, and exceeding minimum reserves as required by the Office of the Commissioner of Insurance, State of Wisconsin
- 4 To maintain a practice setting that is medically and personally satisfying to GHC-SCW members.

**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 C.

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 262,894,271 including grants of \$ 375,846 ) (Revenue \$ 292,220,963

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, 2011 was 67,933. 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 O 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 \$)**

including grants of \$

) (Revenue

**4e Total program service expenses**

262.894.271

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

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.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

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.

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

14a Did the organization maintain an office, employees, or agents outside of the United States?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.

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 and IV.

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 and IV.

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.

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.

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.

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

- b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements.

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

**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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	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	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a	No	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35b	No	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	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	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 2,599	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> Yes	
<b>2a</b>	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	<b>2a</b> 753	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b> Yes	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b> No	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b> No	
<b>4a</b>	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 or securities account)?	<b>4a</b> No	
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b> No	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b> No	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b> No	
<b>6a</b>	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?	<b>6a</b> No	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b> No	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b> No	
<b>a</b>	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?	<b>7b</b> No	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b> No	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b> No	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b> No	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b> No	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b> No	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b> No	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b> No	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9a</b> No	
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9b</b> No	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b> No	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b> No	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b> No	
<b>a</b>	Gross income from members or shareholders	<b>11b</b> No	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>12a</b> No	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12b</b> No	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b> No	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	<b>13b</b> No	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13c</b> No	
<b>c</b>	Enter the aggregate amount of reserves on hand	<b>14a</b> No	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b> 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.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year . . . . . **1a** 11

b Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed? . . . . . **4** No

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . **5** No

6 Did the organization have members or stockholders? . . . . . **6** Yes

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . **7a** Yes

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . **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.)

10a Did the organization have local chapters, branches, or affiliates? . . . . . **10a** No

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . **11a** Yes

b Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . . **12a** Yes

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12b** Yes

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12c** Yes

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . **13** Yes

13 Did the organization have a written whistleblower policy? . . . . . **14** Yes

14 Did the organization have a written document retention and destruction policy? . . . . . **15** 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 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . **16a** No

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . **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 made 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 made 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**

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director	Individual trustee	Institutional Trustee	Officer	Key Employee			
(1) Kenneth Machtan President	5 5	X		X			28,800	0	0
(2) Michael Mullee Treasurer	4 5	X		X			18,900	0	0
(3) Thomas Schomisch Board Member	4 0	X					18,000	0	0
(4) Carol Winkler Secretary	4 0	X		X			18,000	0	0
(5) James Driscoll Board Member	4 0	X					19,800	0	0
(6) Fred Trumm Board Member	4 0	X					18,900	0	0
(7) Bret Clostermery Board Member	4 0	X					19,200	0	0
(8) Patricia Gadow Board Member	4 0	X					21,900	0	0
(9) Mary Wright Vice President	4 0	X		X			16,200	0	0
(10) Mark Huth Director	60 0	X					233,903	0	47,997
(11) Robert Matthew Director	60 0	X					204,372	0	41,683
(12) Lawrence J Zanon Executive Director	50 0			X			402,985	0	54,817
(13) Michael Ostrov Medical Director	50 0			X			322,071	0	51,894
(14) Edward P Pautz Finance Director	50 0			X			199,206	0	46,721
(15) Galen Metz Information Services Director	50 0			X			196,806	0	44,803
(16) Kassandra L remo Clinic Oper Director	50 0			X			189,013	0	44,628
(17) Allan Wearing Marketing Director	50 0			X			189,863	0	23,501

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O )	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) Mark Dalebroux HR Director	50 0			X			171,790	0	39,326
(19) Bruce Quade Information Services Director	50 0			X			6,154	0	0
(20) Christine Tock Physician	60 0				X		298,023	0	51,832
(21) Alison Craig-Shashko Pediatrician	60 0				X		198,252	0	42,651
(22) Catherine Wilke Physician	60 0				X		211,414	0	42,738
(23) Leah Ederer Physician	60 0				X		196,911	0	42,627
(24) Michelle Thomas Physician	60 0				X		190,218	0	44,434
<b>1b Sub-Total . . . . .</b>									
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>									
<b>d Total (add lines 1b and 1c) . . . . .</b>							3,390,681	0	619,652

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►121**

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>		No
<b>4</b> 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	<b>4</b>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	<b>5</b>		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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
UNIV OF WIS HOSPITAL AND CLINIC AUTH 600 HIGHLAND AVE MADISON, WI 53792	Medical Services	61,709,554
UNIVERSITY OF WIS MEDICAL FOUNDATIO 600 HIGHLAND AVENUE MADISON, WI 53792	MEDICAL SERVICES	36,281,715
Meriter Hospital 202 S PARK STREET MADISON, WI 53715	Medical Services	12,791,965
St Mary's Hospital 707 South Mills Street MADISON, WI 53715	MEDICAL SERVICES	12,411,614
Dental Health Associates 2971 Chapel Valley Road MADISON, WI 53711	Dental Health Svcs	5,055,577
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>►165</b>		

## **Part VII 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)

Check if Schedule O contains a response to any question in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21	375,846	375,846		
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	184,459,006	184,459,006		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,691,234	2,001,193	690,041	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages	32,079,427	23,854,172	8,225,255	
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	3,086,414	2,277,749	808,665	
<b>9</b> Other employee benefits . . . . .	11,588,878	8,243,647	3,345,231	
<b>10</b> Payroll taxes . . . . .	2,573,919	1,939,182	634,737	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	893,879	167,196	726,683	
<b>c</b> Accounting . . . . .	98,394	18,404	79,990	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other . . . . .	1,936,084	1,402,630	533,454	
<b>12</b> Advertising and promotion . . . . .	5,396,658	30,117	5,366,541	
<b>13</b> Office expenses . . . . .	34,664,175	32,196,169	2,468,006	
<b>14</b> Information technology . . . . .	743,722	0	743,722	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	1,760,166	1,488,593	271,573	
<b>17</b> Travel . . . . .	183,534	62,941	120,593	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	498,222	332,271	165,951	
<b>20</b> Interest . . . . .	184,803	184,803	0	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,009,420	2,479,913	1,529,507	
<b>23</b> Insurance . . . . .	540,638	335,717	204,921	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b> TAXES LICENSES & FEES	1,229,600	767,234	462,366	
<b>b</b> BOARDS, BUREAUS, ASSOC FEES	383,738	74,670	309,068	
<b>c</b> RECRUITING	139,364	4,754	134,610	
<b>d</b> WHEFA EXPENSES	98,578	98,578	0	
<b>e</b>				
<b>f</b> All other expenses	189,618	99,486	90,132	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	289,805,317	262,894,271	26,911,046	0
<b>26</b> <b>Joint costs.</b> Check here <input type="checkbox"/> <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	-1,650,433	<b>1</b> 1,245,021
	2 Savings and temporary cash investments . . . . .	8,495,435	<b>2</b> 3,149,414
	3 Pledges and grants receivable, net . . . . .	0	<b>3</b> 0
	4 Accounts receivable, net . . . . .	19,246,760	<b>4</b> 20,731,049
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b> 0
	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 . . . . .	0	<b>6</b> 0
	7 Notes and loans receivable, net . . . . .	0	<b>7</b> 0
	8 Inventories for sale or use . . . . .	1,869,746	<b>8</b> 2,024,385
	9 Prepaid expenses and deferred charges . . . . .	1,957,062	<b>9</b> 2,343,780
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	54,203,947 <b>10a</b>	
	b Less accumulated depreciation . . . . .	26,544,869 <b>10b</b>	29,196,065 <b>10c</b> 27,659,078
	11 Investments—publicly traded securities . . . . .	86,606,700	<b>11</b> 95,472,665
	12 Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b> 0
	13 Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b> 0
	14 Intangible assets . . . . .	0	<b>14</b> 0
	15 Other assets See Part IV, line 11 . . . . .	1,612,419	<b>15</b> 1,522,003
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	147,333,754	<b>16</b> 154,147,395
Liabilities	17 Accounts payable and accrued expenses . . . . .	32,540,462	<b>17</b> 36,876,549
	18 Grants payable . . . . .	0	<b>18</b> 0
	19 Deferred revenue . . . . .	24,268,859	<b>19</b> 23,802,371
	20 Tax-exempt bond liabilities . . . . .	7,500,000	<b>20</b> 6,500,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b> 0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b> 0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b> 0
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b> 0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	1,037,896	<b>25</b> 795,392
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	65,347,217	<b>26</b> 67,974,312
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	81,986,537	<b>27</b> 86,173,083
	28 Temporarily restricted net assets . . . . .	0	<b>28</b> 0
	29 Permanently restricted net assets . . . . .	0	<b>29</b> 0
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .	30	
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	33 Total net assets or fund balances . . . . .	81,986,537	<b>33</b> 86,173,083
	<b>34 Total liabilities and net assets/fund balances</b> . . . . .	147,333,754	<b>34</b> 154,147,395

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	296,159,260
2	Total expenses (must equal Part IX, column (A), line 25)	2	289,805,317
3	Revenue less expenses Subtract line 2 from line 1	3	6,353,943
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,986,537
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,167,397
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	86,173,083

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	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? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c 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 <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated 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? <input type="checkbox"/>	3a	No
3b 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 <input type="checkbox"/>	3b	

2011

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 the supported organization?

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

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

h  Provide the following information about the supported organization(s)

	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	
<b>Total</b>									

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

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

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
b <b>33 1/3% support test—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
18 <b>Private Foundation</b> 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total.</b> 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 <b>Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )						
14 <b>First Five Years</b> 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 <b>stop here</b>						

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

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

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

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a <b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
b <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
20 <b>Private Foundation</b> 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. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

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



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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

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

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

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	
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	32,696
j	Total lines 1c through 1i		32,696
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	1	
2	2	
3	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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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	
5	Taxable amount of lobbying and political expenditures (see instructions)		

**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 11. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Form 990, Schedule C, Part II-B, Line 1i	Lobbying Expense	GHC pays dues to America's Health Insurance Plans, 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.

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
 ► 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 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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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

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

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

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

	(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 . . . . .	27,110,777	7,713,065		19,397,712
c Leasehold improvements . . . . .	2,836,034	1,847,130		988,904
d Equipment . . . . .	16,189,016	13,862,019		2,326,997
e Other . . . . .	4,266,340	3,122,655		1,143,685
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				27,659,078

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

**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
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ►	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
DEFERRED TAX LIABILITY	480,177
UNREALIZED LOSS ON SWAP AGREEMENT	315,215
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25) ►	795,392

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

**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	296,159,260
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	289,805,317
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,353,943
4	Net unrealized gains (losses) on investments	4	-2,167,397
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	-2,167,397
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,186,546

**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	293,983,863
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-2,167,397
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	-2,167,397
3	Subtract line 2e from line 1	3	296,151,260
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	8,000
c	Add lines 4a and 4b	4c	8,000
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	296,159,260

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

1	Total expenses and losses per audited financial statements	1	289,968,317
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	171,000
e	Add lines 2a through 2d	2e	171,000
3	Subtract line 2e from line 1	3	289,797,317
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	8,000
c	Add lines 4a and 4b	4c	8,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	289,805,317

**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, 2011, and 2010 as it was determined that all tax positions taken meet the more-likely-than-not threshold.
Form 990, Schedule D, Part XII, Line 4b	Other Revenue on Return But not on Books	Medical Home Local Capacity Building Grant from the UW Madison Waisman Center - Southern Regional Children and Youth with Special Health Care Needs Center \$8,000
Form 990, Schedule D, Part XIII, Line 2d	Other amounts included on financial statements, but not on form 990	Deferred tax expense related to unrealized gains(losses) on investments \$171,000
Form 990, Schedule D, Part XIII, line 4b	Other amounts included on form 990, but not on financial statements	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 \$8,000

## Schedule I (Form 990)

## **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**

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Group Health Cooperative of South Central W

**Employer 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.

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
(1) American Red Cross 4860 Sheboygan Avenue Madison, WI 53705	53-0196605	501(C)(3)	25,000				
(2) Edgewood College 5950 Seminole Centre Court Suite 2 Madison, WI 53711	39-0806202	501(C)(3)	8,500				Nursing Sponsor
(3) Foundation for Madison's Public Schools 455 Science Drive Suite 130 Madison, WI 53711	39-2043104	501(C)(3)	10,985				Russell Hess Fund
(4) Community Ground Works 3601 Memorial Drive Suite 4 Madison, WI 53704	39-2024302	501(c)(3)	11,710				Gardening Programs
(5) Centro Hispano of Dane County 810 W Badger Road Madison, WI 53713	93-0844812	501(c)(3)	11,620				Scholarship, Tickets, Classes, Community Awards

**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

**2011****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**

**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

**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?

**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

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

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

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

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

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

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

(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				
(1) Lawrence J Zanon	(i) 318,308 (ii) 0	56,690 0	27,987 0	29,682 0	25,135 0	457,802 0	0 0
(2) Michael Ostrov	(i) 250,642 (ii) 0	48,871 0	22,558 0	29,682 0	22,212 0	373,965 0	0 0
(3) Edward P Pautz	(i) 145,692 (ii) 0	28,943 0	24,571 0	23,222 0	23,499 0	245,927 0	0 0
(4) Galen Metz	(i) 144,432 (ii) 0	29,694 0	22,680 0	22,889 0	21,914 0	241,609 0	0 0
(5) Kassandra L remo	(i) 158,363 (ii) 0	25,760 0	4,890 0	22,056 0	22,572 0	233,641 0	0 0
(6) Allan Wearing	(i) 157,488 (ii) 0	25,565 0	6,810 0	21,444 0	2,057 0	213,364 0	0 0
(7) Mark Dalebroux	(i) 124,707 (ii) 0	25,156 0	21,927 0	19,201 0	20,125 0	211,116 0	0 0
(8) Christine Tock	(i) 297,723 (ii) 0	0 0	300 0	29,682 0	22,150 0	349,855 0	0 0
(9) Mark Huth	(i) 199,290 (ii) 0	34,163 0	450 0	28,280 0	19,717 0	281,900 0	0 0
(10) Robert Matthew	(i) 165,857 (ii) 0	38,065 0	450 0	23,874 0	17,809 0	246,055 0	0 0
(11) Alison Craig-Shashko	(i) 156,243 (ii) 0	41,709 0	300 0	23,237 0	19,414 0	240,903 0	0 0
(12) Catherine Wilke	(i) 157,849 (ii) 0	53,295 0	270 0	24,929 0	17,809 0	254,152 0	0 0
(13) Leah Ederer	(i) 146,043 (ii) 0	50,628 0	240 0	22,910 0	19,717 0	239,538 0	0 0
(14) Michelle Thomas	(i) 154,768 (ii) 0	35,180 0	270 0	22,284 0	22,150 0	234,652 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
Form 990, Schedule J, Line 1	Membership	Madison Club - GHC has a membership at the Madison Club which is used for GHC functions such as the annual Board Planning Retreat and Employee Recognition dinners. GHC also occasionally uses the Club for physician recruiting purposes. Although, the membership is in Mr Zanoni's name, Mr Zanoni did not make personal use of the club in 2011. In 2011, GHC paid \$1,980 (\$165 per month) in dues and annual member assessment. Rotary Club - GHC pays for Mr Zanoni's membership in the Rotary Club of Madison. In 2011, GHC paid dues and incidentals of \$1,052.00 and made two \$50 contributions to Rotary International Foundation.

**Schedule K  
(Form 990)****2011****Open to Public  
Inspection****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.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
Group Health Cooperative of South Central WIEmployer 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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
Wis Health and Education A Facilities Authority		97710VUC0	07-29-2004	12,000,000	CLINIC CONSTRUCTION		X		X		X

**Part II Proceeds**

1	Amount of bonds retired	A		B		C		D	
		5,500,000							
2	Amount of bonds defeased		0						
3	Total proceeds of issue		12,000,000						
4	Gross proceeds in reserve funds		0						
5	Capitalized interest from proceeds		0						
6	Proceeds in refunding escrow		0						
7	Issuance costs from proceeds		0						
8	Credit enhancement from proceeds		0						
9	Working capital expenditures from proceeds		0						
10	Capital expenditures from proceeds		12,000,000						
11	Other spent proceeds		0						
12	Other unspent proceeds		0						
13	Year of substantial completion		2004						

14	Were the bonds issued as part of a current refunding issue?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

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

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

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X						
<b>3a</b>	Are there any management or service contracts that may result in private business use?		X						
<b>b</b>	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b>	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►			0 %					
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►			0 %					
<b>6</b>	Total of lines 4 and 5			0 %					
<b>7</b>	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							
<b>Part IV Arbitrage</b>									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X						
<b>1</b>	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						
<b>2</b>	Is the bond issue a variable rate issue?	X							
<b>3a</b>	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
<b>b</b>	Name of provider	M&I BANK							
<b>c</b>	Term of hedge	10							
<b>d</b>	Was the hedge superintegrated?		X						
<b>e</b>	Was a hedge terminated?		X						
<b>4a</b>	Were gross proceeds invested in a GIC?		X						
<b>b</b>	Name of provider	0							
<b>c</b>	Term of GIC								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>5</b>	Were any gross proceeds invested beyond an available temporary period?		X						
<b>6</b>	Did the bond issue qualify for an exception to rebate?		X						

## **Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations  Yes  No

**Part VI**      **Supplemental Information**

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

Identifier	Return Reference	Explanation
term of hedge related to tax exempt bond	0	The hedge term with M&I Bank is 10 years and will end June 16, 2015. The hedge is also collateralized by a CD with M&I Bank that is renewed annually.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2011****Open to Public  
Inspection**Name of the organization  
Group Health Cooperative of South Central WI**Employer identification number**

39-1199466

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4	Statement of Program Service Accomplishments	2011 Group Health Cooperative of South Central Wisconsin Report of Community Giving Summary As a non-profit consumer-sponsored cooperative, we believe it is our responsibility to consciously pay attention to our role among external stakeholders. To that end, we build strong partnerships with other non-profit organizations whose existence helps support both our members and the people of Dane County. We actively engage and collaborate with these community partners, combining precious resources to make a meaningful difference in our community. These partnerships are another way for us to deliver our promise. At the heart of our work is the organizational Common Value of "Community Involvement," which allows us to invest resources, develop programs, and promote employee volunteerism with other non-profit community partners whose goals and objectives are aligned with our vision, mission, and values. 2011 proved to be a year of demanding community needs. To maximize our efforts addressing these needs, GHC-SCW identified four areas of Community Involvement: Improve Access to Health Care. We believe everyone has the right to quality health care and coverage. We develop and support programs that create a path to medical care for Madison's most vulnerable residents - the uninsured or under-insured. Develop Community Health Programs. We believe it is our responsibility to develop programs to increase the quality of life and health status of people living in our community. Working with community partners, we design innovative programs that allow us to meet our responsibility to the community. Build Partnerships to Strengthen the Health Care Safety Net. We partner with the public health department, community health centers, hospitals, and other local organizations to improve and strengthen the health care safety net for Madison's most vulnerable residents. These partnerships allow us to better understand the needs of the community and better coordinate the efforts of multiple organizations in response to those needs. Promote Employee Volunteerism. We encourage employees to voluntarily participate in community organizations and projects. We allocate financial and in-kind resources in support of employees who volunteer their time and expertise to the Dane County community.

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4	Statement of Program Service Accomplishments (Continued)	<p>Below is a summary of specific programs and activities in each of our four Community Giving focuses 1</p> <p>Improve Access to Health Care - We believe everyone has the right to quality health care and coverage. We develop and support programs that create a path to medical care for Madison's most vulnerable residents - the uninsured or under-insured. Access Community Health Center Access Community Health Center is a community clinic serving the low income and homeless in the Madison area. GHC-SCW assigns one of its full time physicians to act as their Medical Director. The annual salary and benefits for this physician is approximately \$225,000. Bridges to Access It's a sad reality that many families in our community do not have a place to call home. Area shelters are often unable to meet the demand of families struggling to find a safe, warm place to sleep. One factor that can help remove the barriers preventing families from achieving housing stability is improved access to medical care. With that in mind, GHC-SCW developed the Bridges to Access program. The GHC-SCW Bridges to Access program provided immediate medical care and helped patients apply for permanent medical coverage through BadgerCare Plus. The GHC-SCW Bridges to Access program also covered primary care services for uninsured, homeless families for three months. In addition, the program offered assistance with transportation, needed medications, applying for BadgerCare Plus, and connecting to a community provider. Health care Access Pilot (HAP) The Health Care Access Pilot (HAP) created a path for the uninsured to get needed health care services in Dane County. This program was born out of the collaborative efforts of the Health Council, a group of local health care leaders working with the United Way of Dane County. These groups worked together with the goal of creating healthier outcomes for uninsured patients. In 2011, each HAP patient received no-cost or reduced-cost health care through an assigned health care provider and clinic. Patients also received prescription drugs if they were prescribed by a participating health care provider. To further our commitment, GHC-SCW agreed to continue providing care for these patients in 2012. Primary Access for Kids Primary Access for Kids (PAK) provides health care services to uninsured children enrolled in the Madison Metropolitan School District (MMSD). In 2010, GHC-SCW, United Way of Dane County, MMSD, and several local health care organizations joined together to develop this program for children in need of health care services. The current program evolved out of the initial "Adopt a School Program," which was a public/private partnership between GHC-SCW, the Foundation for Madison's Public Schools, and MMSD. Stay Healthy Program Basic and preventive care is often deficient among those without proper insurance coverage. Without preventive care, medical conditions tend to worsen. GHC-SCW created a program to identify and detect health issues for adults who could not afford to pay for preventive exams. For qualified, uninsured members, the GHC-SCW Stay Healthy Program offered one physical exam, required lab work, follow-up appointments and medications related to the physical - all at no cost to the member.</p>

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4	Statement of Program Service Accomplishments (Continued)	<p>2 Develop Community Health Initiatives - We believe it is our responsibility to develop programs to increase the quality of life and health status of people living in our community. Working with community partners, we design innovative programs that allow us to meet our responsibility to the community. Alpha Kappa Alpha - Walk It Out For the third consecutive year, GHC-SCW partnered with the Alpha Kappa Alpha Sorority (Kappa Psi Omega Chapter) to hold the Walk It Out event at the Madison College-Truax Campus. The event promoted physical activity among African American women with a 2-mile walk and GHC-SCW-sponsored sessions on Zumba, Yoga, Cardio Kickboxing, chair massages and healthy cooking. GHC-SCW partnered with the AKA sorority, Susan G Komen Foundation and the 100 Black Men organization to plan the event. American Red Cross Basic Aid Training (BAT) Camp For the past 15 years, GHC-SCW has partnered with the American Red Cross Badger Chapter to provide year-round emergency response education in Madison area schools. Each year, GHC-SCW hosts a summer camp at the American Red Cross Badger Chapter headquarters to provide children an additional opportunity to learn the course material. The Basic Aid Training (BAT) Camp was a two-day opportunity for children to learn how to prevent, as well as respond to, emergency situations. Volunteers from the GHC-SCW Marketing and Community Care departments were certified to teach the emergency response course to local children. Hands-on lessons included emergency response, rescue breathing, first-aid for choking, fire safety, injury prevention and wound care, as well as other safety-related activities. Community GroundWorks GHC-SCW supports Community GroundWorks a non-profit organization serving diverse communities and schools in the area. Their mission is to connect people to nature and local food. Through hands-on education, 161 children, from Goodman Community Center and Lussier Community Education Center, had the chance to learn gardening, urban farming, healthy eating and natural area restoration. Farm Fresh Produce In 2008, GHC-SCW developed the Farm Fresh Produce Program to bring nutritious and locally grown foods to low-income children. The program was designed to work in tandem with Kids Caf, a program that provides meals to low-income children in local community centers. Through the Farm Fresh Produce Program, GHC-SCW helped to bring a regular supply of fresh, organic vegetables from the Vermont Valley Community farm to Kids Caf. In 2011, the Goodman Community Center and the Lussier Community Education Center were selected to receive fresh fruits and vegetables each week. These centers also received technical assistance with meal preparation and incentives for participation. "Food for the Soul" Caregiver Luncheon GHC-SCW supported "Food for the Soul," the 2011 caregiver luncheon held at the Nakoma Golf Club. GHC-SCW partnered with the Dane County Area Agency on Aging and the Dane County Caregiver Alliance to offer caregivers a stress-free afternoon. Twelve community vendor tables provided caregivers with local resources available to them. Lunch was served, accompanied by a music performance by the Unkalung Choir. Health care Administrative Training Program (HATP) GHC-SCW participated in the Urban League of Greater Madison's Health Care Administrative Training Program (HATP). HATP was a 12-week course designed to provide job skills for people seeking employment. The course included training on EPIC medical software, medical terminology, health insurance concepts, and professional development skills. Because of this program, participants have enjoyed high job placement in the health care community with positions like clinic reception and medical billing. Healthy Communities Program A staggering 22% of Dane County students, grades 7-12, are overweight or obese - that's according to the City of Madison. GHC-SCW partnered with Public Health-Madison, Dane County, and local community organizations to combat obesity among low-income children. In 2008, this coalition launched the Healthy Community Awards (HCA) to reward organizations that encouraged physical activity and healthy eating among the youth they served. Since its inception, participating organizations, including GHC-SCW, have used evidence-based practices that were tailored to the needs of youth. Many of these organizations also provided free or very low-cost obesity prevention services to Dane County children. Healthy Self Olympics GHC-SCW and Madison School &amp; Community Recreation (MSCR) hosted the Healthy Self Olympics, a valued annual community event held at Madison's Marlborough Park. The message behind the event was simple: being healthy can be fun and rewarding. In 2011, local children competed in various "Olympic" games, including an obstacle course race, parachute games, a jump rope contest and more. Children from MSCR's Safe Haven after-school program at Emerson, Falk, and Glendale Elementary school</p>

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4	Statement of Program Service Accomplishments (Continued)	<p>ols, along with children from the Allied Learning Center, competed in the "Olympic" games while learning about the importance of fun fitness activities. The "Healthy Self Olympics" is the year-end celebration of the "Healthy Self" program, which began in 2003 as a collaborative project between GHC-SCW, MSCR, and the Madison Metropolitan School District (MMSD). GHC-SCW pediatrician Steven Lo, MD, school nurses, and recreational specialists use active learning to teach kids the importance of healthy eating, positive self-esteem, and exercise. Kids are rewarded when they comprehend and apply healthy lifestyle skills to their daily lives.</p>

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4	Statement of Program Service Accomplishments (Continued)	<p>InfoShare GHC-SCW, Dane County Human Services, and the UW-Waisman Center Community Training and Consultation program joined forces in 2011 when they held the 21st InfoShare event at the Alliant Energy Center. 214 individuals participated in this red carpet event that celebrated the lives of people with developmental disabilities. Over 60 "Choicey Awards" were given to individuals and organizations that demonstrated innovative achievements in several categories: Empowering You or Others, Individual Achievements, Exceptional Leadership, Community Building and more. Literacy Network Literacy skills are a strong predictor of an individual's health status. Serious health problems may arise when a person possesses low literacy. To address this issue, GHC-SCW partnered with the Literacy Network, which administered an "English for Health" course designed to improve health literacy. Course attendees received hands-on practice to improve their English language ability, learned better health practices, and were coached on ways to communicate health care decisions. Powerful Tools for Caregivers: GHC-SCW partnered with the Dane County Area Agency on Aging to support the Powerful Tools for Caregivers Program. This program was for family caregivers of people with dementia, serious illness, or injuries. The program was also designed to empower caregivers with skills to better care for their family member and themselves. Each session focused on effective ways to reduce stress, manage difficult situations, master tough caregiving decisions and communicate feelings of needs and concerns. Tai Chi at Monona Terrace: The Tai Chi at Monona Terrace was a free series sponsored by GHC-SCW during the summer. Members of the public were invited to join GHC-SCW Complementary Medicine Provider, Terri Pelliitteri in relaxing sessions of Tai Chi. She led participants through gentle and guided movements. The sweeping views of the Madison skyline and Lake Monona, combined with the soft breezes and soothing sounds of the Monona Terrace fountain, made a great backdrop for the sessions. The goal of the free series was to raise awareness among the community about general health and wellness. Yoga for Individuals Who Are Deaf or Hard of Hearing: GHC-SCW partnered with Access to Independence to develop a yoga class for individuals who are deaf or hard of hearing. The class was held throughout April and May at Our Savior Lutheran Church in Madison. Sixteen participants signed up for the class and the average attendance for the class was twelve individuals.</p>

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4	Statement of Program Service Accomplishments (Continued)	<p>3 BUILD PARTNERSHIPS TO STRENGTHEN THE HEALTH CARE SAFETY NET - We partner with the public health department, community health centers, hospitals, and other local organizations to improve and strengthen the health care safety net for Madison's most vulnerable residents. These partnerships allow us to better understand the needs of the community and better coordinate the efforts of multiple organizations in response to those needs. BadgerCare Plus One of the most pressing issues in our community is the role that poverty plays on the health and well-being of individuals and families. In Dane County alone, close to 10% of the population lives below the poverty level. Thankfully, the State of Wisconsin's Medicaid program, BadgerCare Plus, helps eligible families get the medical care they need. In 2011, GHC-SCW proudly served 4,067 BadgerCare Plus members. Although the State of Wisconsin pays a portion of health care costs for BadgerCare families, the actual cost of health care services is more than the State of Wisconsin covers. To cover the gap in their health care costs, GHC-SCW donated an average of \$543 on behalf of each member. With 4,067 BadgerCare Plus members at GHC-SCW, that's over \$2.2 million that went towards strengthening the health care safety net for these families in 2011. But our commitment to these families went further with two dedicated BadgerCare Coordinators, employed by GHC-SCW. They served as advocates for BadgerCare members by helping families set up needed medical appointments, connecting them with available community resources, and providing support to strengthen their health and well-being. GHC-SCW Evening Clinics: GHC-SCW hosted three Evening Clinics to accommodate the busy lives of parents with children enrolled in BadgerCare Plus. During the Evening Clinics, a total of 150 children obtained immunizations and preventive health exams. Clinics were staffed by GHC-SCW Providers, support staff, and nurses from the Madison Metropolitan School District (MMSD). In addition, GHC-SCW provided a nourishing meal to the families who came to the Evening Clinics. Juneteenth: The Annual Juneteenth Festival commemorates the ending of slavery in the United States and was held at Madison's Penn Park in 2011. The GHC-SCW BadgerCare Plus Outreach Coordinator and Community Care Specialist provided information to festival attendees on how to become a member of GHC-SCW as well as information about community care programs supported by GHC-SCW. Latino Health Council: The Latino Health Council is a group dedicated to the needs and issues of Hispanics in Dane County. To help meet those needs, they utilize education, advocacy, consulting and networking. GHC-SCW participated on the Latino Health Council in 2011 to promote and support the health and well-being of the Hispanic community. Let's Go To Church: The GHC-SCW Community Care Manager lent her voice and expertise to a collaborative effort promoting health education in the African American community. She was joined by local leaders and experts from the African American community on a popular radio program called "Let's Go To Church" - a program that boasts an average 6,000 listeners each week. Their discussion highlighted important health disparities among the African American community that tend to cause serious illness. Russell Hess School Nurse Emergency Fund: Dr. Russell Hess was well-known for his commitment to childhood health through his 18 years of service at GHC-SCW and in the community. He was a major force behind developing an important alliance between GHC-SCW and Madison Metropolitan School District (MMSD). His commitment and dedication was recognized by MMSD when he won the Distinguished Citizen Award. Upon his passing in 2001, an endowment fund in the name of Dr. Hess was established to support the School Nurse Emergency Fund.</p>

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4	Statement of Program Service Accomplishments (Continued)	<p>4 PROMOTE EMPLOYEE VOLUNTEERISM - We encourage employees to voluntarily participate in community organizations and projects. We allocate financial and in-kind resources in support of employees who volunteer their time and expertise to the community of Dane County. Holiday Gift Giving Families with limited financial means can have a tough time getting through the holidays. That's why GHC-SCW developed a Gift Giving Initiative. In 2011, selected GHC-SCW members received gifts during the holidays. GHC-SCW staff identified families facing financial, medical, or personal hardship, and then they purchased requested gifts and delivered them to the families. United Way of Dane County A respected community organization, the United Way of Dane County engages our community, mobilizes volunteers and strengthens local non-profits to achieve measurable results that change lives. They focus on three priority areas education, safety and health. GHC-SCW supported the United Way and its mission through the financial support of employee contributions. GHC-SCW staff also dedicated time to raise funds for United Way. Summary Our commitment to the citizens of the Madison and Dane County is demonstrated through the financial support of the organizations and programs summarized above. Another demonstration of this commitment includes the dedication of time and expertise to initiatives that contribute to the overall health and well-being of our community. This time and commitment was delivered by GHC-SCW employees during work time and the employees were paid for the time spent on these activities or received compensated time off in return. In 2011 - Contributed a value of \$405,275 in paid time to support activities that improved the health and wellness of the Dane County community - Provided \$3,202,283 in subsidies of Medicaid and Medicare programs - Provided \$526,821 in financial support of 501(c) (3) organizations and activities including the provision of healthcare for individuals enrolled in GHC-SCW Community Programs. During 2011 these programs - Provided \$375,846 in financial support of 501(c)3 organizations - Provided \$ 77,187 in primary and preventive health care to individuals who did not have access to health care - Provided children with eye glasses for a total dollar amount of \$1,430 to uninsured children - Provided \$14,670 in prescriptions to individuals who were not financially able to purchase them - Provided \$1,453 in transportation to and from medical appointments for individuals enrolled in our community program</p>

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4	Statement of Program Service Accomplishments (Continued)	<p>ADDITIONAL COMMUNITY SPONSORSHIPS AIDS Network Aldo Leopold Nature Center Alzheimer's Dementia Alliance of Wisconsin Alzheimer's Association of South Central Wisconsin American Cancer Society American Diabetes Association American Heart Association AmVets Arthritis Foundation Belleville Chamber of Commerce Big Brothers Big Sisters' of Dane County BioForward Brava Women's Expo Brazen Dropouts Capitol Lakes DragonFest Catholic Charities Centro Hispano of Dane County Chazen Museum of Art City of Madison Combat Blindness Foundation Community Action Coalition Community GroundWorks Community Share of Wisconsin Congress for the New Urbanism Cross Plains Area Chamber of Commerce Cystic Fibrosis Foundation Madison Area Community Supported Agriculture Coalition (MACSAC) Madison Fire Department- Community Education Unit Madison Fireworks Fund Madison Friends of CURE Madison Symphony Orchestra Madison Winter Festival March of Dimes McFarland Chamber of Commerce Middleton Chamber of Commerce Millennium Soccer Club Monona Terrace Mount Horeb Chamber of Commerce Madison School and Community Recreation (MSCR) National Alliance of Mental Illness (NAMI) National Kidney Foundation Newspapers in Literacy North/Eastside Senior Coalition Olbrich Botanical Gardens Oregon Chamber of Commerce Oregon Rotary Pancreatic Cancer Action Network People Building Opportunity through Grace &amp; Action (PEBOGA) Porchlight Stoughton Hospital Public Health of Madison and Dane County Dane Buy Local Dane County Immunization Coalition Journey Mental Health Center Dane County Sheriff's Association Daughter of the Nile Foundation DeForest Area School District Domestic Abuse Intervention Services Downtown Madison Edgewood College Fitchburg Chamber of Commerce Forward Theater Company Foundation for Madison's Public Schools Friends of UW Hospital and Clinics Guard of the United States Gilda's Club of Madison Greater Madison Chamber of Commerce Habitat for Humanity of Dane County Healthy Classroom Foundation Henry Vilas Zoo HospiceCare Inc Isthmus Italian Workmen's Club Juvenile Diabetes Research Foundation (JDRF) Jewish Federation of Madison Junior Achievement Kiwanis Leukemia &amp; Lymphoma Society LUNA Fest Rape Crisis Center Dane County Immunization Coalition Journey Mental Health Center Dane County Sheriff's Association Daughter of the Nile Foundation DeForest Area School District Domestic Abuse Intervention Services Downtown Madison Edgewood College Fitchburg Chamber of Commerce Forward Theater Company Foundation for Madison's Public Schools Friends of UW Hospital and Clinics Guard of the United States Gilda's Club of Madison Greater Madison Chamber of Commerce Habitat for Humanity of Dane County Healthy Classroom Foundation Henry Vilas Zoo HospiceCare Inc Isthmus Italian Workmen's Club Juvenile Diabetes Research Foundation (JDRF) Red Caboose Day Care Center RSVP of Dane County Safe Communities Safe Harbor Child Advocacy Center Stoughton Chamber of Commerce Summit Credit Union Susan G Komen Race for the Cure Sustain Dane The Gialamas Company The Rainbow Project Thrive United Cerebral Palsy United Way of Dane County</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, Line 1A	Governing Body Voting Rights	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 2011, these employee board members were Robert Matthews MD and Mark Huth MD. The compensation and hours listed for these individuals are for their services as employees of the organization and not as members of the board.

Identifier	Return Reference	Explanation
Form 990, Pt VI, Section A, Line 6	Members of Stockholders	GHC-SCW is a member owned cooperative. Members of the GHC-SCW Board of Directors are voted into office by the members of the cooperative

Identifier	Return Reference	Explanation
Form 990, Pt VI, Section A, Line 7a	Members Electing Governing Body	Each voting member of GHC-SCW has a vote and is eligible to vote in person or by absentee ballot for each Board of Director. Board of Directors serve a term of three years

Identifier	Return Reference	Explanation
Form 990, Pt VI, Section A, Line 7b	Governing Body Decisions Approved	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

Identifier	Return Reference	Explanation
Form 990, Pt VI, Section A, Line 11	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.

Identifier	Return Reference	Explanation
Form 990, Pt VI, Section B, Line 12c	Conflict of Interest Monitoring	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 CPAs 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.

Identifier	Return Reference	Explanation
Form 990, Pt VI, Section B, Line 15b	Process for Determining Compensation	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. Approximately every three years, consultants are hired to review physician and senior management compensation.

Identifier	Return Reference	Explanation
Form 990, Pt VI, Section C, Line 18	Publicly Available Forms	GHC-SCW's Form 1023 is made available to those submitting a request form. GHC-SCW's Form 990 is made available at <a href="http://www.guidestar.org">www.guidestar.org</a> , and to those submitting a request form.

Identifier	Return Reference	Explanation
Form 990, Pt VI, Section C, Line 19	Publicly Disclosed Documents	No documents available to the public

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 5	Other Changes in Net Assets or Fund Balances	Unrealized loss \$2,167,397 Total \$2,167,397

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1199466

**Name:** Group Health Cooperative of South Central WI

### Form 990, Special Condition Description:

Special Condition Description
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