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2013

Open to Public  
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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable	C Name of organization Group Health Cooperative of South Central WI		D Employer identification number 39-1199466
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (608) 251-4156
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code Madison, WI 537444971		
<input type="checkbox"/> Application pending			G Gross receipts \$ 352,022,574

F Name and address of principal officer Kevin R Hayden 1265 John Q Hammons Dr Madison, WI 53717		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
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J Website: ► [www.ghcscw.com](http://www.ghcscw.com)

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1972	M State of legal domicile WI
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## Part I Summary

1 Briefly describe the organization's mission or most significant activities To provide accessible, comprehensive, high quality, health care and 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 2013 (Part V, line 2a) . . . . .	5	896
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
9 Program service revenue (Part VIII, line 2g) . . . . .	8,000	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	309,048,501	327,519,003
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,896,199	3,741,399
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	614,533	281,297
	313,567,233	331,541,699

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	369,868	472,514
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	205,624,238	221,564,170
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	55,856,066	63,474,019
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► <sup>0</sup>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	57,236,120	61,654,021
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	319,086,292	347,164,724
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-5,519,059	-15,623,025

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	149,789,374	133,945,904
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	66,643,049	66,535,934
	83,146,325	67,409,970

## 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 THOMAS R KIMBLE Chief Financial Officer Type or print name and title	2014-10-20 Date
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Paid Preparer Use Only	Print/Type preparer's name Michelle L Weber	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00556798
	Firm's name ► Grant Thornton LLP			Firm's EIN ►	
	Firm's address ► 100 E Wisconsin Ave Milwaukee, WI 53202			Phone no (608) 251-4156	

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 or note to any line 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 O

**3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .**  Yes  No

If "Yes," describe these changes on Schedule O

**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses** Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 310,052,143 including grants of \$ 472,514 ) (Revenue \$ 327,530,484 )

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 six clinics in the Madison metropolitan area. GHC's enrollment as of December 31, 2013 was 72,743. 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 \$ )

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

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**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses ► 310,052,143**

**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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 X

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

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 and XII 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, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)

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 hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2		No
3		No
4	Yes	
5		No
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 or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 direct or indirect 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, Part II, III, or IV, and Part V, line 1	35a	No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 11b 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 or note to any line 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> 3,149		
<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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	<b>2a</b> 896		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <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>2b</b> Yes	
<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" to line 3b, provide an explanation in Schedule O . . .		<b>3b</b>	
<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, securities account, or other financial 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>	
<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 as charitable contributions? . . .		<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>	
<b>7 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>	
<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>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year		<b>7e</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .		<b>7f</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		<b>7g</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .		<b>7h</b>	
<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>8</b>	
<b>8 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>9a</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		<b>9b</b>	
<b>a</b> Did the organization make any taxable distributions under section 4966? . . .			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . .			
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . .	<b>11a</b>		
<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>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .		<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>	

**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 or note to any line in this Part VI

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	9		
<b>2</b> 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?	<b>2</b>		No	
<b>3</b> 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?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes		
<b>7a</b> 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?	<b>7a</b>	Yes		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>	No		
<b>9</b> 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				

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No	
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No	
<b>b</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?	<b>16b</b>		

### 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  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 

THOMAS KIMBLE 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 or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

- List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated	Former			
(1) Kenneth Machtan President	6 0	X		X				46,325	0	0
(2) Michael Mullee Treasurer	5 0	X		X				24,225	0	0
(3) Thomas Schomisch Board member	4 0	X						27,200	0	0
(4) Carol Winkler Secretary	4 0	X		X				25,925	0	0
(5) James Driscoll Board member	4 0	X						27,200	0	0
(6) Henry Sanders Board member	4 0	X						5,950	0	0
(7) Bret Clostermery Board member	4 0	X						24,225	0	0
(8) Patricia Gadow Board member	4 0	X						30,175	0	0
(9) Mary Wright Vice President	4 0	X		X				24,225	0	0
(10) Fredric Trumm Board member - Thru 5/31/13	4 0	X						20,825	0	0
(11) Christian Kastman MD Medical Director - Informatics	60 0	X						219,987	0	49,973
(12) Donna Twining CHE Mgr/Diabetes RN Specialist	50 0	X						92,266	0	32,307
(13) Mark Huth Chief Medical Officer	50 0	X		X				275,372	0	54,851
(14) Robert Matthew Medical Dir - Clinic Affairs	60 0	X		X				218,942	0	48,911
(15) Kevin Hayden Chief Executive Officer	50 0			X				336,687	0	44,701
(16) Susan Benjamin Chief Financial Officer	50 0			X				87,438	0	9,981
(17) Jeffrey Huebner Medical Dir-Quality Care	60 0			X				232,479	0	50,938

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee or director	Highest compensated employee	Former			
(18) Nancy Hagan Chief Nursing Officer	50 0			X				104,413	0	15,672
(19) Allan Wearing Chief Ins Services Officer	50 0			X				244,163	0	32,449
(20) Mark Dalebroux Chief Human Resources Officer	50 0			X				211,743	0	49,904
(21) Bruce Quade Chief Information Officer	50 0			X				201,705	0	48,940
(22) Lawrence J Zanoni Executive Dir - Thru 1/31/13	50 0			X				411,525	0	56,267
(23) Michael Ostrov Medical Director-Thru 4/19/13	50 0			X				350,567	0	48,019
(24) Edward P Pautz Finance Director-Thru 8/12/13	50 0			X				203,094	0	43,329
(25) Kassandra L Remo Clinic Ops Dir - Thru 4/19/13	50 0			X				311,778	0	65,688
(26) Christine Tock Physician	60 0				X			344,189	0	57,878
(27) Eric Hilquist Physician	60 0				X			220,663	0	49,124
(28) Leah Ederer Physician	60 0				X			212,038	0	48,786
(29) Stephanie Skladzien Physician	60 0				X			209,589	0	33,343
(30) Ralph Froelich Psychiatrist	60 0				X			206,297	0	32,682
<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>								4,951,210	0	873,743

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 ►76

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
UNV OF WIS HOSPITAL AND CLINIC AUTH, 600 HIGHLAND AVE MADISON WI 53792	MEDICAL SERVICES	78,184,178
UNIVERSITY OF WIS MEDICAL FOUNDATIO, 600 HIGHLAND AVENUE MADISON WI 53792	MEDICAL SERVICES	42,261,404
NAVITUS HEALTH SOLUTIONS, 2601 WEST BELTLINE HIGHWAY STE 600 MADISON WI 53713	MEDICAL SERVICES	27,108,362
MCKESSON DRUG COMPANY, ONE POST STREET SAN FRANCISCO CA 94104	MEDICAL SERVICES	26,684,380
ST MARYS HOSPITAL, 700 S PARK STREET MADISON WI 53715	MEDICAL SERVICES	14,485,975

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►211

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		0		
<b>Program Service Revenue</b>	<b>2a</b> SUBSCRIBER PREMIUM	Business Code 524114	303,838,301	303,838,301	
	<b>b</b> MEDICARE/MEDICAID PAYMENTS	524292	15,954,658	15,954,658	
	<b>c</b> HEALTH CARE SERVICES	621400	7,726,044	7,726,044	
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		327,519,003		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,767,534		1,767,534
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
<b>5</b> Royalties . . . . .		0			
<b>6a</b> Gross rents	(I) Real 269,816				
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)	269,816	0			
<b>d</b> Net rental income or (loss) . . . . .		269,816		269,816	
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities 22,454,740				
<b>b</b> Less cost or other basis and sales expenses	20,480,875				
<b>c</b> Gain or (loss)	1,973,865				
<b>d</b> Net gain or (loss) . . . . .		1,973,865		1,973,865	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . .	b				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
<b>Miscellaneous Revenue</b>	Business Code				
<b>11a</b> MISCELLANEOUS REVENUE	900099	11,481	11,481		
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		11,481			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		331,541,699	327,530,484	4,011,215	

**Part IX Statement of Functional Expenses**

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

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

<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>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	472,514	472,514		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	221,564,170	221,564,170		
5 Compensation of current officers, directors, trustees, and key employees	4,410,364	3,181,874	1,228,490	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	37,634,358	27,101,302	10,533,056	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,650,204	2,618,575	1,031,629	
9 Other employee benefits	14,696,829	9,736,620	4,960,209	
10 Payroll taxes	3,082,264	2,280,305	801,959	
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,697,543	166,390	2,531,153	
c Accounting	109,906	6,667	103,239	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,912,515	1,168,568	743,947	
12 Advertising and promotion	6,717,832	25,277	6,692,555	
13 Office expenses	36,664,924	34,124,123	2,540,801	
14 Information technology	2,472,930	1,854,698	618,232	
15 Royalties	0			
16 Occupancy	1,943,049	1,685,356	257,693	
17 Travel	327,102	112,971	214,131	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	640,626	352,125	288,501	
20 Interest	132,860	132,860	0	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,916,543	2,322,696	2,593,847	
23 Insurance	492,576	271,262	221,314	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TAXES LICENSES & FEES	1,576,439	600,854	975,585	
b BOARDS, BUREAUS, ASSOC FEES	634,391	81,631	552,760	
c RECRUITING	148,936	6,825	142,111	
d WHEFA EXPENSES	94,519	94,519	0	
e All other expenses	171,330	89,961	81,369	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	347,164,724	310,052,143	37,112,581	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year	
<b>Assets</b>				
1	Cash—non-interest-bearing	6,235	<b>1</b>	6,625
2	Savings and temporary cash investments	3,084,921	<b>2</b>	7,595,491
3	Pledges and grants receivable, net	0	<b>3</b>	0
4	Accounts receivable, net	24,842,694	<b>4</b>	22,484,802
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	<b>6</b>	0
7	Notes and loans receivable, net	0	<b>7</b>	0
8	Inventories for sale or use	2,061,203	<b>8</b>	1,822,876
9	Prepaid expenses and deferred charges	2,748,366	<b>9</b>	1,678,703
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	59,629,399	
b	Less accumulated depreciation	<b>10b</b>	29,772,462	28,543,193
10c			<b>10c</b>	29,856,937
11	Investments—publicly traded securities	87,071,175	<b>11</b>	69,159,299
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	1,431,587	<b>15</b>	1,341,171
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	149,789,374	<b>16</b>	133,945,904
<b>Liabilities</b>				
17	Accounts payable and accrued expenses	34,674,752	<b>17</b>	30,813,436
18	Grants payable	0	<b>18</b>	0
19	Deferred revenue	25,264,070	<b>19</b>	29,629,361
20	Tax-exempt bond liabilities	6,000,000	<b>20</b>	5,500,000
21	Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	<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	704,227	<b>25</b>	593,137
26	<b>Total liabilities.</b> Add lines 17 through 25	66,643,049	<b>26</b>	66,535,934
<b>Net Assets or Fund Balances</b>				
27	Unrestricted net assets	83,146,325	<b>27</b>	67,409,970
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 (ASC 958), 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	83,146,325	<b>33</b>	67,409,970
34	<b>Total liabilities and net assets/fund balances</b>	149,789,374	<b>34</b>	133,945,904

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	331,541,699
2	Total expenses (must equal Part IX, column (A), line 25)	2	347,164,724
3	Revenue less expenses Subtract line 2 from line 1	3	-15,623,025
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	83,146,325
5	Net unrealized gains (losses) on investments	5	-113,330
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,409,970

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
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	3b	

**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.

**2013****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**Name 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 described in **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  a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(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 monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
<b>4 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 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 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
15 Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</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—2012.</b> If the organization did not check a 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 ►		
<b>17a 10%-facts-and-circumstances test—2013.</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—2012.</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 ►		
<b>18 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 Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 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 2013 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2012 Schedule A, Part III, line 15	16

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2013.</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—2012.</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 ►	
<b>20 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).**Facts And Circumstances Test**

## Return Reference

## Explanation

Reason for Public Charity Status	Schedule A, Part I, Line 3 & Schedule H Group Health Cooperative of South Central Wisconsin is not required to be licensed, registered or similarly recognized by the state of Wisconsin as a hospital and therefore has no schedule H filing requirement
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## **SCHEDULE C**

(Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its  
instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

**Open to Public  
Inspection**

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization

Name of the organization  
Group Health Cooperative of South Central WI

**Employer identification number**

39-1199466

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures
- 3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**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>					
Calendar year (or fiscal year beginning in)	<b>(a) 2010</b>	<b>(b) 2011</b>	<b>(c) 2012</b>	<b>(d) 2013</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable 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)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		24,515
<b>j</b> Total Add lines 1c through 1i			24,515
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
Lobbying Expense	Form 990, Schedule C, Part II-B, Line 1! 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

**Part IV Supplemental Information (continued)**

**Schedule D (Form 990) 2013**

2013

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)  
and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service**Name of the organization**

Group Health Cooperative of South Central WI

**Employer identification number**

39-1199466

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  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 education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	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 tax year ► \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  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 section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> 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 XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  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 XIII and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	<b>(a) Current year</b>	<b>(b) Prior year</b>	<b>(c) Two years back</b>	<b>(d) Three years back</b>	<b>(e) Four years back</b>
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment

**b** Permanent endowment

**c** Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		3,801,780			3,801,780
<b>b</b> Buildings . . . . .		27,802,076	10,255,028		17,547,048
<b>c</b> Leasehold improvements . . . . .		4,270,783	2,430,013		1,840,770
<b>d</b> Equipment . . . . .		17,081,482	13,027,701		4,053,781
<b>e</b> Other . . . . .		6,673,278	4,059,720		2,613,558
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					29,856,937

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B), line 12.)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

**Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.)

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	331,428,369
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-113,330
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	-113,330
3	Subtract line 2e from line 1 . . . . .	3	331,541,699
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 XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	331,541,699

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	347,164,724
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 XIII) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	347,164,724
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 XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	347,164,724

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 - Accounting for Uncertainty in Income Taxes 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, 2013, and 2012, as it was determined that all tax positions taken meet the more-likely-than-not threshold

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation

**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

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2013****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

Group Health Cooperative of South Central WI

Employer identification number

39-1199466

**Part I 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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Edgewood College 1000 Edgewood College Drive Madison, WI 53711	39-0806202	501(C)(3)	100,000				Nursing Sponsor
(2) Community GroundWorks 3601 Memorial Drive Suite 4 Madison, WI 53704	39-2024302	501(c)(3)	11,500				Gardening Programs
(3) Wisconsin Medical Society 330 East Lakeside Street Madison, WI 53715	39-6045649	501(C)(3)	10,000				Sponsorship
(4) United Way of Dane County 2059 Atwood Avenue Madison, WI 53707	39-0817532	501(c)(3)	10,000				Sponsorship
(5) Wisconsin Chamber Orchestra PO Box 171 Madison, WI 53701	39-6078526	501(c)(3)	6,500				Sponsorship
(6) Madison Children's Museum Foundation 100 North Hamilton Street Madison, WI 53703	43-1956290	501(c)(3)	6,080				Sponsorship
(7) Boys & Girls Club of Dane County Inc 2001 Taft St Madison, WI 53713	39-1925617	501(c)(3)	7,500				Sponsorship
(8) Access Community Health Centers 2901 W Beltline Hwy 120 madison, WI 53713	39-1391134	501(c)(3)	212,065				Employment Endowment & Misc

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►

8

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

**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.  
 Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2	Procedure for Monitoring Use of Grant Funds Inside U S 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 )

**Additional Data****Software ID:****Software Version:****EIN:** 39-1199466**Name:** Group Health Cooperative of South Central WI**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<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>
Edgewood College 1000 Edgewood College Drive Madison, WI 53711	39-0806202	501(C)(3)	100,000				Nursing Sponsor

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Community GroundWorks 3601 Memorial Drive Suite 4 Madison, WI 53704	39-2024302	501(c)(3)	11,500				Gardening Programs

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Wisconsin Medical Society 330 East Lakeside Street Madison, WI 53715	39-6045649	501(C)(3)	10,000				Sponsorship

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United Way of Dane County 2059 Atwood Avenue Madison, WI 53707	39-0817532	501(c)(3)	10,000				Sponsorship

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Wisconsin Chamber Orchestra PO Box 171 Madison, WI 53701	39-6078526	501(c)(3)	6,500				Sponsorship

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Madison Children's Museum Foundation 100 North Hamilton Street Madison, WI 53703	43-1956290	501(c)(3)	6,080				Sponsorship

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boys & Girls Club of Dane County Inc 2001 Taft St Madison, WI 53713	39-1925617	501(c)(3)	7,500				Sponsorship

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Access Community Health Centers 2901 W Beltline Hwy 120 madison, WI 53713	39-1391134	501(c)(3)	212,065				Employment Endowment & Misc

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

OMB No 1545-0047

**2013****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).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 of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II  
Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 1a	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 for January 2013 and Mr Hayden's name for the remainder of 2013, Mr Zanoni and Mr Hayden did not make personal use of the club in 2013. In 2013, GHC paid \$2,040 (\$170 per month) in dues and annual member assessment. Rotary Club - GHC pays for Mr Zanoni's membership in the Rotary Club of Madison. In 2013, GHC paid dues and incidentals of \$1,117.
Schedule J, Part I, Line 4a	Change-of-control Payment The following individuals received change-of-control payments during the year ended December 31, 2013. These amounts are included in Schedule J, Part II, Column B(III) -Lawrence J Zanoni \$314,138.44 -Michael Ostrov \$201,120.61 -Edward P Pautz \$60,811.95 -Kassandra L Remo \$190,088.07

**Additional Data**

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

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
Christian Kastman MD Medical Director - Informatics	(i) 214,747 (ii) 0	5,000 0	240 0	0 0	0 0	219,987 0	0 0
Kevin Hayden Chief Executive Officer	(i) 321,034 (ii) 0	0 0	15,653 0	0 0	0 0	336,687 0	0 0
Mark Huth Chief Medical Officer	(i) 272,122 (ii) 0	0 0	3,250 0	0 0	0 0	275,372 0	0 0
Robert Matthew Medical Dir - Clinic Affairs	(i) 217,442 (ii) 0	0 0	1,500 0	0 0	0 0	218,942 0	0 0
Jeffrey Huebner Medical Dir-Quality Care	(i) 222,209 (ii) 0	10,000 0	270 0	0 0	0 0	232,479 0	0 0
Allan Wearing Chief Ins Services Officer	(i) 211,792 (ii) 0	24,871 0	7,500 0	0 0	0 0	244,163 0	0 0
Mark Dalebroux Chief Human Resources Officer	(i) 170,801 (ii) 0	25,452 0	15,490 0	0 0	0 0	211,743 0	17,000 0
Bruce Quade Chief Information Officer	(i) 172,543 (ii) 0	24,512 0	4,650 0	0 0	0 0	201,705 0	0 0
Christine Tock Physician	(i) 343,739 (ii) 0	0 0	450 0	0 0	0 0	344,189 0	0 0
Eric Hilquist Physician	(i) 209,393 (ii) 0	11,000 0	270 0	0 0	0 0	220,663 0	0 0
Leah Ederer Physician	(i) 211,768 (ii) 0	0 0	270 0	0 0	0 0	212,038 0	0 0
Stephanie Skladzien Physician	(i) 209,349 (ii) 0	0 0	240 0	0 0	0 0	209,589 0	0 0
Ralph Froelich Psychiatrist	(i) 203,825 (ii) 0	0 0	2,472 0	0 0	0 0	206,297 0	0 0
Lawrence J Zanoni Executive Dir - Thru 1/31/13	(i) 48,717 (ii) 0	46,208 0	316,600 0	0 0	0 0	411,525 0	17,000 0
Michael Ostrov Medical Director-Thru 4/19/13	(i) 101,302 (ii) 0	40,813 0	208,452 0	0 0	0 0	350,567 0	17,000 0
Edward P Pautz Finance Director-Thru 8/12/13	(i) 103,250 (ii) 0	24,873 0	74,971 0	0 0	0 0	203,094 0	17,000 0
Kassandra L Remo Clinic Ops Dir - Thru 4/19/13	(i) 97,476 (ii) 0	22,754 0	191,548 0	0 0	0 0	311,778 0	0 0

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds****2013**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ► Attach to Form 990. ► See separate instructions.  
 ► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Name of the organization

Group Health Cooperative of South Central WI

Employer identification number

39-1199466

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WIS HEALTH AND EDUCATION 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	
		6,500,000		0		12,000,000		0	
2	Amount of bonds legally 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 escrows			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?	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
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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		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 ►								
<b>6</b> Total of lines 4 and 5								
<b>7</b> Does the bond issue meet the private security or payment test?		X						
<b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T?		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?								
<b>b</b> Exception to rebate?	X							
<b>c</b> No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider	BMO HARRIS							
<b>c</b> Term of hedge	10							
<b>d</b> Was the hedge superintegrated?		X						
<b>e</b> Was the hedge terminated?		X						

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Hedge	The hedge term with BMO Harris is 10 years and will end June 16, 2015. The hedge is also collateralized by a CD with BMO Harris 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.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).****2013****Open to Public  
Inspection**

Name of the organization

Group Health Cooperative of South Central WI

Employer identification number

39-1199466

Return Reference	Explanation
Statement of Program Service Accomplishments	<p>Form 990, Part III, Line 4 2013 Group Health Cooperative of South Central Wisconsin Report of Community Giving Summary</p> <p>Group Health Cooperative of South Central Wisconsin cares deeply for our community. Group Health Cooperative of South Central Wisconsin (GHCSCW) takes pride in community involvement personally and we work together with community partners to find ways to provide real and compassionate care. As one of our most honored values, caring for our community means pushing beyond the walls of our clinics and into homes, schools, community centers, worksites, neighborhoods, and places far and between. We build upon approaches that have proven successful in addressing health care needs and the individual needs of our community. We create, foster and strengthen community partnerships to make a real difference. We combine resources and work together with others in the community to make an impact where we can. The 2013 Community Giving Report is our way of sharing our role in the community. More importantly, it shows cases the capacity for positive change that is only possible when community partners work together. To meet the need and make the biggest difference in our community, we focus on four strategic pillars:</p> <ul style="list-style-type: none"> <li>STRENGTHEN ACCESS TO HEALTH CARE: We help create, support, and strengthen a pathway to health care for the most vulnerable in our community.</li> <li>SPREAD HEALTH KNOWLEDGE: We increase quality of life by sharing critical clinical, technical, and general health knowledge with people living in our community.</li> <li>SERVE THROUGH VOLUNTEERISM: We embrace volunteerism in our community to put our expertise, skills, talent, and time to use where it's needed most.</li> <li>SPONSOR HEALTH AND COMMUNITY INITIATIVES: We provide financial sponsorships to a variety of organizations that promote health activities and initiatives that make our community better.</li> </ul> <p>1. STRENGTHEN ACCESS TO HEALTH CARE: 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, 12.3% of the population lives below the poverty level. With the help of the state of Wisconsin's Medicaid program, BadgerCare Plus, eligible families can get the medical care they need. In 2013, we proudly served nearly 4,000 BadgerCare Plus members. In addition, we donated \$1.4 million in care to our BadgerCare Plus members in 2013.</p> <p>2. BRIDGES TO ACCESS: Many families in the Madison area do not have a safe, warm place to call home. Combine that situation with a lack of medical care and suddenly the picture gets terrible. So in 2009, we developed the Bridges to Access program with the fundamental idea that improved access to medical care can bridge the gap between homelessness and stable housing. For up to three months, Bridges to Access provides immediate medical care to those in need, including coverage for primary care service, important medications, and assistance with transportation. And to keep them on the pathway to health care, program participants got help applying for permanent medical coverage through BadgerCare Plus. Through this program we helped 51 adults and their children receive real and compassionate medical care in their hour of greatest need when there was nowhere else to turn. That amounted to \$67,000 in crucial health care services and medications. Throughout the year we also provided medical supplies to area shelters in the form of cold medicine, tissues, and sanitation items.</p>

Return Reference	Explanation
Statement of Program Service Accomplishments (Continued)	<p>Form 990, Part III, Line 4 EVENING CLINICS To accommodate the busy lives of parents with children enrolled in BadgerCare Plus, we provided 3 evening clinics in 2013. These convenient clinics are a proven way to get kids in for their checkups without having to miss school or having their parents miss work. 10 of our medical providers, 18 of our nursing staff, along with nurses from the Madison Metropolitan School District, were on the scene to care for kids. Families shared a warm, nutritious meal after their appointment and enjoyed complementary giveaways from GHCSCW, including school supplies, sports equipment, and educational books. In 2013 a total of 135 children received immunizations and preventive health exams through these clinics. Making health care easier for families makes us Better Together.</p> <p><b>HEALTHCARE ACCESS PROGRAM</b> Throughout our community, people face the harsh reality of being uninsured on a daily basis. For a variety of reasons, access to the most basic form of primary care is out of reach. With a goal of promoting healthy outcomes for folks in our community, we partnered with the Dane County Health Council and other health care organizations to create the Healthcare Access Program in 2005. The Healthcare Access Program gave uninsured individuals a place to call their medical home and access to a compassionate medical provider - all at no cost. Patients were also able to receive needed medications that many had gone years without. In 2013, GHCSCW delivered over \$39,000 in health care, including medications to uninsured individuals living in our community.</p> <p><b>PRIMARY ACCESS FOR KIDS</b> Parents should spend time helping their kids grow and learn, not worrying about how to get their kids needed health care. Unfortunately, there are hundreds of kids in our schools that do not have insurance to get basic care for checkups, immunizations, or medications. To tackle this issue head-on, the Dane County Health Council helped to bring together a network of health care organizations in the Madison-area and the Primary Access for Kids program was born. In 2013, we were proud to continue providing health care services to uninsured kids in the Madison Metropolitan School District. We worked with eleven of Madison's schools to connect these kids to the health care they deserved. GHCSCW provided 118 children with \$72,393 in primary care services and medications, and over \$1,000 in eyewear through this program in 2013.</p> <p><b>REFUGEE ASSISTANCE PROGRAM</b> Fewer things in life are more challenging than escaping your home country in search of a better life, let alone trying to navigate a new health care system. To help ease the burden, GHCSCW created the Refugee Assistance Program. Through the program, our new neighbors receive hours of one-on-one assistance from GHCSCW staff whose help connected them to needed care. We served as their advocates in 2013 by setting up numerous appointments for care and follow-up care. Working with our partners from the public health department, we helped 25 refugees establish roots here in our community.</p> <p><b>STAY HEALTHY</b> Without proper insurance coverage, folks can't get the most basic health services like access to a regular doctor and medications. It's the kind of preventive care that would otherwise help avoid a trip to the hospital or help manage expensive and damaging illness. So in 2009, GHCSCW created the Stay Healthy program to invest in our members who have fallen on hard times so their health issues could be detected and addressed sooner, rather than later. The Stay Healthy Program covered one physical exam, lab work, follow-up appointments, and medications related to the physical - all at no cost for qualified, uninsured adults who had lost their insurance coverage because of unemployment or other reasons. GHCSCW provided primary care for uninsured individuals in our community, amounting to \$25,833 in medical services and medications.</p> <p><b>WISCONSIN WELL WOMAN</b> Breast and Cervical Cancer screenings are too important to go unchecked for women with little or no health insurance. Through the Wisconsin Well Woman Program, our health care advocates connected women to preventive care services and helped guide them through their medical appointments. Breast and Cervical Cancer screenings were done at no charge to women in the program.</p>

Return Reference	Explanation	
	Statement of Program Service Accomplishments (Continued)	<p>Form 990, Part III, Line 4 II SPREAD HEALTH KNOWLEDGE ADOPT A SCHOOL As an avid promoter of health knowledge, we adopted five local schools in need of health resources in 2013 Our commitment to schoolchildren was demonstrated in many ways throughout the year To help build up the future leaders of our community, we provided medical supplies to school nurse offices, we donated new gym mats for physical education classes, we hosted Zumba sessions to get kids and their parents fit while having fun, and we organized field trips centered around physical activity We also bought new snow pants to keep kids warm, gift cards to promote healthy activities, and gift baskets full of healthy food and educational books for local families For nine years we've worked together with the Foundation for Madison's Public Schools to bring this service to our community ALPHA KAPPA ALPHA, WALK IT OUT Walk It Out, a community event held at Madison College promotes physical activity among African American women The event was focused around a 2-mile walk and we provided health education opportunities for healthy cooking and variety of healthy activities like Zumba, Yoga, and Cardio Kickboxing For five years we've worked together with the Alpha Kappa Alpha Sorority and the 100 Black Men organization to bring this service to our community ENGLISH FOR HEALTH Literacy skills are a strong predictor of an individual's health status In fact, low literacy may contribute to serious health problems - problems that tend to compound for those with English as their second language To improve health literacy, we co-sponsored the "English for Health" course for adults in our community Students learned from our health care professionals about a variety of health topics, from how to use emergency rooms and urgent care clinics to healthy lifestyle choices Then they practiced communicating health care decisions in a mock clinic staffed by health care professionals For the past three years GHCSCW has worked with the Literacy Network to bring this service to our community FARM FRESH PRODUCE We all know that locally grown food makes sense But too often, low-income kids don't get the fresh fruits and vegetables they need on their plates And getting kids to eat those vegetables can be tricky So we brought a regular supply of fresh, nutritious, and locally grown organic vegetables to kids at three community centers We also taught them about where their food comes from through fun gardening activities In total, more than 2 tons of fresh produce was distributed in 2013 And our commitment didn't stop there We helped provide technical assistance with meal preparation so the centers were trained on how to handle and store fresh foods For six years we've worked together with Community GroundWorks, the Fair Share CSA Coalition, the Public Health Department of Madison and Dane County, and Second Harvest to bring this service to our community HEALTHCARE ADMINISTRATIVE TRAINING We believe in helping people succeed through education That's why we gave financial backing to the Healthcare Administrative Training Program, a 12-week course designed to provide real-world job training for people seeking employment Our health care staff trained students on EPIC medical software, medical terminology, health insurance concepts, and basic work skills Graduates of the program have enjoyed job placement in the health care community for positions like clinic reception and medical billing For over six years we've worked together with the Urban League of Greater Madison to bring this service to our community HEALTHY COMMUNITIES AWARDS 23.2% of Dane County students (grades 7-12) were overweight or obese in 2013 It was clear we needed to do something for our kids So we funded grants through the Health Communities Awards, which gave money to area community centers that demonstrated sustainable practices with their physical activity programs and healthy eating education for the youth they served Awarding healthy communities - it's just one way we stood up to help combat childhood obesity in 2013 For six years we've worked together with Public Health of Madison and Dane County to bring this service to our community HEALTHY SELF OLYMPICS Being healthy can be fun and rewarding! That's the message behind the Healthy Self Olympics, an innovative program first introduced by GHCSCW for kids in our community Dr Steven Lo, GHC-SCW Pediatrician, community school nurses, and recreational specialists used active learning to teach kids the importance of healthy eating, positive self-esteem, and fun exercise The year-long program culminated at Madison's Marlborough Park, where kids from area schools were invited to compete in a variety of "Olympic" games, including an obstacle course race, parachute games, a jump rope contest and more For the past 11 years we've worked together with the Madison School &amp; Community Recreation (MSCR) department and the Madison Metro</p>

Return Reference	Explanation	
	Statement of Program Service Accomplishments (Continued)	<p>itan School District to bring this service to our community. Kids from MSCR's Safe Haven after-school program at Emerson, Falk, and Glendale Elementary schools, along with children from the Allied Learning Center, participated in 2013 HMONG NEW YEAR. Each year, members of the local Hmong community gather for a weekend celebration during the Hmong New Year. Members of the Hmong community donned their traditional dress, enjoyed delicious food, and had the opportunity to receive health check screenings for blood pressure and asthma from our health care staff. For four years GHCSCW has worked together with the Southern Wisconsin Hmong Association to bring this event to our community. INFOSHARE We understand how difficult end of life conversations are for families and friends. That's why we were glad to help foster an honest dialog centered on this issue at a community InfoShare event in 2013. At the event, 150 participants were able to talk through topics relating to end of life care, death and dying, along with love and loss of friends and family. Participants also listened, shared, and learned from one another about their personal experiences. Topics were led by several of our health care professionals, along with leaders from Agrace Hospice Care, UW Graduate School, Cress Funeral Home, the Natural Path Sanctuary, the Waisman Center, and others. For two years we've worked together with the UW-Madison Waisman Center Community Training and Consultation Program, the Dane County Human Services department, and other community organizations to bring this event to our community. JUNETEENTH DAY OF CELEBRATION During Juneteenth, an annual festival that commemorates the ending of slavery, our team was on-hand to answer questions about insurance topics and our community care programs. To help empower people with knowledge about their own health, we provided diabetes education and health screenings for blood pressure and asthma. For over six years GHCSCW has worked together with local African American community leaders to bring this service to our community. LATINO HEALTH COUNCIL We helped promote the health and well-being of our Latino neighbors by serving on the Latino Health Council in 2013. Along with our participation on the council, we were deeply involved in efforts throughout the year to spread health knowledge to the community. We sponsored Zumba classes to encourage fun and fitness, we were present at health fairs to give health checks and screenings for skin cancer, we co-hosted a nutrition class in Spanish at Centro Hispano, Madison's Latino community center, and we sponsored an event to educate Latino teens about mental health and other health topics. For eight years we've served on the Latino Health Council in our community. REACH OUT AND READ Fewer things are more important to a child's cognitive, emotional, and social health than the simple act of reading. In fact, research clearly proves how important the first years of a child's life are for healthy child development and their long-term success. So GHCSCW has embraced the Reach Out and Read Program, championed by local pediatrician, Dr. Dipesh Navsaria. Our medical staff made substantial time commitments towards the program, making it a standard part of our pediatric primary care. At each primary care visit, they used reading as a way to assess childhood development. They also gave families a free book at each primary care visit (totaling 10 books from six months of age through age 5), and encouraged parents to read aloud to their kids at home. In 2013, we proudly paid for 5,600 age and culturally appropriate books to be given away at these appointments. 2013 was the second year that GHCSCW participated in the Reach Out and Read Program. We value this initiative as it aligns with the United Way's Born Learning Agenda focusing on early childhood literacy and preparing children for entering kindergarten in our community schools. BLACK WOMEN'S WELLNESS DAY Black Women's Wellne</p>

Return Reference	Explanation	
	Statement of Program Service Accomplishments (Continued)	<p>Form 990, Part III, Line 4 III SERVE THROUGH VOLUNTEERISM COOPERATIVE TEAM COMMUNITY EVEN TS Our employees were involved in the causes our community cared about all year long. We sponsored or voluntarily participated in a variety of community races that promoted health and well-being. We believe when each of us does our part, the entire community benefits.</p> <p>UNITED WAY DAYS OF CARING While still on the clock at work, 43 of our employees volunteered at five different community projects around the Madison area. Together, they helped canvas the community for Habitat for Humanity, they provided yard/ground maintenance to one of the local YMCA branches and the home of a senior through the North/Eastside Senior Coalition, and they cleaned and performed maintenance to the Rainbow Project community center.</p> <p>TEAM COMMUNITY EVENTS Our employees were involved in the causes our community cared about all year long. We sponsored or voluntarily participated in a variety of community races that promoted health and well-being. Below are listed events that our employees were involved in 2013 - Alzheimer's &amp; Dementia Alliance of Wisconsin - Alzheimer's Walk - Alzheimer's Association of South Central Wisconsin - Walk to End Alzheimer's - American Heart Association - Heart Walk - Chrysalis - Moving for Mental Health 5k Run/Walk - CrazyLegs - Henry Vilas Zoo Foundation - Zoo Run Run - Honor Ride Madison - Juvenile Diabetes Research Foundation - Walk to Cure Diabetes - Literacy Network - Run/Walk for Literacy - March of Dimes - March for Babies - National Alliance on Mental Illness of Wisconsin - NAMI Walk - National Kidney Foundation of Wisconsin - Capital City 5k - Red Caboose - Move Your Caboose - Safe Harbor - Run and Tot Trot - Susan G Komen - Race for the Cure - Technology Education Foundation - Berbee Derby.</p> <p>COOPERATIVE COMMUNITY FUNDRAISERS All year long, our employees organized and supported a variety of fundraisers for local charities and health initiatives. Below is a listing of community fundraisers our employees organized in 2013:</p> <ul style="list-style-type: none"> <li>\$39,729 donated through our Cooperative's Charitable Giving Campaign.</li> <li>Our largest fundraiser throughout the year, all proceeds raised from our generous employees went to one of three programs of the employee's choice: United Way of Dane County, Community Shares of Wisconsin, or the Russell Hess School Nurse Emergency Fund.</li> <li>\$735 donated to fight breast cancer on behalf of the Susan G Komen Foundation.</li> <li>\$660 donated to fight heart disease on behalf of the American Heart Association.</li> <li>Madison Heart Ball: \$737 donated to support our veteran troops through Badger Honor Flight.</li> <li>\$300 donated to support the Juvenile Diabetes Research Foundation.</li> <li>\$494 donated to support organ, tissue, and eye donations on behalf of the National Kidney Foundation of Wisconsin.</li> <li>\$935 donated to support the ALS Association Wisconsin Chapter.</li> </ul> <p>COOPERATIVE BLOOD DONATIONS Generosity comes in many forms, and one of them is through the gift of life. With our "one donation a week club" efforts and blood drives held in our clinics, our staff, along with family and friends donated a total of 74 pints of blood in 2013. According to the American Red Cross, three lives are saved for every one-pint of blood donated.</p> <p>HOLIDAY GIFT GIVING Families with limited financial means can have a tough time getting through the holidays. That's why we developed the Holiday Gift Giving Program. In 2013, we selected 52 of our members and 10 homeless families to receive gifts for the holidays. To make the biggest impact, we identified families facing financial, medical, or personal hardship. We then bought gifts on the family's wish lists and hand delivered them in time for the holidays.</p> <p>IV SPONSOR HEALTH AND COMMUNITY INITIATIVES Throughout the year, we provided corporate financial sponsorships to a variety of important causes. We helped support and sponsor organizations that worked to promote health activities and initiatives that made our community better:</p> <ul style="list-style-type: none"> <li>100 Black Men A Fund for Women</li> <li>ABC for Health, Inc.</li> <li>Access Community Health Center</li> <li>Agrace Hospice Care Inc.</li> <li>AIDS Network</li> <li>Aldo Leopold Nature Center</li> <li>ALS Association - WI Chapter</li> <li>Alzheimer's &amp; Dementia Alliance of WI</li> <li>Alzheimer's Association of South Central Wisconsin</li> <li>American Cancer Society</li> <li>American Family Children's Hospital</li> <li>American Heart Association</li> <li>American Stroke Association</li> <li>Badger Honor Flight</li> <li>Bayview Foundation</li> <li>BioForward Boys &amp; Girls Club of Dane County Inc.</li> <li>Brazen Dropouts</li> <li>Breastfeeding Coalition of South Central Wisconsin</li> <li>By Women for Women</li> <li>Catholic Charities Centro Hispano</li> <li>Dane County Children's Theatre of Madison</li> <li>Community Groundworks-Troy Gardens</li> <li>Community Shares of WI</li> <li>Community Partnerships Cooperative Network</li> <li>DAIS-Domestic Abuse Dane Buy Local Inc.</li> <li>Dane County Immunization Coalition Inc.</li> <li>Delta Sigma Theta Sorority Inc.</li> <li>Downtown Madison, Inc.</li> <li>Edgewood College Fairshare CSA Coalition</li> <li>Family Services of Madison</li> <li>Federated Youth Foundation</li> <li>Foundation for Madison Public Schools</li> <li>For</li> </ul>

Return Reference	Explanation	
	Statement of Program Service Accomplishments (Continued)	Award Theatre Company Friends of the Zoo (Henry Vilas) Gilda's Club Goodman Community Center Hackfest 2013 Junior Achievement of WI Inc Juvenile Diabetes Research Foundation (JDRF) Susan G Komen Foundation Leukemia & Lymphoma Society Lily's Fund Literacy Network Lutsier Community Education Center Madison Children's Museum Madison Community Foundation Madison Down Syndrome Society Madison Opera Inc Madison Public Library Foundation Madison Senior Center Madison Symphony Orchestra March of Dimes MATC Foundation Monona Terrace Program & Endowment Fund Inc National Alliance on Mental Illness-Dane County National Kidney Foundation National Lung Cancer Partnership Olbrich Botanical Society OPEN Madison Outreach Inc PEBOGA Planned Parenthood Porchlight Rainbow Project Rape Crisis Center REAP Food Group RSVP of Dane County Inc Safe Harbor Salvation Army Second Harvest Food Bank Sustain Dane Technology Education Foundation United Cerebral Palsy-Dane County United Way of Dane County Urban League of Madison UW- Carbone Cancer Center UW Foundation UW Hospitals & Clinics UW-Madison Earth Day Conference WI Association of Health Underwriters (WAHU) WI Chamber Orchestra WI Coalition Against Domestic Violence WI Council of the Blind & Visually Impaired WI Council on Children & Families WI Early Childhood Assoc (WECA) WI Executive Residence Foundation WI Health News WI Medical Society Foundation WI Primary Health Care Association WI Women's Health Foundation YMCA of Dane County Inc YWCA of Madison

Return Reference	Explanation
Governing Body Voting Rights	Form 990, Part VI, Section A, Line 1A Members of the governing body do not all have the same voting rights. The GHC Board of Directors includes two practitioner directors. These two practitioner directors are precluded from voting on matters pertaining to that member's compensation. Further, they are precluded from membership on any committee that has jurisdiction over compensation matters. In 2013, these employee board members were Robert Matthews MD and Mark Huth MD from 1/1/13 to 5/31/13. Christian Kastman, MD and Donna Twining began serving as practitioner directors starting 6/1/13. The compensation and hours listed for these individuals are for their services as employees of the organization and not as members of the board.

Return Reference	Explanation
Members or Stockholders	Form 990, Part VI, Section A, Line 6 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

Return Reference	Explanation
Members Electing Governing Body	Form 990, Part VI, Section A, Line 7a 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

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

Return Reference	Explanation
Filing Process	Form 990, Part VI, Section B, Line 11 After the Form 990 is prepared by the GHC-SCW's accounting firm and prior to filing the Form 990, the Chief Financial Officer 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.

Return Reference	Explanation
Conflict of Interest Monitoring	Form 990, Part VI, Section B, Line 12c The Chief Financial Officer annually reviews a Conflict of Interest Questionnaire that is to be provided to the Board, Officers, and Key Employees. The Chief Financial Officer 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 through the questionnaire with knowledgeable facilitators who guide them to pertinent areas and respond to any questions.

Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Section B, Line 15a & 15b 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.

Return Reference	Explanation
Publicly Available Forms	Form 990, Part VI, Section C, Line 18 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

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