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Form 990

## Return of Organization Exempt From Income Tax

2014

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

Open to Public Inspection

## A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

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	% ROGER SNEATH		
<input type="checkbox"/> Name change	Doing business as		
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) PO BOX 44971	Room/suite	E Telephone number (608) 251-4156
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code Madison, WI 537444971		G Gross receipts \$ 401,750,729
<input type="checkbox"/> Application pending	F Name and address of principal officer Mark Huth 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

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527J Website: ► [www.ghcscw.com](http://www.ghcscw.com)K Form of organization  Corporation  Trust  Association  Other ►H(b) Are all subordinates included?  Yes  No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 1972 M State of legal domicile WI

## Part I Summary

1 Briefly describe the organization's mission or most significant activities To provide accessible, comprehensive, high quality, health care and 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 2014 (Part V, line 2a) . . . . .	5	955
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) . . . . .	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	327,519,003	382,899,736
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,741,399	3,547,162
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	281,297	27,709
	331,541,699	386,474,607

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	472,514	418,239
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	221,564,170	275,403,580
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	63,474,019	68,278,303
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	61,654,021	61,286,533
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	347,164,724	405,386,655
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-15,623,025	-18,912,048

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	133,945,904	122,708,925
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	66,535,934	75,696,115
	67,409,970	47,012,810

## 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 Roger Sneath Interim CFO Type or print name and title	2015-10-27 Date
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Paid Preparer Use Only	Print/Type preparer's name Michelle L Weber	Preparer's signature Michelle L Weber	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 (414) 289-8200	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

**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 \$ 369,429,451 including grants of \$ 418,239 ) (Revenue \$ 382,902,925 )

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, 2014 was 82,533. 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 ► 369,429,451**

**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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		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	33		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	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	35b		
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	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

**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> 3,465		
<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> 955		
<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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<b>5a</b>	No	
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5b</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>5c</b>		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	<b>6a</b>	No	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	<b>6b</b>		
<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>7a</b>	No	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7b</b>		
<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>7c</b>	No	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	<b>7d</b>		
<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>7e</b>	No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7f</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	<b>7g</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7h</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	<b>8</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>9a</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .	<b>9b</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . .	<b>11b</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>12a</b> <b>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</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</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>13b</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>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

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/>
<b>18</b> 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	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records	
ROGER SNEATH 1265 JOHN QHAMMONS 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

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours for related organizations below dotted line)	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours for related organizations below dotted line)	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

<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>	4,638,006	0	823,314

**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 **►100**

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

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
UNIV OF WIS HOSPITAL AND CLINIC AUTH, 600 HIGHLAND AVE MADISON, WI 53792	MEDICAL SERVICES	82,851,620
UNIVERSITY OF WIS MEDICAL FOUNDATIO, 600 HIGHLAND AVENUE MADISON, WI 53792	MEDICAL SERVICES	47,644,418
NAVITUS HEALTH SOLUTIONS, 2601 WEST BELTLINE HIGHWAY STE 600 MADISON, WI 53713	MEDICAL SERVICES	29,676,302
MCKESSON DRUG COMPANY, ONE POST STREET SAN FRANCISCO, CA 94104	MEDICAL SERVICES	22,746,194
ST MARYS HOSPITAL, 700 S PARK STREET MADISON, WI 53715	MEDICAL SERVICES	14,907,401
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>►230</b>		

**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	<b>Business Code</b>				
		524114	357,483,060	357,483,060		
	<b>b</b> MEDICARE/MEDICAID PAYMENTS		15,780,586	15,780,586		
	<b>c</b> HEALTH CARE SERVICES	621400	9,636,090	9,636,090		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		382,899,736			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,612,223		1,612,223	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(I) Real	(II) Personal			
		24,520				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)	24,520	0			
	<b>d</b> Net rental income or (loss) . . . . .			24,520		24,520
<b>8a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
		17,208,061	3,000			
	<b>b</b> Less cost or other basis and sales expenses	15,276,122				
	<b>c</b> Gain or (loss)	1,931,939	3,000			
	<b>d</b> Net gain or (loss) . . . . .			1,934,939		1,934,939
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	<b>b</b> Less direct expenses . . . . .	<b>a</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 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>a</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>a</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
<b>11a</b> MISCELLANEOUS REVENUE	900099	3,189	3,189			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		3,189				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		386,474,607	382,902,925		3,571,682	

**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 domestic organizations and domestic governments See Part IV, line 21 . . . . .	418,239	418,239		
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	275,403,580	275,403,580		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,651,708	2,698,912	952,796	0
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 . . . . .	42,116,358	31,342,799	10,773,559	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,664,067	2,768,611	895,456	
9 Other employee benefits . . . . .	15,504,944	10,188,284	5,316,660	
10 Payroll taxes . . . . .	3,341,226	2,516,060	825,166	
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	1,286,285	229,681	1,056,604	
c Accounting . . . . .	113,985	20,353	93,632	
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) . . . . .	1,923,790	1,089,913	833,877	
12 Advertising and promotion . . . . .	6,335,797	27,857	6,307,940	
13 Office expenses . . . . .	30,903,671	28,228,303	2,675,368	
14 Information technology . . . . .	3,090,827	2,318,120	772,707	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	2,203,472	1,888,502	314,970	
17 Travel . . . . .	261,883	95,410	166,473	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	474,866	311,373	163,493	
20 Interest . . . . .	106,627	105,365	1,262	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	5,461,948	2,222,229	3,239,719	
23 Insurance . . . . .	306,836	98,473	208,363	
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	7,941,800	7,240,076	701,724	
b BOARDS, BUREAUS, ASSOC FEES	505,333	46,266	459,067	
c RECRUITING	126,549	12,365	114,184	
d WHEFA EXPENSES	79,469	79,469		
e All other expenses	163,395	79,211	84,184	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	405,386,655	369,429,451	35,957,204	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	6,625	<b>1</b>	6,125
2	Savings and temporary cash investments	7,595,491	<b>2</b>	499,574
3	Pledges and grants receivable, net	0	<b>3</b>	0
4	Accounts receivable, net	22,484,802	<b>4</b>	33,114,247
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	1,822,876	<b>8</b>	1,594,292
9	Prepaid expenses and deferred charges	1,678,703	<b>9</b>	1,220,742
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	60,182,471	
b	Less accumulated depreciation	<b>10b</b>	31,951,388	29,856,937
		<b>10c</b>		28,231,083
11	Investments—publicly traded securities	69,159,299	<b>11</b>	56,792,107
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	1,341,171	<b>15</b>	1,250,755
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	133,945,904	<b>16</b>	122,708,925
<b>Liabilities</b>				
17	Accounts payable and accrued expenses	30,813,436	<b>17</b>	38,836,172
18	Grants payable	0	<b>18</b>	0
19	Deferred revenue	29,629,361	<b>19</b>	31,795,156
20	Tax-exempt bond liabilities	5,500,000	<b>20</b>	5,000,000
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	593,137	<b>25</b>	64,787
26	<b>Total liabilities.</b> Add lines 17 through 25	66,535,934	<b>26</b>	75,696,115
<b>Net Assets or Fund Balances</b>				
27	Unrestricted net assets	67,409,970	<b>27</b>	47,012,810
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	67,409,970	<b>33</b>	47,012,810
34	<b>Total liabilities and net assets/fund balances</b>	133,945,904	<b>34</b>	122,708,925

**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	386,474,607
2	Total expenses (must equal Part IX, column (A), line 25)	2	405,386,655
3	Revenue less expenses Subtract line 2 from line 1	3	-18,912,048
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,409,970
5	Net unrealized gains (losses) on investments	5	-1,485,112
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	47,012,810

**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? 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	3a	No
	3b	

## Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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	Highest compensated employee			
(1) Kenneth Machtan President	6 0 0 0	X		X			44,625	0	0
(1) Michael Mullee Treasurer-thru 6/2014, Member	5 0 0 0	X		X			17,850	0	0
(2) Thomas Schomisch Board member	4 0 0 0	X					23,800	0	0
(3) Carol Winkler Secretary	4 0 0 0	X		X			20,825	0	0
(4) James Driscoll Board member	4 0 0 0	X					21,250	0	0
(5) Henry Sanders Board member	4 0 0 0	X					17,850	0	0
(6) Bret Clostermery Member, Treasurer-as of 6/2014	5 0 0 0	X		X			21,675	0	0
(7) Patricia Gadow Board member	4 0 0 0	X					20,825	0	0
(8) Mary Wright Vice President	4 0 0 0	X		X			22,950	0	0
(9) Christian Kastman MD Medical Director - Informatics	50 0 0 0	X					243,437	0	53,111
(10) Donna Twining CHE MGR/DIABETES RN SPECIALIST	50 0 0 0	X					95,951	0	31,788
(11) Kevin Hayden Chief Executive Officer	50 0 0 0			X			390,870	0	55,126
(12) Jeanan Yasiri-Moe Chief Plan&Innovation Officer	50 0 0 0			X			202,391	0	40,039
(13) Thomas Kimble Chief Financial Officer	50 0 0 0			X			134,443	0	14,176
(14) Mark Huth Chief Medical Officer	50 0 0 0			X			288,828	0	55,126
(15) Robert Matthew Medical Dir - Clinic Affairs	50 0 0 0			X			229,772	0	50,276
(16) Jeffrey Huebner Medical Dir - Quality Care	50 0 0 0			X			241,160	0	51,961
(17) Nancy Hagan Chief Nursing Officer	50 0 0 0			X			141,462	0	30,426
(18) Allan Wearing Chief Ins Service Officer	50 0 0 0			X			249,435	0	32,527
(19) Mark Dalebroux Chief Human Resources Officer	50 0 0 0			X			201,498	0	47,505
(20) Bruce Quade Chief Information Officer	50 0 0 0			X			211,890	0	48,138
(21) Susan Benjamin CFO - Thru 7/2014	50 0 0 0			X			247,441	0	51,281
(22) Christine Tock Physician	50 0 0 0				X		376,071	0	39,753
(23) Leah Ederer Physician	50 0 0 0				X		223,996	0	53,147
(24) Ralph Froelich Psychiatrist	50 0 0 0				X		215,214	0	33,547

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

(A) Name and Title	(B) Average hours per week (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	Highest compensated	Former		
(26) Eric Hilquist Physician	50 0 0 0					X		214,268	0 49,226
(1) Stephen Lo Physician	50 0 0 0					X		207,719	0 47,124
(2) Lawrence J Zanoni Former Executive Director	0 0 0 0						X	164,852	0 31,643
(3) Michael Ostrov Former Medical Director	0 0 0 0						X	145,658	0 7,394

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014****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 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . .

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

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI )						
11 <b>Total support</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2014.</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—2013.</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 ►		
17a <b>10%-facts-and-circumstances test—2014.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2013.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

**Part III Support Schedule for Organizations Described in 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI )						
<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 section 501(c)(3) organization, check this box and <b>stop here</b> ►						

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2014.</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—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►	

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

**1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

**2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

**c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

**4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

**c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

**b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

**6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

**7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

**8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

**9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

**b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

**c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

**10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

**b** A family member of a person described in (a) above?

**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a  The organization satisfied the Activities Test Complete **line 2** below

b  The organization is the parent of each of its supported organizations Complete **line 3** below

c  The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

1 Net short-term capital gain  
 2 Recoveries of prior-year distributions  
 3 Other gross income (see instructions)  
 4 Add lines 1 through 3  
 5 Depreciation and depletion  
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  
 6 Other expenses (see instructions)  
 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

**Section B - Minimum Asset Amount**

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  
 a Average monthly value of securities  
 b Average monthly cash balances  
 c Fair market value of other non-exempt-use assets  
 d Total (add lines 1a, 1b, and 1c)  
 e Discount claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_  
 2 Acquisition indebtedness applicable to non-exempt use assets  
 3 Subtract line 2 from line 1d  
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  
 6 Multiply line 5 by 035  
 7 Recoveries of prior-year distributions  
 8 Minimum Asset Amount (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

**Section C - Distributable Amount**

1 Adjusted net income for prior year (from Section A, line 8, Column A)  
 2 Enter 85% of line 1  
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  
 4 Enter greater of line 2 or line 3  
 5 Income tax imposed in prior year  
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  
 7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

**Section D - Distributions**

	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009. . . . .			
<b>b</b> From 2010. . . . .			
<b>c</b> From 2011. . . . .			
<b>d</b> From 2012. . . . .			
<b>e</b> From 2013. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> From 2010. . . . .			
<b>b</b> From 2011. . . . .			
<b>c</b> From 2012. . . . .			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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

## **SCHEDULE C**

## 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

► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

2014

**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-B
- Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2011</b>	<b>(b) 2012</b>	<b>(c) 2013</b>	<b>(d) 2014</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		28,662	
<b>j</b> Total Add lines 1c through 1i			28,662	
<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		
<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?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**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-B, lines 1 and 2 (see instructions), 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 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)**

Return Reference	Explanation

**Schedule C (Form 990 or 990EZ) 2014**

2014

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.

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 value of contributions to (during year)		
3 Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability?  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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<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	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		3,801,780			3,801,780
<b>b</b> Buildings . . . . .		28,117,729	11,282,271		16,835,458
<b>c</b> Leasehold improvements . . . . .		4,337,607	2,757,631		1,579,976
<b>d</b> Equipment . . . . .		16,703,026	13,603,009		3,100,017
<b>e</b> Other . . . . .		7,222,329	4,308,477		2,913,852
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					28,231,083

**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) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
</		

**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.)**

**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	384,989,495
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	-1,485,112
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	-1,485,112
3	Subtract line 2e from line 1 . . . . .	3	386,474,607
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	386,474,607

**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	405,386,655
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	405,386,655
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	405,386,655

**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% 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, 2014, and 2013, 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).**2014****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 Domestic Organizations and Domestic Governments.** 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 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 Madison, WI 53711	39-0806202	501(C)(3)	100,000				Nursing Sponsor
(2) Community GroundWorks 3601 Memorial Drive Suite 4 Madison Madison, WI 53704	39-2024302	501(c)(3)	6,000				Sponsorship
(3) United Way of Dane County 2059 Atwood Avenue Madison, WI 53707	39-0817532	501(c)(3)	22,000				Sponsorship
(4) Madison Community Health Centers 2901 W Beltline Hwy 120 Madison, WI 53713	39-1391134	501(c)(3)	200,000				Employment Endowment

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

4

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

**Part III Grants and Other Assistance to Domestic Individuals.** 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 )

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

OMB No 1545-0047

**2014****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.

► 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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) 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	Health or Social Club Dues 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 Hayden's name, Mr Hayden did not make personal use of the club in 2014. In 2014, GHC paid \$2,160 (\$180 per month) in dues and annual member assessment
Schedule J, Part I, Line 4A	Severance and Change-of-Control Payments An individual left the organization and received a severance payment during 2014. Due to a confidentiality agreement, neither the person nor the amount will be listed. The amount has been properly included in Schedule J, Part II, Column B(iii). The following individuals received change-of-control payments during 2014. These amounts are included in Schedule J, Part II, Column B(iii) -Lawrence J Zanoni \$164,852 -Michael Ostrov \$145,658

## 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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Christian Kastman MD, Medical Director - Informatics	(i) 214,303 (ii) 0	28,864 0	270 0	29,301 0	23,810 0	296,548 0	0 0	0 0
<b>1</b> Kevin Hayden, Chief Executive Officer	(i) 366,826 (ii) 0	0 0	24,044 0	31,291 0	23,835 0	445,996 0	17,500 0	0 0
<b>2</b> Jeanan Yasin-Moe, Chief Plan&Innovation Officer	(i) 197,501 (ii) 0	0 0	4,890 0	22,854 0	17,185 0	242,430 0	0 0	0 0
<b>3</b> Mark Huth, Chief Medical Officer	(i) 283,938 (ii) 0	0 0	4,890 0	31,291 0	23,835 0	343,954 0	0 0	0 0
<b>4</b> Robert Matthew, Medical Dir - Clinic Affairs	(i) 223,860 (ii) 0	1,262 0	4,650 0	26,905 0	23,371 0	280,048 0	0 0	0 0
<b>5</b> Jeffrey Huebner, Medical Dir - Quality Care	(i) 231,460 (ii) 0	5,200 0	4,500 0	28,590 0	23,371 0	293,121 0	0 0	0 0
<b>6</b> Nancy Hagan, Chief Nursing Officer	(i) 135,972 (ii) 0	0 0	5,490 0	13,827 0	16,599 0	171,888 0	0 0	0 0
<b>7</b> Allan Wearing, Chief Ins Service Officer	(i) 241,935 (ii) 0	0 0	7,500 0	29,246 0	3,281 0	281,962 0	0 0	0 0
<b>8</b> Mark Daleboux, Chief Human Resources Officer	(i) 196,008 (ii) 0	0 0	5,490 0	22,854 0	24,651 0	249,003 0	0 0	0 0
<b>9</b> Christine Tock, Physician	(i) 375,357 (ii) 0	0 0	714 0	31,291 0	8,462 0	415,824 0	0 0	0 0
<b>10</b> Leah Ederer, Physician	(i) 187,448 (ii) 0	36,278 0	270 0	26,859 0	26,288 0	277,143 0	0 0	0 0
<b>11</b> Ralph Froelich, Psychiatrist	(i) 212,742 (ii) 0	0 0	2,472 0	24,634 0	8,913 0	248,761 0	0 0	0 0
<b>12</b> Eric Hilquist, Physician	(i) 186,257 (ii) 0	27,711 0	300 0	25,116 0	24,110 0	263,494 0	0 0	0 0
<b>13</b> Stephen Lo, Physician	(i) 195,625 (ii) 0	11,644 0	450 0	23,992 0	23,132 0	254,843 0	0 0	0 0
<b>14</b> Lawrence J Zanoni, Former Executive Director	(i) 0 (ii) 0	0 0	164,852 0	17,404 0	14,239 0	196,495 0	17,500 0	0 0
<b>15</b> Michael Ostrov, Former Medical Director	(i) 0 (ii) 0	0 0	145,658 0	0 0	7,394 0	153,052 0	728 0	0 0
<b>16</b> Bruce Quade, Chief Information Officer	(i) 207,240 (ii) 0	0 0	4,650 0	24,363 0	23,775 0	260,028 0	0 0	0 0
<b>17</b> Susan Benjamin, CFO - Thru 7/2014	(i) 126,450 (ii) 0	10,000 0	110,991 0	25,946 0	25,335 0	298,722 0	0 0	0 0

**Schedule K  
(Form 990)****Supplemental Information on Tax Exempt Bonds****2014**

► 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.  
 ► 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 ServiceName of the organization  
Group Health Cooperative of South Central WIEmployer identification number  
39-1199466**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> 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							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
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
			X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider	0							
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> 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)**Supplemental Information to Form 990 or 990-EZ****2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ 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).**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 2014 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 2014 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</li> <li>We help create, support, and strengthen a pathway to health care for the most vulnerable in our community.</li> <li>SPREAD HEALTH KNOWLEDGE</li> <li>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</li> <li>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</li> <li>We provide financial sponsorships to a variety of organizations that promote health activities and initiatives that make our community better.</li> </ul> <p>I STRENGTHEN ACCESS TO HEALTH CARE</p> <p>BADGERCARE PLUS</p> <p>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, 12.8% 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 2014, we proudly served nearly 6,274 BadgerCare Plus members. In addition, we donated \$1.4 million in care to our BadgerCare Plus members in 2014.</p> <p>BRIDGES TO ACCESS</p> <p>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 68 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 \$40,135.91 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 2 evening clinics in 2014. 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. 9 of our medical providers, 10 of our nursing staff, along with nurses from the Madison Metropolitan School District, were on the scene to care for kids. 11 other staff helped families share a warm, nutritious meal after their appointment and enjoy complementary giveaways from GHCSCW, including school supplies, sports equipment, and educational books. In 2014, a total of 67 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 2014, GHCSCW delivered \$28,925.58 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 2014, 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 \$85,840 in primary care services and medications, and \$1,787.12 in eyewear through this program in 2014.</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 2014 by setting up numerous appointments for care and follow-up care. Working with our partners from the public health department, we helped 30 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 \$18,285.31 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 4 women in the program this year.</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 2014 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 ten 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 3-mile run and we provided health education opportunities for healthy cooking and variety of healthy activities like Zumba, Yoga, and Cardio For six 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 four 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 2014 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 seven 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 seven years, we've worked together with the Urban League of Greater Madison 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, GHCSCW 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 12 years we've worked together with the Madison School &amp; Community Recreation (MSCR) department and the Madison Metropolitan 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 2014 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 five years, GHCSCW has worked together with</p>

Return Reference	Explanation	
	Statement of Program Service Accomplishments (Continued)	<p>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 2014. 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 HospiceCare, UW Graduate School, Cress Funeral Home, the Natural Path Sanctuary, the Waisman Center, and others. For three 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.</p> <p><b>LATINO HEALTH COUNCIL</b> We helped promote the health and well-being of our Latino neighbors by serving on the Latino Health Council in 2014. 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 nine years, we've served on the Latino Health Council in our community.</p> <p><b>REACH OUT AND READ</b> 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 2014, we proudly paid for 5,600 age and culturally appropriate books to be given away at these appointments. 2014 was the third 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.</p> <p><b>BLACK WOMEN'S WELLNESS DAY</b> Black Women's Wellness Day is an event that raises awareness of issues facing black women in our community. We offered therapeutic massage and information on stress to the attendees. 2014 was the second year GHCSCW participated in this event.</p>

Return Reference	Explanation	
	Statement of Program Service Accomplishments (Continued)	<p>Form 990, Part III, Line 4 III SERVE THROUGH VOLUNTEERISM COOPERATIVE 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 wellbeing. 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 wellbeing. Below are listed events that our employees were involved in 2014 - 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 2014:</p> <ul style="list-style-type: none"> <li>\$29,217 donated through our Cooperative's Charitable Giving Campaign. 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>\$1,395 donated to fight breast cancer on behalf of the Susan G Komen Foundation.</li> <li>\$270 donated to support organ, tissue, and eye donations on behalf of the National Kidney Foundation of Wisconsin.</li> <li>\$320 to support Alzheimers Association of South Central Wisconsin Chapter.</li> <li>\$380 to support Hopes of Wisconsin (Hospice Organization and Palliative Experts).</li> <li>\$200 to support National Brain Tumor COOPERATIVE BLOOD DONATIONS.</li> </ul> <p>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 2014. 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 2014, 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 OF MADISON INC</li> <li>ABC FOR HEALTH INC</li> <li>ACCESS COMMUNITY HEALTH CENTERS</li> <li>ADS NETWORK</li> <li>ALZHEIMERS ASSOCIATION OF SOUTH CENTRAL WISCONSIN CHAPTER</li> <li>AMERICAN FAMILY CHILDREN'S HOSPITAL</li> <li>AMERICAN HEART ASSOCIATION</li> <li>BADGER ROCK MIDDLE SCHOOL</li> <li>BARABOO AREA CHAMBER OF COMMERCE</li> <li>CATHOLIC CHARITIES CENTER FOR RESILIENT CITIES</li> <li>CENTRO HISPANO OF DANE COUNTY</li> <li>CLEAN WISCONSIN INC</li> <li>COMBAT BLINDNESS INTERNATIONAL</li> <li>COMMUNITY ACTION COALITION FOR SOUTH CENTRAL WISCONSIN INC</li> <li>COMMUNITY GROUNDWORKS COMMUNITY PARTNERSHIPS INC</li> <li>COMMUNITY SHARES OF WISCONSIN</li> <li>EAST MADISON COMMUNITY CENTER</li> <li>EDGEWOOD COLLEGE FOUNDATION</li> <li>BLACK WOMEN'S WELLNESS INC</li> <li>FOUNDATION FOR MADISON'S PUBLIC SCHOOLS</li> <li>HOPES OF WISCONSIN</li> <li>INDEPENDENT LIVING INC</li> <li>JUNIOR ACHIEVEMENT OF WISCONSIN INC</li> <li>JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL</li> <li>KOME N SOUTH CENTRAL WISCONSIN RACE FOR THE CURE</li> <li>LEOPOLD ELEMENTARY PARENT/FACULTY ORGANIZATION</li> <li>LITERACY NETWORK</li> <li>LUSSIER COMMUNITY EDUCATION CENTER</li> <li>MADISON PUBLIC LIBRARY FOUNDATION INC</li> <li>MADISON SENIOR CENTER</li> <li>MADISON SYMPHONY ORCHESTRA INC</li> <li>MARCH OF DIMES CAPITAL WISCONSIN DIVISION</li> <li>MUSCULAR DYSTROPHY ASSOCIATION</li> <li>OLBRICH BOTANICAL GARDEN</li> </ul>

Return Reference	Explanation	
	Statement of Program Service Accomplishments (Continued)	ICAL SOCIETY OSTP LLP PLANNED PARENTHOOD OF WISCONSIN INC PORCHLIGHT INC RAINBOW PROJECT INC RESILIENCE NEIGHBORHOOD CENTER RONALD MCDONALD HOUSE CHARITIES OF MADISON INC SCHOLASTIC INC SUNSHINE PLACE THOREAU ELEMENTARY SCHOOL PTO UNITED CEREBRAL PALSY OF GREATER DANE COUNTY UNITED WAY OF DANE COUNTY UNIVERSITY OF WISCONSIN UNIVERSITY OF WISCONSIN FOUNDATION URBAN LEAGUE OF GREATER MADISON WISCONSIN ALLIANCE FOR WOMENS HEALTH WISCONSIN EARLY CHILDHOOD ASSOCIATION WISCONSIN HEALTH NEWS WISCONSIN WOMENS HEALTH FOUNDATION WISCONSIN YOUTH COMPANY INC Number Reported in Box 3 of Form 1096 Form 990, Part V, Line 1a GHC-SCW reported 3,331 of the 3,465 forms in Box 6 of Form 1099-MISC for Medical and health care payments

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 2014, these employee board members were Christian Kastman, MD and Donna Twining. 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 Interim 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 Interim Chief Financial Officer annually reviews a Conflict of Interest Questionnaire that is to be provided to the Board, Officers, and Key Employees. The Interim 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. Executive compensation is reviewed by third party consultants who make recommendations to the Board of Directors and CEO. Approximately every three years, consultants are hired to review physician compensation. Consultant recommendations are typically presented to the GHC HR committee for review, discussion and approval. The annual employee pay plan is presented to the HR Committee at its November meeting and is also a part of the annual budget that is reviewed by the Finance/Audit Committee and approved by the Board of Directors.

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 GHC-SCW responds to requests for information on a case-by-case basis