Form 99	0-т	Ех	empt Organization (and proxy tax		siness Income [.] der section 6033(irn	OM	B No. 1545-0687
Desident			ndar year 2013 or other tax year begin ► See	separ	ate instructions.		20 .	Ĺ	2013
Department of the Internal Revenue S	· · ·	► In	formation about Form 990-T and not enter SSN numbers on this form	its ins as it m	structions is available at <i>w</i> v av be made public if vour org	<i>vw.irs.gov/form</i> anization is a 501	1990t. 1(c)(3).	Open t	o Public Inspection for 3) Organizations Only
	k box if ss changed				me changed and see instruction		D Empl	oyer iden	tification number see instructions.)
B Exempt unde	er section		GROUP HEALTH COOPER	ATIV	E				
X 501(C)(3)	Print	Number, street, and room or suite no.	lf a P.O	. box, see instructions.		91-0	51177	0
408(e)		or Гуре							ness activity codes
408A	530(a)	.) ро	320 WESTLAKE AVE N				(See II	nstructions.)	
529(a)			City or town, state or province, countr	y, and Z	IP or foreign postal code				
C Book value of			SEATTLE, WA 98109-5	233			5419	00	541700
at end of year	' F	Gro	up exemption number (See instruct	ions.)					
172053	34659. G	Che	ck organization type 🕨 🛛 🛛 501	(c) co	rporation 501(c)) trust	401(a)	trust	Other trust
H Describe t	he organizati	ion's p	imary unrelated business activity.		ATTACHM	ENT 1			
I During the	e tax year, wa	as the o	corporation a subsidiary in an affil	iated g	roup or a parent-subsidiary o	controlled group?	?	🕨	Yes X No
If "Yes," e	nter the nam	e and	dentifying number of the parent co	rporatio					
J The books	are in care of	f 🕨	MARTIN R. DOPPS		Telephon	e number 📐	206-44	8-514	<u>5</u>
			or Business Income		(A) Income	(B) Expe	nses		(C) Net
1a Gross r	eceipts or sale	es	1,083,905.			\sim			
b Less retur	rns and allowance	es	c Balance	1c	1,083,905.	\sim			
2 Cost of	goods sold (Sched	ule A, line 7)	2	140,607.)			
3 Gross p	orofit. Subtra	ct line	2 from line 1c	3	943,298.				943,298.
4a Capital	gain net inco	ome (a	ttach Form 8949 and Schedule D)	4a	2				
b Net gain	n (loss) (Form	4797,	Part II, line 17) (attach Form 4797)	4b					
c Capital	loss deduction	on for t	rusts	4c					
5 Income	(loss) from par	rtnership	s and S corporations (attach statement)	5	24,572.	ATCH 2	2		24,572.
6 Rent in	come (Sched	ule C)		6					
7 Unrelat	ed debt-finar	nced in	come (Schedule E)	7					
8 Interest, a	nnuities, royalties	s, and rer	ts from controlled organizations (Schedule F)	8					
			(c)(7), (9), or (17) organization (Schedule G)	9					
10 Exploite	ed exempt ac	tivity ir	ncome (Schedule I)	10					
11 Advertis	sing income	(Sched	ule J)	11					
12 Other in	ncome (See i	instruc	tions; attach schedule.)	12					
			bugh 12		967,870.				967,870.
			Taken Elsewhere (See inst			, ,	(Except	for con	tributions,
			be directly connected with t			/			
			directors, and trustees (Schedule K)					_	
15 Salaries	s and wages						15	_	426,881.
16 Repairs	s and mainter	nance					16	_	105.
								_	-41.
								_	
									51,847.
			See instructions for limitation rules.)		1 1			-	
			4562)			1,20)7.		
			on Schedule A and elsewhere on re				22b)	1,207.
			compensation plans						
									94,456.
			Schedule I)					_	
			chedule J)					_	
			chedule)						398,270.
			s 14 through 28						972,725.
			le income before net operating					_	-4,855.
			on (limited to the amount on line 3					_	
			e income before specific deduction						-4,855.
			ally \$1,000, but see line 33 instruc						1,000.
			ble income. Subtract line 33 fr		0		·		
enter th	e smaller of a	zero or	line 32				34		-4,855.
610 1.000 [°]			lotice, see instructions.		2 6 27	1100000		I	Form 990-T (2013)
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Form	990-T (2013) GROUP HEALTH COOPERATIVE	91-05	11770	Page 2
Par	t III Tax Computation			Page 3
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group			
	members (sections 1561 and 1563) check here EX See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000) \$			
с	Income tax on the amount on line 34	> 35c		
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax or the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041).			
37	Proxy tax. See instructions		1000 L	
38	Alternative minimum tax		15	
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies			
Par	t IV Tax and Payments			
40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a			
b	Other credits (see instructions)			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d 40d			
е	Total credits. Add lines 40a through 40d	40e		
41	Subtract line 40e from line 39	41		
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other lattach schedule)	. 42		
43	Total tax. Add lines 41 and 42	. 43		(
44 a	Payments: A 2012 overpayment credited to 2013			
b	2013 estimated tax payments			
С	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (Attach Form 8941) 44f	_		
g	Credit for small employer health insurance premiums (Attach Form 8941) 44f Other credits and payments: Form 4136 Total payments. Add lines 44a through 44a			
	Form 4136 Other Total ▶ 44g			
45	Total payments. Add lines 44a through 44g	. 45		
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached	46		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	S		
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		
49	Enter the amount of line 48 you want: Credited to 2014 estimated tax Refunded	140		
	tV Statements Regarding Certain Activities and Other Information (see instruction At any time during the 2013 calendar year, did the organization have an interest in or a signature or other author		nancial V	es No
1	account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1		and the second	es NO
	Bank and Financial Accounts. If YES, enter the name of the foreign country here	, Report of	roleigh	X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?		X
~	If YES, see instructions for other forms the organization may have to file.	eigir tiust:		Δ
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			-
	edule A - Cost of Goods Sold. Enter method of inventory valuation >			
1	Inventory at beginning of year	6		
2	Purchases			
3	Cost of labor	-		
4 a	Additional section 263A costs Part I, line 2	7	14	0,607.
	(attach schedule) 4a 8 Do the rules of section 263A (10 10 10 10 10 10 10 10 10 10 10 10 10 1	ect to Y	es No
b	Other costs (attach schedule) . 4b property produced or acquired for	or resale)	apply	
5	Total. Add lines 1 through 4b . 5 140,607. to the organization?			X
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes correct, and complete. Declaration of preparer (other (than texpayer) is based on all information of which preparer has any knowledge.	t of my know	ledge and belie	ef, it is true
Sig		May the IR	S discuss th	is return
He	e De Corre Collector 11113/14 VP, CHIEF ACCOUNTING		reparer show	
	UTT-COP .	(see instruction	s)? X Yes	No
Pel	Print/Type prepare's name Prepare Date Ch	eck 🔲 if	PTIN	
Paie	SOL ROBISON	f-employed	P00560	
	Only Firms name REFIG LLF	and the second	3-55652	
	Firm's address ▶ 1918 EIGHTH AVENUE, SUITE 2900 Pho	one no. 🧳	206-913-	
	SEATTLE, WA 98101		Form 990	-T (2013)

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

Page 3

Form 990-T (2013)

(see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent 3(a) Deductions directly connected with the income (b) From real and personal property (if the for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) more than 50%) 50% or if the rent is based on profit or income) (1) (2)(3) (4)Total Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1 here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1. Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2)(3)(4) 4. Amount of average 5. Average adjusted basis 6. Column 8. Allocable deductions of or allocable to acquisition debt on or 7. Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) column 5 3(a) and 3(b)) (attach schedule) property (attach schedule) (1)% (2)% (3) % % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B). Totals Total dividends-received deductions included in column 8 ► Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations 1. Name of controlled 2. Employer 5. Part of column 4 that is 6. Deductions directly 3. Net unrelated income 4. Total of specified included in the controlling identification number connected with income organization (loss) (see instructions) payments made organization's gross income in column 5 (1) (2)(3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is 11. Deductions directly 8. Net unrelated income 9. Total of specified 7. Taxable Income included in the controlling connected with income in (loss) (see instructions) payments made organization's gross income column 10 (1) (2)(3) (4) Add columns 5 and 10. Add columns 6 and 11. Enter here and on page 1, Enter here and on page 1, Part I, line 8, column (A). Part I, line 8, column (B). Totals Form **990-T** (2013) JSA

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Form 990-T (2013)	GROUP HE	CALTH COOP	PERA	TIVE				91-0	511770	Page 4
Schedule G - Investment In	ncome of a Sec	ction 501(c)	(7), ((9), or (17) Orga	nizati	on (see inst	ructi	ions)		
1. Description of income	2. Amount of	income		3. Deductions directly connected (attach schedule)		4. Se (attach			 Total de and set-asi plus c 	des (col. 3
(1)										
(2)										
(3)										
(4)										
	Enter here and								Enter here ar	
Totals	Part I, line 9, c	olumn (A).							Part I, line 9	, column (B).
Totals ► Schedule I - Exploited Exe	mot Activity In	aama Otha	r The	an Advartiaing In			ation)		
Schedule I - Exploited Exe		come, Othe	r The	4. Net income		e (see instru		15)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense: directly connected w production unrelated business inco	/ith of	 4. Net fitcome (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. 	fron is r	 5. Gross income from activity that is not unrelated business income 6. Expenses attributable to column 5 		exp (colum column mor	ss exempt enses n 6 minus 5, but not e than mn 4).	
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (:I,			-OX			on p	here and bage 1, , line 26.
Totals										
Schedule J - Advertising Ir										
Part I Income From Per	iodicals Report	ted on a Co	nsoli	dated Basis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Adventising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	5. Circulation 6. Readership costs		costs (minus co not m	s readership column 6 olumn 5, but ore than mn 4).	
(1)										
(2)			~							
(3)		, C								
(4)										
Totals (carry to Part II, line (5)) Part II Income From Pe 2 through 7 on a I	riodicals Repo	rted on a S	epar	r ate Basis (For e	each	periodical I	iste	d in Part	II, fill in	columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	Circulation income			costs (minus co not m	s readership column 6 olumn 5, but ore than mn 4).
(1)										
(2)										
(3)										
(4)										
Totals from Part I							· · · · ·			
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Par line 11, col. (t I						on	here and bage 1, I, line 27.
Totals, Part II (lines 1-5)						<u>}</u>				
Schedule K - Compensatio	on of Officers, D	Directors, an		 ustees (see instru 2. Title 	uctions	3. Percent of	_	4. Compe	ensation attrib	outable to
1. Name						time devoted t business			elated busine	
<u>(1)</u>							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, F	Part II, line 14						. ►			
JSA									Form 99	0-T (2013)

Internal Reve	120) hber 2012) the Treasury he Treasur	or 1120-RIC.	OMB No. 1545-0123
Name		Employer identif	
	HEALTH COOPERATIVE	91-05117	70
Part I	Apportionment Plan Information		
1 Typ a X b c d	of controlled group: Parent-subsidiary group Brother-sister group Combined group Life insurance companies only		
	corporation has been a member of this group:		
a X b	For the entire year.		
	· ····		
3 This a b	corporation consents and represents to: Adopt an apportionment plan. All the other members of this group are adopting an apport current tax year which ends on, and for all succeeding tax yea Amend the current apportionment plan. All the other members of this group are currently	ars.	
	blan, which was in effect for the tax year ending, and for all		
c	Ferminate the current apportionment plan and not adopt a new plan. All the other men an apportionment plan.	nbers of this g	roup are not adopting
d	Terminate the current apportionment plan and adopt a new plan. All the other members of apportionment plan effective for the current tax year which ends on succeeding tax years.	f this group are , and fo	
	a checked box 3c or 3d above, check the applicable box below to indicate if the terminate was: Elected by the component members of the group.	nation of the o	current apportionment
b	Required for the component members of the group.		
plar	a did not check a box on line 3 above, check the applicable box below concerning the (see instructions).	status of the g	roup's apportionment
a b X	No apportionment plan is in effect and none is being adopted.	ED 21 200) 6 and for
b X	An apportionment plan is already in effect. It was adopted for the tax year ending <u>DECEMB</u> all succeeding tax years.	ER 31, 200	<u>, and ior</u>
(inc fron	the members of this group are adopting a plan or amending the current plan for a tax year ding extensions) of the tax return for this corporation, is there at least one year remaining the date this corporation filed its amended return for such tax year for assessing any resu nstructions. Yes.	on the statute	of limitations
(i) (ii)	The statute of limitations for this year will expire on On, this corporation entered into an agreement with th	e Internal Reve	enue Service to
b 🗌	extend the statute of limitations for purposes of assessment until	·	
7 Rec a b c	ired information and elections for component members. Check the applicable box(es) (see The corporation will determine its tax liability by applying the maximum tax rate imposed of its taxable income. The corporation and the other members of the group elect the FIFO method (rather to nethod) for allocating the additional taxes for the group imposed by section 11(b)(1). The corporation has a short tax year that does not include December 31.	by section 11	

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

				ncome Amoun Each Bracke	Amount Allocated to Bracket			
(a) Group member's name a employer identification nu	and mber	(b) Tax year end (Yr-Mo) (c) 15% (d) 25% (e) 34%				(g) Total (add columns (c) through (f))		
1 GROUP HEALTH OPTIONS, INC.	91-1467158	2013-12	NONE	NONE	NONE	NONE	NONE	
2 GROUP HEALTH COOPERATIVE	91-0511770	2013-12	NONE	NONE	NONE	NONE	NONE	
3^{GROUP} HEALTH SERVICES, INC.	91-1392222	2013-12	NONE	NONE	NONE	NONE	NONE	
4 KPS HEALTH PLANS	91-0540525	2013-12	NONE	NONE	NONE	NONE	NONE	
5				\mathcal{O}				
6								
7			N					
8			5					
9								
10								
Fotal		8	NONE	NONE	NONE	NONE	NONE	

Part III Income Tax Apportionment (See instructions)

(e) 35% NONE NONE		(9) 3% NONE	(h) Total income tax (combine lines (b) through (g))
NONE		NONE	
NONE			NONE
		NONE	NONE
	NONE	NONE	NONE
NONE	V	NONE	NONE
	NONE	NONE	NONE
	NE NONE	NE NONE NONE	NE NONE NONE NONE Schedu

Part IV Other Apportionments (See instructions)

			Other Apportionments	5	
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 GROUP HEALTH OPTIONS, INC.	NOVE	NOVE	Nove	NONE	
2 GROUP HEALTH COOPERATIVE	NONE	NONE	NONE	NONE	NONE
3 GROUP HEALTH SERVICES, INC.	NONE	NONE	NONE	NONE	NONE
4 KPS HEALTH PLANS	NONE	NONE	NONE	NONE	NONE
5			2		
6					
7					
8					
9		S S	V		
10					
Total	NONE	NONE	NONE	NONE	NONE
	PUS	5		Sch	edule O (Form 1120) (Rev. 12-2012)

Chickeding Information on Listed Property) Zero 18 Department of an Twenty bits esparate instructions. Attach to your tax return. Manimum contensions. 200113 CRUPP HERAITH COOPERATIVE 91-0511770 Death for the twenty 91-0511770 Death for the twenty (see instructions). 1 1 Additional for the twenty (see instructions). 1 2 Total cost of section 179 property allevel in service (see instructions). 1 3 Total cost of section 179 property allevel in service (see instructions). 1 4 debte for the twenty of the twenty in the twenty of twenty of twenty of twenty of	Form 4562	Deprec	iation and A	mortizat	on		OMB No. 1545-0172	
Description Description Attach to your tax return. Attacht or your tax return. Attacht or your tax return. Secretion 10 Secretion 11	Form TJUZ	•					2013	
Namedi jinom onkum Section 7 separat property index and the 3 and							Attachment 170	
GENOLP HEALTH COOPERATIVE 91-0511770 GENERAL DEPRECIATION 91-0511770 Part Election To Expense Certain Property Under Section 179 Note: 17 you have any listed property, complete Part V before you complete Part I. 1 1 Maximum amount (see instructions). 1 2 2 Total cost of section 179 property baced in service (see instructions). 3 1 3 Threshold cost of section 179 property baced in service (see instructions). 3 1 4 Eduction in Initiation. Status in a service instructions in the section 179 property baced in service instructions in the section 179 property baced in service instructions in the section 179 property and the section 170 property form in the 29 (Sout Usames use only (c) Elected cost 9 1 Listed property. Enter the amount from line 29 7 8 9 1 Eduction in the section 179 property. Add amounts in colume (c), lines 6 and 7 9 9 14 2 Section 178 separate deduction column from line 29 9 9 14 12 3 Eductypeert disalowed deduction 102 14. Add lines 9 and 10. but do net refer more than line 11 12 12 3 Eductypeert disalowed deduction 102 14. Add lines 9 and 10. but do net refer more than line 11 12 13<								
Banness of activity or which fair form relates CENDERAL DEPRECTATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property. Complete Part I. Maximum amount (see instructions) Total cost of accion 179 property placed in service (see instructions) A Total cost of accion 179 property blace and cost on a maximum (see instructions) C Total cost of accion 179 property blace and cost on a maximum (see instructions) C Total cost of accion 179 property blace and inservice (see instructions) C Total cost of accion 179 property blace and cost on a maximum (see instructions) C Total and the property inservice inservice (see instructions) C Total allected cost of section 179 property. Add amounts in costom (see instructions) C Total allected cost of section 179 property. Add amounts in costom (see instructions) C Total allected cost of section 179 property. Add amounts in costom (see instructions) C C Total allected cost of section 179 property. Add amounts in costom (see instructions) C C C C C C C C C C		OOPERATIVE						
Part II Election To Expense Certain Property Jonder Section 179 Note: If you have any listed property. complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3							<u> </u>	
Note: If you have any listed property, complete Part V before you complete Part I. 1 Madrum amount (see instructions). 1 2 Total cost of section 178 property placed in service (see instructions). 2 3 Threshold cost of section 178 property placed in service (see instructions). 3 4 Section 178 property before reduction in limitation (see instructions). 4 5 Section 178 property before reduction in limitation. 5 6 (a) Description of property (b) Cost business use only) (c) Elected cost 7 Listed property. Enter the amount from line 28 7 8 9 9 Total elected cost of eccion 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carrywer of disallowed deduction from line 13 of your 2012 From 4562 10 11 12 Carrywer of disallowed deduction to 2014. Add lines 9 and 10, lise lise 12 12 12 12 Carrywer of disallowed deduction and 0. but do not enter more than line 11 12 12 13 Section 79 expense deduction Add lines 9 and 10, lise 16 and 74 14 14 14 Deproperty of the add proper	GENERAL DEPREC	IATION						
Image: Description of property placed in service (see instructions) 1 2 Total cost of section 179 property before reduction in limitation (see instructions) 2 4 Example of the instructions in the instructions in limitation (see instructions) 4 5 Example of the instructions in the instructions in limitation (see instructions) 4 6 Example of the instructions in limitation (see instructions) 4 7 Example of the instructions in limitation (see instructions) 4 7 Example of the instructions in limitation (see instructions) 4 9 Example of the instructions in limitation (see instructions) 8 1 Example of the instructions in limitation (see instructions) 8 9 Example of the instructions in limitation (see instructions) 1 1 Example of the instructions in limitation. Exercise instructions in linitation. Exercise instructions								
2 Total cost of section 179 property placed in service (see instructions) 2 4 4 5 6 (e) Elevand cost 6 (e) Description of property (f) Cost Section 179 7 Listed property. Elor relations of the section of the sectin of the section of the section of the section							1	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 1.17 process, subtract line 4 from line 1.17 property (b) Obstitution of property (c) Executivity of property and an events in column (c), lines 6 and 7 5 7 Listed property. Enter the amount from line 29 7 7 8 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 11 Section 179 expressed deduction. Add lines 8 on of line 8 12 12 12 Section 174 property. Section 20 are 12. 14 14 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12. 14 14 14 Special depreciation allowance and Other Depreciation (loude listed property). Section 20 are 10 for 2011 line 0.11 14 14 Special depreciation allowance for qualified property (other than lifted property) placed in service dim (not depreciation allowance and Other Depreciation (loude listed property). Section 2. 14 14 Oth	1 Maximum amount (see ins	structions)				1		
4 Reduction in limitation. Subtract line 3 from line 2.17 zero releas, enter -0								
5 Observed initiation for tax years. 6 (a) Description of property (b) Observed in the second				tions)		· · · —		
6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the smaller of business in column (c), lines 6 and 7 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 10 Carryover of disallowed deduction. Enter the smaller of business income (not less than zero) or life 5 (jsee instructions) 11 12 Section 179 expense deduction 12 021. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction 12 021. Add lines 9 and 10, but do not enter more than line 11 12 13 Section 179 expense deduction 12 021. Add lines 9 and 10, but do not enter more than line 11 12 14 Section 12 01. Add lines 9 and 10, but do not enter more than line 11 12 14 Section 12 01. Add lines 9 and 10, but do not enter more than line 11 14 15 Other depreciation (ncluding ACRS) 16 16 That depreciation (ncluding ACRS) 16 17 MACRS deductions for assets placed in service in taxyeer working the taxyeer (e) Convert (e) Cenvention 18 If You are electing to group any assets placed	5 Dollar limitation for tax year. Sub	tract line 4 from line 1. If zero or less, enter -	0 If married filing	• • • • • • •		· · ·		
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portion of the basis attributable to section 263A costs								

JSA For Paperwork Reduction Act Notice, see separate instructions. 2176FT 1783 8/28/2014 1:11:22 PM V 13-6.3F

Forn	n 4562 (20)13)										91	-0511	770	Page 2
			perty (Include	automobile	es. certain	oth	er veh	cles.	certain	comp	uters.	and	prope	rtv us	ed fo
1 4			ent, recreation, o			••••		,		00p	,	0.110	p. 0p 0		
	l	Note: For an 24b, columns	ny vehicle for wh s (a) through (c) of	nich you are Section A, al	using the s I of Section E	tanda 3, and	nd milea Section	ge ra Cifap	te or deo oplicable.	ducting	lease	expense	e, comp	olete or	ily 24a
		Section A -	Depreciation and	Other Inform	mation (Caut	ion: S	See the l	nstruc	ctions for l	limits for	passe	nger au	tomobile	əs.)	
24a	Do you	have evidence	e to support the bus	iness/investme	nt use claimed	?		No	24b If "\	es," is th	ne evide	nce writt	en?	Yes	X No
	(a)	(b)	(c)	(d)		(e)		(f)	(9	J)	((h)	(i)
		roperty (list es first)	Date placed in service	Business/ investment use percentage	Cost or other b		Basis for dep (business/inv use onl	estment	Recovery period	Meth Conve			eciation uction		l section cost
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27	Proper	ty used 50%	or less in a qualifi	ied business ι	Jse:										
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28	Add an	nounts in col	umn (h), lines 25	through 27. E	Enter here a	nd on	line 21,	bage 1	1	$\overline{\mathbf{\Omega}}$	28				
29	Add an	nounts in col	umn (i), line 26. E	Inter here and	d on line 7, p	age 1				<u></u>			. 29		
				Section	B - Inform	ation	on Use	of V	ehicles						
			vehicles used by											rovided	vehicle
to y	our emplo	oyees, first ans	swer the questions in	n Section C to s	see if you mee	t an ex	ception to	comp	leting this	section f	or those	vehicle	s.		
					(a) Vehicle 1		(b)			(c Vehi			(e) nicle 5		f) icle 6
30			stment miles drive lude commuting r		Venicie i		ehicle 2	\mathcal{D}^{*}	ehicle 3	veni		ven	licie 5	ven	
31	Total c	ommuting m	iles driven during												
32	Total miles d		ersonal (nonco	mmuting)											
33	Total	miles driver	n during the y	ear. Add											
34			available for		Yes No	Yes	s No	Yes	s No	Yes	No	Yes	No	Yes	No
	use du	ring off-duty	hours?												
35	Was th	ne vehicle i	used primarily by	/ a more											
	than 59	% owner or r	elated person?												
36	ls and	other vehicle	e available for	personal											
	use?														
		Sec	ction C - Questic	ons for Emp	oloyers Whe	o Pro	vide Ve	hicles	s for Use	by Th	eir Em	ploye	es		
		se questions	s to determine if	you meet an	exception to					-				vho are	e not
			r related persons a written policy s			all pe	ersonal u	ise of	vehicles	, includ	ing co	mmutir	ng, by	Yes	No
38		nployees? u maintain a	a written policy s	statement the				of ve	ehicles, e	xcept c	ommut	ting, by	y your		
	employ	ees? See the	e instructions for v	vehicles used	by corporat	e offic	cers, dire	ctors,	or 1% or	more ov	vners				
			e of vehicles by em												
40			ore than five vel and retain the info			s, ob	tain info	rmatio	on from	your en	nployee	es abo	ut the		
41	Do you	meet the re	quirements conce er to 37, 38, 39, 4	erning qualifie	d automobile										
Ра		Amortizati		, 	-,	.,									
		(a) Description of	f costs	(b) Date amortiza begins	ation Ar	-	c) ble amount		(d) Code se	ction	(e Amortiz perio	zation d or	Amortiza	(f) ation for th	nis year
42	Amorti	zation of cos	ts that begins duri	ing your 201:	3 tax year (se	e ins	tructions):			percer				
12	Amorti	zation of occ	ts that began before		3 tax yoar										
43 11			s in column (f). Se			ro to	report	• • •				43			
+4	i otal. /	nuu amounts	5 in column (1). Se		IONS IOI WINE	10 10						44			2 (2013

JSA

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

OPTICAL, HEARING AID, INTERNET SALES OF MEDICAL APPLIANCES/PRODUCTS AND LAB SERVICES ARE OFFERED TO NON-MEMBERS.

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

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

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

INERS.

ATTACHMENT 2

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

PREMIER PURCHASING	PARTNERSHIP	24,572.
INCOME (LOSS)	FROM PARTNERSHIPS	24,572.

PUBLICINSPECTION

ATTACHMENT 3

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

BOOKS & PUBLICATIONS COMMUNICATIONS & UTILITIES OCCUPANCY SUPPLIES ADVERTISING OUTSIDE PROFESSIONAL SERVICES	275. 258. 117. 1,565. 233. 1,953.
POSTAGE PRINTING, COPIES AND PRINTS EDUCATION & TRAINING TRAVEL MEALS AT 50% MILEAGE OVERHEAD ACTIVITY BURDEN SERVICES PURCHASED - FACILITIES SERVICES PURCHASED - GRANTS	21. 63. 14,507. 18,215. 1,859. 887. 9,342.
MISCELLANEOUS	322,771. -3,514. 27,414. 2,304.
PART II - LINE 28 - OTHER DEDUCTIONS	<u> 398,270.</u>
PUBL	

91-0511770

ATTACHMENT 4

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1 2	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000	-4,855.
2	TAXABLE INCOME BRACKET, WHICHEVER IS LESS	-4,855.
3	SUBTRACT LINE 2 FROM LINE 1	,
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000	
	TAXABLE INCOME BRACKET, WHICHEVER IS LESS	
5	SUBTRACT LINE 4 FROM LINE 3	
6	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000	
	TAXABLE INCOME BRACKET, WHICHEVER IS LESS	
7	TAXABLE INCOME BRACKET, WHICHEVER IS LESS	
8	ENTER 15% OF LINE 2	
9	ENTER 25% OF LINE 4	
10	ENTER 34% OF LINE 6	
11	ENTER 35% OF LINE 7	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE	
	EXCESS OVER \$100,000 OR (B) \$11,750	
13	EXCESS OVER \$100,000 OR (B) \$11,750 MEMBER'S SHARE OF ADDITONAL TAX: (A) 3% OF THE	
	EXCESS OVER \$15 MILLION OR (B) \$100,000	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON	
	LINE 35C, PAGE 2, 990-T	
	LINE 35C, PAGE 2, 990-T	

Group Health Cooperative NOL Carryforward Schedule 91-0511770

ATTACHMENT 5

Year Incurred	Original NOL	Amount Used	Remaining NOL
12/31/2007	879,014	0	879,014
L2/31/2008	3,012,171	0	3,012,171
12/31/2009	1,833,687	0	1,833,687
12/31/2010	730,693	0	730,693
12/31/2011	127,039	0	127,039
12/31/2012	31,018	0	31,018
L2/31/2013	4,855	0	4,855
			6,618,477
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(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or			
print	GROUP HEALTH COOPERATIVE	91-0511770			
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)			
filing your	320 WESTLAKE AVE N	O ·			
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	1			
	SEATTLE, WA 98109-5233				

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	-04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ MARTIN R. D

	Telephone No. ▶ 206 448-5146 FAX No. ▶	
•	If the organization does not have an office or place of business in the United States, check this box	
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is	
fc	or the whole group, check this box	
	list with the names and EINs of all members the extension is for.	

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until ______11/17_, 20_14_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► X calendar year 20 13 or

ta

x year beginning	, 20	, a	and ending	, 20	

2	If the tax year entered in line 1 is for less than 12 months, check reason:	Initial return	Final return
	Change in accounting period		

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

(Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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