

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317051440

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MVP HEALTH PLAN INC

% Karla A Austen

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

625 State Street

City or town, state or province, country, and ZIP or foreign postal code

Schenectady, NY 12305

F Name and address of principal officer:

Christopher DelVecchio

625 State Street

Schenectady, NY 12305

D Employer identification number

14-1640868

E Telephone number

(518) 388-2357

G Gross receipts \$ 4,351,231,468

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status:

☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.mvphealthcare.com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1982

M State of legal domicile: NY

Part I

Summary

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

A not-for-profit health maintenance org serving upstate NY and VT communities including their NY Medicaid, CHIP, HARP, Essential Plan, Medicare & Exchange populations.

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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.

Signature of officer

2020-11-11

Date

KARLA AUSTEN CFO

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date 2020-11-05

Check ☐ if self-employed

PTIN P00247720

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 515 Broadway 4th Floor

Albany, NY 122072974

Phone no. (518) 427-4600

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 (2019)

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:

Improving health. Providing peace of mind. Serving upstate NY and VT communities including their NY Medicaid, NY Child Health Plus, NY Essential Plan, NY HARP, Medicare, & Exchange populations.

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 \$ 2,460,263,423 including grants of \$ 923,545) (Revenue \$ 2,672,272,355)
See Additional Data




















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

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

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

4e Total program service expenses ► 2,460,263,423

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	Yes
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	4	
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 	5	No
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 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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 	9	No
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 	10	No
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. 	11a	Yes
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 	11b	No
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 	11c	No
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 	11d	Yes
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	Yes
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 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 	14b	Yes
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 	15	No
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 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
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	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
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	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
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? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11,728
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a 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	2a 2,075			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes		
b If "Yes," enter the name of the foreign country: AS , AU , CA , EI , FR , GM , HK , IS , IT , JA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a 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?	7a			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	10	
	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	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
Karla A Austen 625 State Street Schenectady, NY 12305 (518) 388-2357

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

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f: \$	1g					
	h Total. Add lines 1a-1f ▶		0				
Program Service Revenue	Business Code						
	2a Medicare Premium	524114	742,884,877	742,884,877			
	b Medicaid Premium	524114	1,181,604,575	1,181,604,575			
	c Essential Plan Premium	524114	102,637,729	102,637,729			
	d Other Government Program Premium	524114	7,255,901	7,255,901			
	e Commercial Premium	524114	637,889,273	637,889,273			
	f All other program service revenue						
g Total. Add lines 2a-2f. ▶		2,672,272,355					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		11,356,183		11,356,183		
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties ▶		0				
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				0
	d Net rental income or (loss) ▶		0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	1,665,396,462				
		b Less: cost or other basis and sales expenses	7b				1,660,421,717
		c Gain or (loss)	7c				4,974,745
	d Net gain or (loss) ▶		4,974,745				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	0				
		b Less: direct expenses	8b				0
		c Net income or (loss) from fundraising events ▶					0
	9a Gross income from gaming activities. See Part IV, line 19	9a	0				
		b Less: direct expenses	9b				0
		c Net income or (loss) from gaming activities ▶					0
	10a Gross sales of inventory, less returns and allowances	10a	0				
b Less: cost of goods sold		10b	0				
c Net income or (loss) from sales of inventory ▶		0					
Miscellaneous Revenue		Business Code					
11a Miscellaneous Revenue		900099	2,206,468		2,206,468		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶		2,206,468					
12 Total revenue. See instructions ▶		2,690,809,751	2,672,272,355		18,537,396		

Form 990 (2019)

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	923,545	923,545		
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	0			
5 Compensation of current officers, directors, trustees, and key employees	593,813		593,813	
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	0	0	0	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	529		529	
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,325,335		1,325,335	
c Accounting	1,153,671		1,153,671	
d Lobbying	293,935		293,935	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	677,379		677,379	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,487,399	16,491,515	22,995,884	
12 Advertising and promotion	12,676,252		12,676,252	
13 Office expenses	15,557,252		15,557,252	
14 Information technology	23,304,102		23,304,102	
15 Royalties	0			
16 Occupancy	9,445,165		9,445,165	
17 Travel	709,863		709,863	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	268,049	734	267,315	
20 Interest	2,571		2,571	
21 Payments to affiliates	116,317,605		116,317,605	
22 Depreciation, depletion, and amortization	1,548,607		1,548,607	
23 Insurance	1,442,972		1,442,972	
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 Hospital, Physician, Other Med	1,920,338,571	1,920,338,571		
b Pharmacy	392,198,619	392,198,619		
c Capitated Medical Expense	127,394,227	127,394,227		
d Regulatory Expense	2,916,212	2,916,212		
e All other expenses	3,629,592		3,629,592	
25 Total functional expenses. Add lines 1 through 24e	2,672,205,265	2,460,263,423	211,941,842	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,363,574	1	3,913,117
	2	Savings and temporary cash investments		128,982,297	2	98,517,945
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		38,400,260	4	25,119,308
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		77,227,124	7	79,358,592
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		9,450,041	9	8,605,397
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 113,667,707			
	b	Less: accumulated depreciation	10b 96,220,528	7,085,327	10c	17,447,179
	11	Investments—publicly traded securities		143,876,176	11	146,679,616
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		313,460,060	15	338,213,637
16	Total assets. Add lines 1 through 15 (must equal line 34)		723,844,859	16	717,854,791	
Liabilities	17	Accounts payable and accrued expenses		27,783,895	17	24,158,179
	18	Grants payable		0	18	0
	19	Deferred revenue		14,719,886	19	29,190,433
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	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		260,904,048	25	225,656,472
	26	Total liabilities. Add lines 17 through 25		303,407,829	26	279,005,084
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		154,789,667	27	171,257,452
	28	Net assets with donor restrictions		265,647,363	28	267,592,255
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		420,437,030	32	438,849,707
33	Total liabilities and net assets/fund balances		723,844,859	33	717,854,791	

Part XI Reconciliation of Net AssetsCheck 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	2,690,809,751
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,672,205,265
3	Revenue less expenses. Subtract line 2 from line 1	3	18,604,486
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	420,437,030
5	Net unrealized gains (losses) on investments	5	6,126,135
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	-6,317,944
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	438,849,707

Part XII Financial Statements and ReportingCheck 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	No	
b 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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c 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.	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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Software ID:
Software Version:
EIN: 14-1640868
Name: MVP HEALTH PLAN INC

Form 990 (2019)

Form 990, Part III, Line 4a:

The organization, MVP Health Plan, Inc. (MVP), is a not-for-profit health maintenance organization (HMO) serving New York and Vermont communities, including their Medicaid Managed Care, Child Health Plus (CHP), Health and Recovery Plan (HARP), Essential Plan, and Medicare Advantage populations. During the year 2019, MVP had Medicaid Managed Care, CHP, HARP, and Essential Plan enrollment of 187,639 in New York State. MVP Medicare Advantage enrollment totaled 65,261 during 2019 through its Medicare Advantage contracts. MVP also had 2019 commercial (large and small group and individual) HMO enrollment totaling 100,059. While serving the populations who rely on Medicaid Managed Care, CHP, HARP, and Essential Plan is central to MVPs purpose, MVP also promotes and improves the delivery of health care service in the community and the efficiency and quality of health care services through its efforts to serve commercial membership. During 2019, MVP continued to support its members with features such as online well-being tools and online access to telehealth services, including myVisitNow. With myVisitNow, MVP members can access health care professionals 24/7/365 using a tablet, smartphone, or computer with a webcam. This telehealth benefit makes it easier for members to conveniently self-schedule appointments with behavioral health professionals, nutritionists, and lactation consultants, as well as access care via online video chat. In addition to the above, MVP participates in quality and satisfaction-focused programs sponsored by the Centers for Medicaid & Medicare Services (CMS), which administers the CMS Stars Program, the New York State Department of Health (NYSDOH), which administers the Quality Assurance Reporting Requirements (QARR) Program and Marketplace Plan Reporting Requirements for New York, the Vermont Department of Financial Regulation (DFR), which administers the Marketplace reporting Requirements for Vermont, and the National Committee for Quality Assurance (NCQA), which administers the voluntary Health Plan Accreditation Program. These programs require that health plans collect and monitor information pertaining to the quality of care delivered and member satisfaction experienced by members with the overall goal of improving and maintaining the health and satisfaction of members. Quality and satisfaction are measured by industry standard tools such as the Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Health Plan Survey (CAHPS). Through the 2019 CMS Stars Program, health plans are compared to state and national benchmarks as well as the performance of other health plans to provide a normative understanding of performance and a frame of reference for improvement targets. Based upon the results of these measurements, MVP achieved a rating of 4 stars for its HMO Medicare product and 4.5 stars for its PPO Medicare products. These star ratings are out of a total possible score of 5.0 stars and represent strong performance. Overall MVPs performance remains credible as compared to the industry and MVP remains committed to ongoing review of the quality of care delivered to its members and satisfaction of its members for new improvement opportunities. MVP chose to opt out of reporting the 2019 QRS rating for the VT Exchange products. As a not-for-profit HMO, MVP has a responsibility to support the communities within its service area. Recognizing that community needs are multifaceted, MVP has an overarching vision that infiltrates all that MVP does - to help create healthy communities. To support this vision, MVP is focusing on four key areas: social and economic factors; health behaviors; clinical care; and the physical environment. This support can be evidenced through both financial assistance and employee engagement. MVP provided more than \$1,000,000 of direct and staff time to local not-for-profit organizations in support of projects that are focused on creating healthy communities. Working with community based not-for-profit organizations and hospitals, MVP provided financial support for such programs as: Company-wide: - Coats for Kids: With this all-company effort, combining new and used coat donations, as well as coats purchased by MVP, more than 6500 coats were distributed to children in need across New York State. - Underwriting dental care in rural and urban locations including the Adirondack region, the Arbor Hill area in Albany, Sullivan County, and Montpelier Vermont. Volunteerism: - MVP supported a wide range of services to community-based organizations through the employee volunteer program. In 2019, 84% of employees volunteered at 118 organizations providing 9160 hours equating to 244 weeks of volunteer hours. Capital Region, NY: - Partnered with the Alliance for Better Health to develop projects that would enhance services to those in need in the community while connecting Community-Based Organizations (CBOs) and their clients with a closed-loop referral system (UniteUS) that ensures the clients are receiving the necessary services to reduce social determinants of health (SDOH); - Funded a tele-health kiosk at Unity House to encourage clients and staff to utilize this service to meet medical needs; - Supported Capital Roots Healthy Stores Initiative bringing fresh fruits and vegetables into convenience stores in economically challenged communities in Albany, Schenectady and Troy; and underwriting the Produce Center at the Urban Grow Center in Troy; - Led a coalition, including other foundations and companies, to support a Weekend Backpack program in the Schenectady City Schools providing nutritious food for the weekend for more than 1,200 elementary students, as well as countywide; - In partnership with the Albany College of Pharmacy and Health Sciences, supported two neighborhood-based student-operated pharmacies, College Hometown Pharmacy, housed in Hometown Health Center, Schenectady Countys only not-for-profit federally qualified health center, and College Parkside Pharmacy located in the South End of Albany that serve as a practice setting for student pharmacists to assess and manage patients with chronic diseases and learn aspects of public health, disease prevention and physical assessment, and at the same time providing access to pharmacy services; and - Participated with area organizations to bring Green & Healthy Homes Initiative (GHHI) to this area assisting three counties in streamlining their services and leveraging home repair resources. Rochester, NY & Central NY Region: - Provided funding to United Way of Greater Rochester Region to develop and administer training programs for non-profit businesses in the region free of charge; - Funded a pilot program with Anthony Jordan Center and Foodlink to provide health literacy programs for individuals with chronic disease, which combine regular check-ups with food vouchers to be used at the curbside markets provided by Foodlink or combined with SNAP benefits to double the value; and - Provided funding to the Rochester Construction training program to provide training to unemployed/underemployed individuals in the Rochester region to help them attain construction skills leading to a sustainable living wage and wrap around services including housing, health issues, financial insecurity or counseling services. Hudson Valley and NY Metro Area: - Contributed to the Westchester Workforce Funders Collaborative (WWFC), which works to meet current and projected skill shortages faced by Westchester and Putnam County employers in high-demand sectors and to enhance the economic mobility of residents; - Provided funding to Open Door in Ossining, NY to continue their 8-week health literacy effort for mothers and their newborns and as part of that effort provided each participant a portable crib/playard (e.g., Graco Pack 'n Play) to ensure safe sleeping for their infant; and - Provided funding to the Mid-Hudson Childrens museum for food and nutrition counseling and programming geared toward families living below the poverty level, which included free meals and demonstrations of how to prepare healthy meals on a limited budget. These varied activities represent MVPs strong commitment to its not-for-profit purpose, but do not reflect an exhaustive list of the contributions that MVP has made and continues to make to the communities and membership population that it serves.

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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Denise Gonick CEO(thru8/31)/Direct(thru6/6)	27.64 9.86	X		X				3,963,307	1,412,404	378,151
Christopher DelVecchio President & CEO (as of 9/1)	27.64 9.86			X				1,235,007	440,119	78,221
Karla Austen Treasurer	25.46 12.04			X				689,423	258,505	55,873
Catherine Buhler Clanc Sr Leader Ops & Medicaid	23.25 14.25				X			496,897	304,241	71,582
Patrick Glavey Sr Leader Medicare	37.5 0.0				X			682,081	0	19,308
Carl Cameron Sr Leader Medical Affairs	29.43 8.07					X		420,072	115,079	73,753
Michael Della Villa Sr Leader IT and Transform	27.36 10.14				X			418,566	154,974	31,357
Laurie Metheny Sr Leader Service & Experience	26.75 10.75					X		386,266	155,113	53,960
Augusta Martin Sr Leader Bus Dev & Strategy	21.26 16.24					X		289,491	221,181	66,289
Lynn Manning Sr Leader People & Talent	27.36 10.14					X		389,449	144,194	32,009

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	Former			
Monice Barbero Secretary	27.53 9.97			X				376,652	136,365	45,387
Judith Feld Sr Leader Ent Behavioral Healt	29.43 8.07					X		394,508	108,075	50,773
Bruce Himmelstein Sr Leader Medical	29.43 8.07				X			307,438	84,224	9,761
Emily Titsworth FORMER SECRETARY	27.53 9.97						X	254,350	92,084	32,741
Karen Johnson Director (Thru 6/10/2019)	1.5 1.5	X						78,542	0	0
Alan Goldberg Chair	4.0 4.0	X						73,500	0	0
David Pratt Vice Chair	3.5 3.5	X						63,500	0	0
William Reddy Director (Thru 12/31/19)	3.5 3.5	X						58,500	0	0
Michael Schneider Director	1.5 1.5						X	54,167	0	0
Richard D'Ascoli Director	3.0 3.0	X						51,500	0	0

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	Former			
Meng-Ling Hsaio Director	2.0 2.0	X						51,500	0	0
Burt Danovitz Director	3.0 3.0	X						50,500	0	0
Curtis Lloyd Director	1.5 1.5	X						43,500	0	0
Kimberly Zeoli Director	1.5 1.5	X						43,500	0	0
Lindsay Farrell Director	1.5 1.5	X						42,500	0	0
Kevin O'Connor Director	1.5 1.5	X						42,500	0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 MVP HEALTH PLAN INC	Employer identification number 14-1640868
---	--

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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$ 5,000
3	Volunteer hours for political campaign activities (see instructions)	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	\$	5,000
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.	\$	5,000
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1) MVP Health Care NYS PAC	625 State Street Schenectady, NY 12305	20-5950562	5,000	
2				
3				
4				
5				
6				

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
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.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

1	Dues, assessments and similar amounts from members	1	
2	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	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1	DETAIL OF LOBBYING THE ORGANIZATION ENGAGES SOLELY IN INDIRECT POLITICAL CAMPAIGN ACTIVITY THROUGH CONTRIBUTION TO POLITICAL ACTION COMMITTEES.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493317051440

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MVP HEALTH PLAN INC

Employer identification number
14-1640868

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ► \$

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

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):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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" on Form 990, Part IV, line 10.

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

2

Provide the estimated percentage of the 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 on 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" on 3a(ii), are the related organizations listed as required on Schedule R?

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

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" on 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
1a Land				
b Buildings				
c Leasehold improvements		17,572,530	11,981,374	5,591,156
d Equipment		83,224,796	80,726,118	2,498,678
e Other		12,870,381	3,513,036	9,357,345
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				17,447,179

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)MEDICARE PART D RECEIVABLES	16,036,005
(2)DUE FROM AFFILIATES	15,842,986
(3)INVEST IN HUDSON HEALTH PLAN	39,526,270
(4)STATUTORY DEPOSITS	159,800,502
(5)REINSURANCE RECOVERIES	25,494,911
(6)PHARMACY REBATES	65,172,428
(7)MISCELLANEOUS	-13,825,369
(8)PROVIDER ADVANCES	30,165,904
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	338,213,637

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	319,617
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	225,656,472

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	
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	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
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	
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	

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 14-1640868
Name: MVP HEALTH PLAN INC

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
MEDICARE PART D RECEIVABLES	16,036,005
DUE FROM AFFILIATES	15,842,986
INVEST IN HUDSON HEALTH PLAN	39,526,270
STATUTORY DEPOSITS	159,800,502
REINSURANCE RECOVERIES	25,494,911
PHARMACY REBATES	65,172,428
MISCELLANEOUS	-13,825,369
PROVIDER ADVANCES	30,165,904

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>To account for uncertainty in income taxes, a tax position can be recognized in the financial statements only when it is more likely than not that the position will be sustained upon examination by the relevant taxing authority based on the technical merits of the position. A position that meets this standard is measured at the largest amount of benefit that will more likely than not be realized upon settlement. A liability is established for differences between positions taken in a tax return and amounts recognized in the financial statements. The unrecognized tax benefits of the Plan are not expected to significantly change over the next twelve months. The Plans policy is to recognize interest and penalties related to income tax matters as a component of pretax income. As of December 31, 2019 and 2018, the Company had accrued approximately \$0 and \$0, respectively, of interest and penalties included as a component of unrecognized tax benefit. Interest and penalties (expense) /benefit totaling \$0 in 2019 and \$0 in 2018 pertaining to uncertain tax positions were recognized in the statement of operations.</p>

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MVP HEALTH PLAN INC

Employer identification number
14-1640868

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3

Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	THE ORGANIZATION DOES NOT PROVIDE GRANTS OUTSIDE THE UNITED STATES.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	ALL OF THE ORGANIZATION'S INVESTMENTS IN FOREIGN REGIONS WERE LIQUIDATED DURING THE TAX YEAR. THERE WERE NO REMAINING FOREIGN INVESTMENT BALANCES AS OF 12/31/19.

Additional Data

Software ID:
Software Version:
EIN: 14-1640868
Name: MVP HEALTH PLAN INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Investments		
Europe (Including Iceland and Greenland)			Investments		

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Investments		
North America			Investments		

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Investments		

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
MVP HEALTH PLAN INC

Employer identification number

14-1640868

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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 40

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" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	THE ORGANIZATION FOCUSES ITS FINANCIAL COMMUNITY SUPPORT ON PROGRAMS AND EVENTS IN ITS SERVICE AREA THAT: 1) PROMOTE WELLNESS, FITNESS, AND HEALTHY LIFESTYLES 2) ENHANCE THE HEALTH OF INDIVIDUALS AND OUR COMMUNITIES 3) IMPROVE THE EFFICIENCY OF HEALTH CARE OR ENHANCE THE VITALITY OF THE CAPITAL REGION, ROCHESTER, MID-HUDSON REGION, OR A COMMUNITY WITHIN MVP'S SERVICE AREA.

Additional Data

Software ID:
Software Version:
EIN: 14-1640868
Name: MVP HEALTH PLAN INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Addictions Care Foundation 90 Mccarty Avenue Albany, NY 12202	04-3629235	501C3	10,000		Cash		Grant for CE/ Apple a day
Interfaith Partnership of the Homeless 176 Sheridan Ave Albany, NY 12210	14-1666321	501C3	25,000		Cash		Capital Campaign Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Albany Medical Center Foundation 43 New Scotland Avenue Albany, NY 12208	14-6023119	501C3	45,000		Cash		Medscope and Patient Pavilion fund
Albany Police and Fire Foundation 20 Pine Tree Lane Albany, NY 12208	14-1824602	501C3	20,000		Cash		APD and AFD Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Girls of the Greater Capital District 962 Albany Street Schenectady, NY 12307	14-1434157	501C3	7,500		Cash		Program Support
American Red Cross of Northeastern NY 33 Everett Road Albany, NY 12205	53-0196605	501C3	15,000		Cash		Home fire campaign - Sound the Alarm

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Capital Distr Comm Gardens dba Capital Roots 594 River Street Troy, NY 12180	14-1596291	501C3	30,000		Cash		Healthy stores
United Way of the capital One United way Albany, NY 12212	14-1364505	501C3	37,500		Cash		2-1-1 NE Region Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Ellis Hospital Foundation 1101 Nott Street Schenectady, NY 12308	14-1638957	501C3	15,000		Cash		Outpatient MH Program
DBA Common ground Finger Lakes Health System 1150 University Avenue Rochester, NY 14607	16-1061456	501C3	75,000		Cash		Contribution & Gert it Done

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Mid Hudson Childrens 75 N Water Street Poughkeepsie, NY 12601	22-3021355	501C3	10,000		Cash		Program Support
City Mission of Schenectady 425 Hamilton Street Schenectady, NY 12305	14-1403652	501C3	29,118		Cash		Program Suppor - Downtown Ambassador

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Cornell Cooperative Ext 24 Martin Road Vooheesville, NY 12186	14-6036881	501C3	25,000		Cash		GHHI Program Support
United Way of greater Rochester 75 College Ave Rochester, NY 14607	16-1015782	501C3	10,000		Cash		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Boys and Girls Club of Schenectady 21 Delaware Ave Albany, NY 12210	14-1364595	501C3	10,618		Cash		Facility safety upgrades and equipment
Schenectady Foundation 376 Broadway 2nd Floor Schenectady, NY 12305	61-1600398	501C3	36,943		Cash		Weekend backpack

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Trinity Alliance of the Capital Region 105 Trinity Place Albany, NY 12202	14-1340122	501C3	12,059		Cash		Family Resource Center & Wellness
Homeless and Travelers 138 Cemtral Ave Albany, NY 12203	14-1482188	501C3	7,500		Cash		Program Support - Furniture bank

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Family Services of Westchester 47 Purdy Ave Port Chester, NY 10573	13-1773419	501C3	7,500		Cash		Sharing Shelf grant
Whitney M Young Jr Health Center 920 Lark Drive Albany, NY 12207	13-2922147	501C3	7,500		Cash		Wheels of Whitney initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Open Door Foundation 2 Church Street Suite 101 Ossining, NY 10562	13-3598184	501C3	25,000		Cash		Program Support
Empire Center for Public 100 State Street Suite 410 Albany, NY 12207	46-1987418	501C3	10,000		Cash		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SEAT Center 131 State Street Schenectady, NY 12305	47-3946521	501C3	15,000		Cash		Program support grant
Affordable Housing Partners 255 Orange Street Albany, NY 12210	14-1724900	501C3	8,300		Cash		GHHI Program Suport

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Capital Repertory Theater 432 State Street Schenectady, NY 12305	13-2894677	501C3	25,000		Cash		Capital Campaign Program Support
Wellspring 480 Broadway Saratoga, NY 12866	14-1644567	501C3	15,000		Cash		Social Change Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RCPN 259 Monroe Ave Level B Rochester, NY 14607	16-1293681	501C3	200,000		Cash		Program Support
Junior Achievement of NENY INC 8 Stanley Circle Latham, NY 12110	14-1429763	501C3	7,500		Cash		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
St Marys Healthcare 427 Guy Park Avenue Amsterdam, NY 12010	14-1347719	501C3	6,000		Cash		Community Nursing Program grant
SCCC Foundation Inc 78 Washington Avenue Schenectady, NY 12305	23-7194187	501C3	15,000		Cash		Program support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Capital District YMCA 151 VLY Rd PO BOX 12640 Albany, NY 12212	14-1726531	501C3	10,000		Cash		Vehicle Grant
Rochester Academy of Medicine 1441 East Ave Rochester, NY 14610	16-0743127	501C3	6,000		Cash		Equipment Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Amsterdam Free Library 28 Church Street Amsterdam, NY 12010	14-1364469	501C3	5,004		Cash		Program Support
Foodbank of Westchester Inc 200 Clearbrook Dr Elmsford, NY 10523	13-3507988	501C3	15,000		Cash		Mobile Food Pantry Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Center for Disability Services 314 South Manning Boulevard Albany, NY 12208	14-1425851	501C3	10,588		Cash		Employment & Education Support
Equinox 500 Central Avenue Albany, NY 12206	14-1437421	501C3	10,588		Cash		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Northern Rivers Family Services Inc 60 Academy Rd Albany, NY 12206	46-0759782	501C3	10,588		Cash		Education & Program Support
Unity House of Troy Inc 2431 6th Ave Troy, NY 12180	23-2378930	501C3	7,059		Cash		Education & Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Beyond the Sanctuary 232 Barclay Sq Rochester, NY 14618	83-4557198	501C3	6,870		Cash		Program Support
Community Funds Inc 210 North Central Ave STE 310 Hartsdale, NY 10530	13-6089923	501C3	20,000		Cash		Workforce & Economic mobility grant

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	Compensation Information		OMB No. 1545-0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		2019
		▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.		
Name of the organization MVP HEALTH PLAN INC		Employer identification number 14-1640868		

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 checked="" 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 on 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		1b	No
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 on Line 1a?		2	Yes
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 checked="" 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 on 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?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on 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?		6a	No
b Any related organization?		6b	Yes
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on 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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on 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.

[illegible]

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 & 1B	THE PAYMENT OF THESE EXPENSES ARE PAID AS PART OF THE TOTAL REWARDS PACKAGE TO EXECUTIVES AS REVIEWED WITHIN OUR OVERALL COMPENSATION PHILOSOPHY.
SCHEDULE J, PART I, LINE 4A	The following employees listed on Schedule J received separation payments during 2019: Gonick, Denise \$3,019,169
SCHEDULE J, PART I, LINE 4B	During the year, several of the persons listed on Schedule J participated in a supplemental non-qualified retirement plan. Employer and employee contributions during the year to this plan have been reported, as required, on Schedule J, Part II, Columns (B)(III) and (C). The following officers and key employees received payments under this supplemental non-qualified retirement plan during the year: Gonick, Denise \$ 427,230 Austen, Karla \$ 30,579 Buhlre Clancy, Catherine \$ 35,707 Della Villa, Michael \$ 2,090 Metheny, Laurie \$ 21,741 Cameron, Carl \$ 41,243 Martin, Augusta \$ 33,793
SCHEDULE J, PART I, LINE 6B	RELATIVE TO BONUSES, MVP'S BOARD HAS A COMPENSATION COMMITTEE MADE UP OF FOUR BOARD MEMBERS WHO PROVIDE GOVERNANCE OVERSIGHT PROCEDURES TO ENSURE ADEQUATE BOARD OVERSIGHT OF ITS EXECUTIVE COMPENSATION PROGRAMS. THE COMPENSATION COMMITTEE MEETS AT LEAST TWO TIMES PER YEAR AND MAINTAINS FORMAL MINUTES EVIDENCING THIS OVERSIGHT. ADDITIONALLY, MVP ENGAGES AN INDEPENDENT CONSULTANT TO EVALUATE THE COMPETITIVENESS OF EXISTING REMUNERATION LEVELS FOR PURPOSES OF ATTRACTING AND RETAINING TALENTED STAFF AT ALL LEVELS. MVP PROVIDES BONUS PROGRAMS TO EMPLOYEES THAT TIE VARIABLE PAY AND INDIVIDUAL PERFORMANCE TO THE CORPORATE GOALS OF THE ORGANIZATION. THE PLANS INCLUDE LONG-TERM INCENTIVES FOR EXECUTIVES, MANAGEMENT-INCENTIVES FOR MANAGEMENT-LEVEL AND ABOVE, AND PERFORMANCE INCENTIVES FOR THE BALANCE OF THE ORGANIZATION. COMMITTEE MEETS AT LEAST TWO TIMES PER YEAR AND MAINTAINS FORMAL MINUTES EVIDENCING THIS OVERSIGHT. ADDITIONALLY, MVP ENGAGES AN INDEPENDENT CONSULTANT TO EVALUATE THE COMPETITIVENESS OF EXISTING REMUNERATION LEVELS FOR PURPOSES OF ATTRACTING AND RETAINING TALENTED STAFF AT ALL LEVELS. MVP PROVIDES BONUS PROGRAMS TO EMPLOYEES THAT TIE VARIABLE PAY AND INDIVIDUAL PERFORMANCE TO THE CORPORATE GOALS OF THE ORGANIZATION. THE PLANS INCLUDE LONG-TERM INCENTIVES FOR EXECUTIVES, MANAGEMENT-INCENTIVES FOR MANAGEMENT-LEVEL AND ABOVE, AND PERFORMANCE INCENTIVES FOR THE BALANCE OF THE ORGANIZATION.

Additional Data

Software ID:

Software Version:

EIN: 14-1640868

Name: MVP HEALTH PLAN INC

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Denise Gonick CEO(thru8/31)/Direct (thru6/6)	(i)	401,036	1,005,818	2,556,453	269,484	9,312	4,242,103	315,105
	(ii)	142,918	358,443	911,043	96,036	3,319	1,511,759	112,294
1Michael Schneider Director	(i)	54,167	0	0	0	0	54,167	0
	(ii)	0	0	0	0	0	0	0
2Christopher DeVecchio President & CEO (as of 9/1)	(i)	546,988	611,861	76,158	44,553	13,116	1,292,676	31,135
	(ii)	194,930	218,049	27,140	15,877	4,675	460,671	11,095
3Karla Austen Treasurer	(i)	349,952	282,563	56,908	35,477	5,159	730,059	22,240
	(ii)	131,217	105,950	21,338	13,302	1,935	273,742	8,339
4Monice Barbero Secretary	(i)	261,275	113,395	1,982	28,211	5,112	409,975	0
	(ii)	94,594	41,054	717	10,213	1,851	148,429	0
5Catherine Buhler Clancy Sr Leader Ops & Medicaid	(i)	245,945	204,754	46,198	33,435	10,963	541,295	0
	(ii)	150,588	125,367	28,286	20,472	6,712	331,425	0
6Michael Della Villa Sr Leader IT and Transform	(i)	253,340	151,797	13,429	9,382	13,502	441,450	1,525
	(ii)	93,799	56,203	4,972	3,474	4,999	163,447	565
7Patrick Glavey Sr Leader Medicare	(i)	338,332	282,999	60,750	18,200	1,108	701,389	0
	(ii)	0	0	0	0	0	0	0
8Bruce Himelstein Sr Leader Medical	(i)	209,639	58,872	38,927	0	7,662	315,100	0
	(ii)	57,431	16,128	10,665	0	2,099	86,323	0
9Carl Cameron Sr Leader Medical Affairs	(i)	253,678	121,312	45,082	46,660	11,233	477,965	32,374
	(ii)	69,495	33,233	12,351	12,783	3,077	130,939	8,869
10Augusta Martin Sr Leader Bus Dev & Strategy	(i)	176,166	85,919	27,406	29,474	8,104	327,069	19,157
	(ii)	134,597	65,646	20,938	22,519	6,192	249,892	14,636
11Laurie Metheny Sr Leader Service & Experience	(i)	213,262	142,380	30,624	28,497	10,002	424,765	15,512
	(ii)	85,640	57,175	12,298	11,444	4,017	170,574	6,229
12Lynn Manning Sr Leader People & Talent	(i)	224,878	145,927	18,644	12,945	10,415	412,809	0
	(ii)	83,262	54,029	6,903	4,793	3,856	152,843	0
13Judith Feld Sr Leader Ent Behavioral Healt	(i)	260,919	133,586	3	28,735	11,120	434,363	0
	(ii)	71,479	36,596	0	7,872	3,046	118,993	0
14Emily Titworth FORMER SECRETARY	(i)	169,730	77,227	7,393	11,874	12,164	278,388	
	(ii)	61,450	27,960	2,674	4,299	4,404	100,787	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
MVP HEALTH PLAN INC**Supplemental Information to Form 990 or 990-EZ**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

14-1640868

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	MVPHP updated Bylaws in October 2019 to reduce the number of directors from 11 to 9, replace the Cybersecurity Committee with the Compliance and Risk Oversight Committee (CROC) and bring ERM and compliance responsibilities under CROC instead of the Executive Committee.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINES 6 & 7a	The organization is a membership (not a stock) corporation under New York State Law. The organization's sole corporate member is MVPHP Holding Company, Inc.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE GOVERNING BODY (BOARD OF DIRECTORS) ELECT THE MEMBERS OF THE GOVERNING BODY ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, QUESTION 11B	The form 990 is reviewed by the organization's management team (i.e. a team comprised of representatives of the Finance, Human Resources, and Legal Affairs departments) in consultation with the organization's tax accountants at KPMG. The financial review is based on the organization's audited financial statements for the relevant time period. Before the form 990 is filed with the IRS, the audit committee of the board of directors reviews the form 990 and provides a copy of the same to the organization's full board of directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>As a term and condition of employment/appointment, upon employment/appointment and annually thereafter, each employee and officer of the organization is required to complete a conflict of interest disclosure form, providing management with sufficient information about their personal interests and relationships so that management can: 1) make a determination as to whether an actual or perceived conflict of interest exists, and 2) monitor work assignments/responsibilities to avoid placing the individual in a position where there may be a question as to objectivity and to avoid any appearance of impropriety. Employees and officers are also obligated to promptly notify their managers of any changes to their disclosures throughout the year. Also, the legal affairs department submits a copy of employees' (VP and higher) completed disclosure conflict of interest forms to the audit committee of the board. Directors of the organization are also required to complete a conflict of interest disclosure form upon appointment/election and annually thereafter. Director's conflict of interest disclosure forms are submitted to the legal affairs department. The legal affairs department tracks these forms to ensure that each and every director completes one. The legal affairs department then reviews the directors' disclosures, prepares a chart listing each one and provides a copy of the chart to the audit committee of the board of directors and each director so that all directors are made aware of all directors' potential conflicts of interest. When an issue which presents a potential conflict of interest comes before the board of directors, the affected director must recuse himself/herself from all related votes or approvals.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, QUESTION 15 A AND B	An independent consultant is hired annually to evaluate the compensation arrangements for the CEO and the CEO's direct reports and compare them to the industry standards to determine/confirm that the compensation structure is reasonable. Such compensation arrangements are subject to the final approval of the compensation committee of the organization's board of directors. This process meets the requirements of the rebuttable presumption standard.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, QUESTION 19	The organization makes its governing documents, conflict of interest policy, and financial statements available to the public (upon request) in accordance with applicable law and r egulation.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, LINE 2	<p>The number of individuals reported only includes directors, officers, key employees, and highest compensated employees that received greater than or equal to \$100,000 in reportable compensation during the year. All employee compensation except for director compensation is recorded in the management allocation and this allocation does not include detail by employee. For Form 990 reporting purposes, the organization tracks allocated compensation for select individuals, including directors, officers, key employees, and highest compensated employees.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9, OTHER CHANGES IN NET ASSETS	BAD DEBT EXPENSE: (16,703) CHANGE IN INVESTMENT IN HHP: (5,727,847) PRIOR YEAR ADJUSTMEN T: (573,394) ----- TOTAL OTHER CHANGES IN NET ASSETS: (6,317,944)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4B	ADDITIONAL FOREIGN COUNTRIES: Netherlands Norway Portugal Sweden South Korea Spain Switzerland United Kingdom

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MVP HEALTH PLAN INC

Employer identification number
14-1640868

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)MVP Health Care Inc 625 State Street Schenectady, NY 12305 16-1318351	Holding Corp	NY	501(c)(4)	N/A	NA Parent		No
(2)Hudson Health Plan Inc 625 State Street Schenectady, NY 12305 13-3350704	Medicaid, CHP	NY	501(c)(3)	10	MVP Health	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NA												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 14-1640868
Name: MVP HEALTH PLAN INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MVP Service Corp 625 State Street Schenectady, NY 12305 14-1730494	Management	NY	MVPUT HOLDING	C Corp					No
MVP Health Services Corp 625 State Street Schenectady, NY 12305 22-3197320	Insurance	NY	MVPRT HOLDING	C Corp					No
MVP Health Insurance Company 625 State Street Schenectady, NY 12305 14-1827918	Insurance	NY	MVPRT HOLDING	C Corp					No
MVPHIC Holding Corp 625 State Street Schenectady, NY 12305 14-1828436	Holding Company	NY	MVP HEALTHCARE	C Corp					No
MVP Select Care Inc 625 State Street Schenectady, NY 12305 14-1704347	ASO/TPA	NY	MVPUT HOLDING	C Corp					No
MVP Benefit Group Inc 625 State Street Schenectady, NY 12305 56-2364047	Agent Broker	NY	MVPUT HOLDING	C Corp					No
MVP UT Holdings Inc 625 State Street Schenectady, NY 12305 76-0808234	Holding Company	NY	MVP HIC HOLDING	C Corp					No
MVPRT Holdings Inc 625 State Street Schenectady, NY 12305 76-0808233	Holding Company	NY	MVP HIC HOLDING	C Corp					No
MVPHP Holding Company Inc 625 State Street Schenectady, NY 12305 13-4320971	Holding Company	NY	MVP HEALTHCARE	C Corp					No
MVP Health Solutions IPA Inc 625 State Street Schenectady, NY 12305 83-4462095	BH NTRWK CONTRACT	NY	MVPUT HOLDING	C Corp					No
MVP Health Solutions Inc 625 State Street Schenectady, NY 12305 83-3390311	BH NTRWK CONTRACT	NY	MVPUT HOLDING	C Corp					No