

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
500 PATROON CREEK BLVD

City or town, state or province, country, and ZIP or foreign postal code
ALBANY, NY 122061057

D Employer identification number
14-1641028

E Telephone number
(518) 641-4085

G Gross receipts \$ 1,491,595,391

F Name and address of principal officer
BETHANY SMITH
500 PATROON CREEK BLVD
ALBANY, NY 122061057

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.CDPHP.COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1984 **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CDPHP PROVIDES QUALITY HEALTH CARE AT A REASONABLE COST FOR CDPHP MEMBERS AND OPERATES AS A MODEL FOR THE DELIVERY, FINANCING, AND ADMINISTRATION OF HEALTH CARE SERVICES

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)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	1,222
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	1,513,143,940	1,445,328,230
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,478,914	5,271,417
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,301	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,518,625,155	1,450,599,647

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	831,456	333,333
14 Benefits paid to or for members (Part IX, column (A), line 4)	1,292,406,086	1,267,261,102
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	66,403,961	75,305,084
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73,281,340	73,898,748
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,432,922,843	1,416,798,267
19 Revenue less expenses Subtract line 18 from line 12	85,702,312	33,801,380

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	514,503,766	543,253,306
21 Total liabilities (Part X, line 26)	195,821,998	210,871,653
22 Net assets or fund balances Subtract line 21 from line 20	318,681,768	332,381,653

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: *****
Date: 2017-10-18
BETHANY SMITH_SVP FINANCE, CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: GLORIA M NOSTRAMO
Preparer's signature: GLORIA M NOSTRAMO
Date: 2017-10-18
Check if self-employed PTIN: P01385068
Firm's name: ▶ BONADIO & CO LLP Firm's EIN: ▶ 16-1131146
Firm's address: ▶ 6 WEMBLEY COURT Phone no: (518) 464-4080
ALBANY, NY 12205

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

CDPHP PROVIDES QUALITY HEALTH CARE AT A REASONABLE COST FOR CDPHP MEMBERS AND OPERATES AS A MODEL FOR THE DELIVERY, FINANCING, AND ADMINISTRATION OF HEALTH CARE SERVICES

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 \$ 456,941,022 including grants of \$) (Revenue \$ 492,702,001)

See Additional Data

4b (Code) (Expenses \$ 483,972,608 including grants of \$ 333,333) (Revenue \$ 478,515,007)

See Additional Data

4c (Code) (Expenses \$ 390,559,044 including grants of \$) (Revenue \$ 434,486,756)

See Additional Data

(Code) (Expenses \$ 36,816,660 including grants of \$) (Revenue \$ 39,624,466)

CHILD HEALTH PLUS - 12,613 MEMBERS EXPENSES \$30,625,363 REVENUE \$34,335,671 FAMILY HEALTH PLUS - 0 MEMBERS EXPENSES \$15,190 REVENUE \$(688) HEALTHY NEW YORK - 1,917 MEMBERS EXPENSES \$6,174,089 REVENUE \$5,289,483

4d Other program services (Describe in Schedule O)
(Expenses \$ 36,816,660 including grants of \$) (Revenue \$ 39,624,466)

4e Total program service expenses ▶ 1,368,289,334

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)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗑️		No
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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i> 🗑️	Yes	
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? <i>If "Yes," complete Schedule D, Part I</i> 🗑️		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? <i>If "Yes," complete Schedule D, Part II</i> 🗑️		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️		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? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️		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? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️		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? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	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)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 🗑️	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? <i>If "Yes," complete Schedule F, Parts II and IV</i> 🗑️		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? <i>If "Yes," complete Schedule F, Parts III and IV</i> 🗑️		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a-24d, 25a-25b, 26-27, 28a-28c, 29-31, 32-33, 34, 35a-35b, 36, 37, 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (7), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (NY), 18 (Own website, Another's website, Upon request, Other), 19, 20 (ELLEN PIERCE FINANCE DIRECTOR).

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
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 \$ _____					
	h Total. Add lines 1a-1f					
Program Service Revenue		Business Code				
	2a COMMERCIAL PREMIUMS	524114	492,702,001	492,702,001		
	b MEDICAID PREMIUMS	524114	478,515,007	478,515,007		
	c MEDICARE PREMIUMS	524114	434,486,756	434,486,756		
	d CHILD HEALTH PLUS PREMIUMS	524114	34,335,671	34,335,671		
	e HEALTHY NEW YORK PREMIUMS	524114	5,289,483	5,289,483		
	f All other program service revenue		-688	-688		
g Total. Add lines 2a-2f		1,445,328,230				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,124,763		5,124,763	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	41,142,398			
		(ii) Other				
		b Less cost or other basis and sales expenses	40,995,744			
		c Gain or (loss)	146,654			
	d Net gain or (loss)		146,654		146,654	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		1,450,599,647	1,445,328,230	0	5,271,417	

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.	333,333	333,333		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.	1,267,261,102	1,267,261,102		
5 Compensation of current officers, directors, trustees, and key employees.	3,769,536	1,639,445	2,130,091	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	89,160		89,160	
7 Other salaries and wages.	54,634,886	27,516,783	27,118,103	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,021,435	1,643,993	2,377,442	
9 Other employee benefits.	8,852,433	4,552,909	4,299,524	
10 Payroll taxes.	3,937,634	1,983,184	1,954,450	
11 Fees for services (non-employees)				
a Management.				
b Legal.	291,257	233,006	58,251	
c Accounting.	363,435	290,748	72,687	
d Lobbying.	200,341		200,341	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	348,216		348,216	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.	3,496,019	3,496,019		
13 Office expenses.	4,038,175	2,235,974	1,802,201	
14 Information technology.	13,031,932	12,640,974	390,958	
15 Royalties.				
16 Occupancy.	2,915,854	1,457,927	1,457,927	
17 Travel.	518,642	363,049	155,593	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	480,266	315,213	165,053	
20 Interest.	505,563	404,450	101,113	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,088,916	2,862,241	1,226,675	
23 Insurance.	520,289		520,289	
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 CONSULTING AND OUTSOURC	18,127,121	14,501,697	3,625,424	
b FEDERAL AND STATE ASSES	16,201,041	16,201,041		
c BROKER COMMISSIONS	8,061,587	8,061,587		
d MISCELLANEOUS	710,094	294,659	415,435	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	1,416,798,267	1,368,289,334	48,508,933	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 Sheet

Check 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		1	
	2 Savings and temporary cash investments	42,725,927	2	64,762,586
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	124,993,542	4	124,173,185
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,002,634	9	6,094,980
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	84,233,334		
	b Less accumulated depreciation	70,155,971		
	11 Investments—publicly traded securities	213,031,246	11	198,973,155
	12 Investments—other securities See Part IV, line 11	94,176,148	12	134,410,299
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	17,304,479	15	761,738
16 Total assets. Add lines 1 through 15 (must equal line 34)	514,503,766	16	543,253,306	
Liabilities	17 Accounts payable and accrued expenses	181,900,024	17	177,905,881
	18 Grants payable		18	
	19 Deferred revenue	11,321,179	19	9,219,862
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	2,600,795	25	23,745,910
	26 Total liabilities. Add lines 17 through 25	195,821,998	26	210,871,653
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	318,681,768	27	332,381,653
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	318,681,768	33	332,381,653
	34 Total liabilities and net assets/fund balances	514,503,766	34	543,253,306

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,450,599,647
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,416,798,267
3	Revenue less expenses Subtract line 2 from line 1	3	33,801,380
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	318,681,768
5	Net unrealized gains (losses) on investments	5	-368,827
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	-19,732,668
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	332,381,653

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
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	2b	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	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 14-1641028

Name: CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN INC

Form 990 (2016)

Form 990, Part III, Line 4a:

CDPHP PROVIDES HEALTH CARE BENEFITS TO EMPLOYER GROUP MEMBERS AND INDIVIDUALS IN OUR COMMUNITY AS OF DECEMBER 31 2016, 73,041 MEMBERS WERE ENROLLED IN COMMERCIAL PRODUCTS

Form 990, Part III, Line 4b:

CDPHP'S MEDICAID PROGRAM PROVIDES HEALTH CARE BENEFITS TO 87,160 MEMBERS IN NEW YORK STATE

Form 990, Part III, Line 4c:

CDPHP'S MEDICARE PROGRAM PROVIDES HEALTH CARE BENEFITS TO 37,171 MEMBERS IN NEW YORK STATE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
CATHERINE BARTHOLOMEW MD DIRECTOR	3 20	X						32,150	0	0		
HOLLY K CLENEY MD DIRECTOR	2 00	X						25,550	0	0		
BRUCE E COPLIN MD CHAIRMAN OF THE BOARD	6 50	X						53,550	0	0		
GENNARO A DANIELS MD CHAIRMAN OF THE BOARD	8 00	X						71,548	0	0		
JOSEPH J DUDEK MD DIRECTOR	2 00	X						25,550	0	0		
RICHARD E GRANT TREASURER OF THE BOARD	10 50	X						85,000	0	0		
GERALD JENNINGS DIRECTOR	5 00	X						45,950	0	0		
AMY JOHNSON DIRECTOR	6 50	X						56,100	0	0		
ANTHONY J MARINELLO MD DIRECTOR	8 50	X						60,150	0	0		
THOMAS J MARUSAK DIRECTOR	9 00	X						74,500	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
CARMEN MAZZOTTA DIRECTOR	6 00	X						54,100	0	0		
HENRY M NEILLEY MD DIRECTOR	3 20	X						33,150	0	0		
WILLIAM P PHELAN DIRECTOR	9 00	X						75,148	0	0		
JOSEPH POLITO II MD DIRECTOR	5 00	X						18,750	0	0		
SUSAN CROSBY SCRIMSHAW DIRECTOR	5 50	X						45,500	0	0		
JOHN D BENNETT MD CEO/PRESIDENT	40 00			X				1,617,891	0	23,029		
BARBARA DOWNS EVP CORP ADMIN/COO	40 00				X			867,036	0	15,438		
BETHANY SMITH EVP FINANCE AND CFO	40 00				X			654,107	0	24,985		
FREDERICK GALT ESQ EVP GENERAL COUNSEL	40 00				X			606,909	0	27,542		
BRIAN MORRISSEY EVP MARKETING/CMO	40 00				X			604,400	0	29,708		

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			
ROBERT HINCKLEY EVP GOVT AND EXTERNAL RELA	40 00				X			597,313	0	25,935
NEIL BRANDMAIER SVP CHIEF INFORMATION OFFI	40 00					X		570,630	0	28,485
SCOTT KLENK SVP HUMAN CAPITAL MANAGEMENT	40 00					X		516,920	0	14,439
BRUCE NASH MD CHIEF MEDICAL OFFICER (PARTIAL YEAR)	40 00					X		473,833	0	9,079
ROBERT LITTLE VP UNDERWRITING	40 00					X		443,553	0	14,459
RICHARD DAL COL VP SENIOR MEDICAL DIRECTOR	40 00					X		437,786	0	8,475
UMESH REGE VP APPLICATION SOLUTIONS	40 00					X		376,590	0	24,657
BRIAN O'GRADY CHIEF MARKETING OFFICER	40 00					X		351,948	0	24,485

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.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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 CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC	Employer identification number 14-1641028
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ \$ _____ 0

3 Volunteer hours _____ 0

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____ 0

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____ 2,000

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____ 2,000

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

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

(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) CAPITAL REGION CHAMBER PAC	5 COMPUTER DRIVE SOUTH ALBANY, NY 12205	47-4159612	1,000	0
(2) AMERICA'S HEALTH INSURANCE PLANS PAC	601 PENNSYLVANIA AVE NW SUITE 500 WASHINGTON, DC 20004	36-2087641	1,000	0
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? Yes 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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)).

	(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	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

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	200,341
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).		
a Current year	2a	200,341
b Carryover from last year	2b	
c Total	2c	200,341
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	0
5 Taxable amount of lobbying and political expenditures (see instructions)	5	200,341

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
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC

Employer identification number
14-1641028

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 8/17/06, 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 ▶ \$ _____

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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 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		8,126,189	2,847,306	5,278,883
d Equipment		75,231,326	67,308,665	7,922,661
e Other		875,819		875,819
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				14,077,363

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) INVESTMENT IN CDPHN	13,025,465	F
(B) INVESTMENT IN CDPHP UBI	115,459,273	F
(C) INVESTMENT IN CARTER, LTD	5,925,561	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	134,410,299	

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) DUE TO INTERCOMPANIES	761,738
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	761,738

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CLAIM ADJUSTMENT EXPENSE LIABILITY	2,611,540
DUE FROM INTERCOMPANIES	21,134,370
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	23,745,910

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	1,429,405,496
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		-368,827
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		-19,732,668
e	Add lines 2a through 2d		2e	-20,101,495
3	Subtract line 2e from line 1		3	1,449,506,991
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		348,216
b	Other (Describe in Part XIII)	4b		744,439
c	Add lines 4a and 4b		4c	1,092,655
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	1,450,599,646

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	1,415,705,613
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	0
3	Subtract line 2e from line 1		3	1,415,705,613
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		348,216
b	Other (Describe in Part XIII)	4b		744,438
c	Add lines 4a and 4b		4c	1,092,654
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	1,416,798,267

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: 14-1641028

Name: CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	EXPLANATION UNDER ASC 740, CDPHP IS REQUIRED TO DETERMINE WHETHER A TAX POSITION OF THE PLAN IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OF THE LITIGATION PROCESS, BASED ON THE TECHNICAL MERITS OF THE POSITIONS FOR TAX POSITIONS MEETING THE MORE LIKELY THAN NOT THRESHOLD, THE TAX AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENT IS REDUCED BY THE LARGEST BENEFIT THAT HAS A GREATER THAN FIFTY PERCENT LIKELIHOOD OF BEING REALIZED UPON THE ULTIMATE SETTLEMENT WITH THE RELEVANT TAXING AUTHORITY

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CURRENT YEAR EQUITY METHOD LOSS ON INVESTMENT IN SUBSIDIARIES -19,765,848 STATUTORY DIFFERENCE IN BOND AMORTIZATION 33,180

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	REINSURANCE EXPENSE NETTED IN AUDITED PREMIUMS 744,439

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	REINSURANCE EXPENSE 744,438

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN INC

Employer identification number

14-1641028

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA, CARIBBEAN	0	0	INVESTMENT		5,925,561
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			5,925,561
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			5,925,561

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

- 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" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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)* 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)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 14-1641028

Name: CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN INC

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).

Schedule I (Form 990)

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

OMB No 1545-0047

2016

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC

Employer identification number 14-1641028

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) ELLIS MEDICINE FOUNDATION INC, 14-1638957, 501(C)(3), 333,333, POPULATION WELLNESS.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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
PART I, LINE 2	EXPLANATION ELLIS MEDICINE FOUNDATION, INC - AMOUNT OF GRANT REPRESENTS PORTION ALLOCATED TO CDPHP PER THE TERMS OF THE PROGRAM, THE GRANT RECIPIENT PROVIDES AN ACCOUNTING OF THE PAYMENT OF THE FUNDS TO ENSURE THEY ARE APPROPRIATELY APPLIED

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

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC

Employer identification number
14-1641028

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>		
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes	
<p>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.</p> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>		No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes	
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>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:</p>		
<p>a The organization?</p>		No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No
<p>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:</p>		
<p>a The organization?</p>		No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	Yes	
<p>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.</p>		No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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.

(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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART 1 LINES 4A-B	QUESTION 4B CURRENT YEAR EMPLOYER NON-QUALIFIED DEFERRED COMPENSATION PLAN CONTRIBUTION JOHN D BENNETT, MD \$470,008 BRIAN MORRISSEY \$140,184 NEIL BRANDMAIER \$122,473 BRUCE NASH, MD \$193,851 BARBARA DOWNS \$183,235 BRIAN O'GRADY \$14,755 FRED GALT \$131,507 BETHANY SMITH \$124,472 ROBERT HINCKLEY \$134,217 SCOTT KLENK \$114,053 ROBERT LITTLE \$99,122 TOTAL \$1,727,877
PART 1 LINE 7	EXPLANATION CDPHP HAS A MANAGEMENT INCENTIVE PROGRAM THAT IS BASED UPON THREE CRITERIA ATTAINMENT OF PERSONAL AND COMPANY GOALS, ACHIEVEMENT OF QUALITY AND SERVICE TARGETS, AND ACHIEVEMENT OF ENROLLMENT TARGETS THE BOARD ANNUALLY APPROVES THE METRICS TO BE USED TO ASSESS EACH CRITERION THE MANAGEMENT INCENTIVE IS PAYABLE ONLY IF DETERMINED TO BE AFFORDABLE BY THE BOARD IN ADDITION, THE BOARD HAS FINAL DISCRETION AT THE CLOSE OF THE YEAR TO MAKE THE INCENTIVE PAYMENT

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC

Employer identification number

14-1641028

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
FORM 990 SCHEDULE L PART IV LINES 2-9	PURSUANT TO ITS CERTIFICATE OF INCORPORATION AND BY-LAWS, EIGHT OF THE MEMBERS OF THE CDPHP BOARD OF DIRECTORS MUST BE PRACTICING PHYSICIANS AS PRACTICING PHYSICIANS, EACH OF THESE PHYSICIAN DIRECTORS HAS A STANDARD PARTICIPATING PROVIDER AGREEMENT WITH CDPHP PURSUANT TO WHICH THEY ARE PAID FEES FOR SERVICES RENDERED TO CDPHP MEMBERS PURSUANT TO THE PARTICIPATING PROVIDER AGREEMENT, THE PHYSICIAN DIRECTORS ARE PAID IN ACCORDANCE WITH THE STANDARD FEE SCHEDULE APPLICABLE TO ALL PHYSICIANS GENERALLY HOWEVER, ALTHOUGH EACH PHYSICIAN HAS AN INDIVIDUAL CONTRACT WITH CDPHP, PAYMENT FOR SERVICES RENDERED BY INDIVIDUAL PHYSICIANS ARE PAYABLE TO THAT PHYSICIAN'S PRACTICE, NOT TO THE PROVIDER INDIVIDUALLY PAYMENTS MADE BY CDPHP TO THE PROVIDER PRACTICE ARE NOT ALLOCATED OR REPORTED BY CDPHP BY INDIVIDUAL PROVIDER ACCORDINGLY, PAYMENTS REPORTED HEREIN REFLECT THE AMOUNTS PAID IN FULL TO THE PRACTICE AS NOTED ABOVE AND SHOWN IN SCHEDULE L, THE FOLLOWING AMOUNTS WERE PAID TO THE ORGANIZATIONS WHERE THE PHYSICIAN DIRECTOR IS AN EMPLOYEE, PARTNER, SHAREHOLDER, OR BOARD MEMBER OF THE ORGANIZATION

Additional Data**Software ID:****Software Version:****EIN:** 14-1641028**Name:** CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN INC**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CAROLYN NEARY	DAUGHTER OF JOHN BENNETT, MD, PRESIDENT AND CEO	89,160	EMPLOYEE		No
(2) ST PETER'S HEALTH PARTNERS MEDICAL ASSOCIATION	BRUCE E COPLIN, MD, BOARD MEMBER	16,701,371	SEE EXPLANATION BELOW		No
(3) ALBANY MEDICAL COLLEGE	CATHERINE R BARTHOLOMEW, MD, BOARD MEMBER	28,213,136	SEE EXPLANATION BELOW		No
(4) CAPITAL CARE MEDICAL GROUP	ANTHONY J MARINELLO, MD, BOARD MEMBER	13,748,106	SEE EXPLANATION BELOW		No
(5) CAP DISTRICT COLONRECTAL SURG ASSOC	GENNARO A DANIELS, MD, BOARD MEMBER	419,887	SEE EXPLANATION BELOW		No
(6) ALBANY CAPITAL REGION GASTROENTEROLOGY	JOSEPH M POLITO II, MD, BOARD MEMBER	5,263,601	SEE EXPLANATION BELOW		No
(7) NEW YORK ONCOLOGY HEMATOLOGY	JOSEPH JAMES DUDEK, MD, BOARD MEMBER	22,139,520	SEE EXPLANATION BELOW		No
(8) SHAKER PEDIATRICS PC	HENRY M NEILLEY, MD, BOARD MEMBER	834,304	SEE EXPLANATION BELOW		No
(9) COMMUNITY CARE PHYSICIANS PC	HOLLY K CLENEY, MD, BOARD MEMBER	29,753,051	SEE EXPLANATION BELOW		No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN INC

Employer identification number

14-1641028

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EXPLANATION THE CORPORATION CURRENTLY HAS 625 CORPORATE MEMBERS ALL OF WHOM ARE OR WERE PARTICIPATING PHYSICIANS WITH CDPHP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EXPLANATION CDPHP'S CORPORATE MEMBERS ELECT THE BOARD OF DIRECTORS OF CDPHP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	EXPLANATION CORPORATE MEMBERS MUST APPROVE ANY CHANGES IN THE CORPORATION'S MISSION STATEMENT, BY-LAWS, CLASSES OF CORPORATE MEMBERSHIP, OR CHANGES TO THE BOARD OF DIRECTORS IN ADDITION, THE CLASS "A" MEMBERS MUST APPROVE ANY CHANGES TO THE BY-LAWS AND CERTIFICATE OF INCORPORATION THAT ALTER THE RIGHTS OF CLASS "A" MEMBERS, MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION, OR ANY CONVERSION FROM NOT-FOR-PROFIT STATUS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	EXPLANATION THE FORM 990 IS REVIEWED BY THE DIRECTOR OF ACCOUNTING AND REGULATORY REPORTING AND THE CFO IT IS THEN PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL FINALLY, IT IS PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EXPLANATION CDPHP HAS A CONFLICT OF INTEREST POLICY CDPHP REGULARLY POLLS EMPLOYEES AND BOARD MEMBERS REGARDING POTENTIAL CONFLICT OF INTEREST SITUATIONS ANY ACTUAL OR POTENTIAL CONFLICTS DISCLOSED ARE PRESENTED TO THE BOARD, AT LEAST ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EXPLANATION CDPHP USES OUTSIDE COMPENSATION CONSULTING FIRMS THESE FIRMS UTILIZE CUSTOM AND PUBLISHED SURVEYS INFORMATION IS PROVIDED TO CDPHP'S BOARD COMPENSATION COMMITTEE FOR ANNUAL APPROVAL OF EXECUTIVE POSITIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	EXPLANATION FINANCIAL DOCUMENTS ARE FILED QUARTERLY WITH THE DEPARTMENT OF FINANCIAL SERVICES AND ARE AVAILABLE THROUGH THE FREEDOM OF INFORMATION ACT (FOIA) GOVERNING DOCUMENTS ARE ALSO AVAILABLE THROUGH THE DEPARTMENT OF FINANCIAL SERVICES, ALSO THROUGH FOIA THE CONFLICT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CURRENT YEAR EQUITY METHOD LOSS ON INVESTMENT IN SUBSIDIARIES -19,765,848 STATUTORY DIFFERENCE IN BOND AMORTIZATION 33,180

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 SCHEDULE D PART VII LINE 3(A)(C)	EXPLANATION THE METHOD OF VALUATION IN COLUMN (C) IS THE EQUITY METHOD OF ACCOUNTING

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN INC

Employer identification number

14-1641028

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

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	

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.

(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
(1) CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK INC 500 PATROON CRK BLVD ALBANY, NY 12206 14-1745298	PREF PROV ORG	NY	N/A	C	14,669,383	17,894,901	100 000 %		No
(2) CARTER INSURANCE COMPANY LTD 40 CHURCH ST PO BOX HM2062 HAMILTON BD 14-1641028	CAPTIVE REINSURANCE	BD	N/A	C	1,564,174	7,494,561	100 000 %		No
(3) CDPHP UNIVERSAL BENEFITS INC 500 PATROON CRK BLVD ALBANY, NY 12206 16-1520935	ARTICLE 43 INSURANCE	NY	N/A	C	703,423,598	192,829,320	100 000 %		No
(4) CDPHP FOUNDATION INC 500 PATROON CRK BLVD ALBANY, NY 12206 47-1619130	FOUNDATION	NY	N/A	C			100 000 %		No
(5) ACUITAS HEALTH LLC 500 PATROON CRK BLVD ALBANY, NY 12206 82-1422585	CONSULTING	NY	N/A	C			65 000 %		No
(6) STRATEGIC SOLUTIONS MANAGEMENT 429 CLIFTON CORP PKWY CLIFTON PARK, NY 12065 14-1814293	BILLING AND CONSULTING	NY	N/A	C	84,833	4,423,098	100 000 %		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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	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

See Additional Data Table

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

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: 14-1641028

Name: CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK INC	N	2,507,260	ALLOCATION
(1)	CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK INC	O	7,074,327	ALLOCATION
(2)	CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK INC	Q	4,783,553	ALLOCATION
(3)	CDPHP UNIVERSAL BENEFITS INC	N	9,995,492	ALLOCATION
(4)	CDPHP UNIVERSAL BENEFITS INC	O	28,578,300	ALLOCATION
(5)	CDPHP UNIVERSAL BENEFITS INC	Q	19,708,519	ALLOCATION
(6)	CDPHP UNIVERSAL BENEFITS INC	B	50,000,000	CASH PAYMENT
(7)	CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK INC	B	10,000,000	CASH PAYMENT