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Department of the Treasury

DLN: 93493312004067 OMB No 1545-0047

2016

Open to Public

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

A F	or the	e <b>2016</b> c	alendar year, or tax year beginning 01-01-2016 , and ending 12-31	-2016			
		oplicable change	C Name of organization CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC				fication number
□ Na	me cha	ange	Doing business as		14-164: 	1028	
□ Ini Fin	tial reti al	urn	Duling business as				
		ninated I return	Number and street (or P O box if mail is not delivered to street address) Room/suite 500 PATROON CREEK BLVD	E Telephon	e numbe	г	
		n pending			(518) 6	41-4085	5
			ALBANY, NY 122061057		G Gross re	reints \$ 1	1,491,595,391
			F Name and address of principal officer	H(a) is t	this a group ref	•	· · · · · · · · · · · · · · · · · · ·
			BETHANY SMITH 500 PATROON CREEK BLVD	sul	oordinates?		□ <sub>Yes</sub> ☑ <sub>No</sub>
			ALBANY, NY 122061057	H(b) Are	e all subordinat luded?	es	☐ Yes ☐No
Tax	k-exem	npt status	□ 501(c)(3) ☑ 501(c)(4) ◀(insert no) □ 4947(a)(1) or □ 527	If'	'No," attach a l	•	•
J W	ebsite	e:▶ WW	/W CDPHP COM	H(c) Gro	oup exemption	number	r <b>&gt;</b>
V Earn	o of or	rannization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of fo	rmation 1984	<b>M</b> State	e of legal domicile NY
* FOIII	11 01 01	gamzauon	Corporation in Trust in Association in Other				
Pa	rt I	_	mary				
			scribe the organization's mission or most significant activities OVIDES QUALITY HEALTH CARE AT A REASONABLE COST FOR CDPHP MEMB	ERS AND	OPERATES AS	A MODE	EL FOR THE
Çe	□	DELIVERY	, FINANCING, AND ADMINISTRATION OF HEALTH CARE SERVICES				
Ē	_						
e S	_	Claration bloom			F0/ - 5 .t t -		
5	3	Number of	is box $ ightharpoons \square$ if the organization discontinued its operations or disposed of moof voting members of the governing body (Part VI, line 1a) $\ldots$ . $\ldots$	re than 2	5% or its net a	3	15
Activities & Governance	4	Number o	of independent voting members of the governing body (Part VI, line 1b) $$ .			4	-
Ě	5	Total nun	nber of individuals employed in calendar year 2016 (Part V, line 2a)			5	1,222
ACT			nber of volunteers (estimate if necessary)			6	
•			elated business revenue from Part VIII, column (C), line 12		•	7a	+
	ь	Net unrei	lated business taxable income from Form 990-T, line 34		Prior Year	7b	Current Year
	8	Contribut	cions and grants (Part VIII, line 1h)		riidi ieai	0	Current rear
Ravenue			service revenue (Part VIII, line 2g)		1,513,143,9	940	1,445,328,23
ĕΛċΙ	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )		5,478,9	914	5,271,41
ш	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,3	301	
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,518,625,1	155	1,450,599,64
			nd similar amounts paid (Part IX, column (A), lines 1–3 )		831,4		333,33
		•	paid to or for members (Part IX, column (A), line 4)		1,292,406,0		1,267,261,10
Ses			other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e)		66,403,9	0	75,305,08
Expenses	١.		raising expenses (Part IX, column (D), line 25) ▶0			1	
ă			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		73,281,3	340	73,898,74
	18	Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,432,922,8	343	1,416,798,26
	19	Revenue	less expenses Subtract line 18 from line 12		85,702,3	312	33,801,38
Net Assets or Fund Balances				Beginni	ng of Current Y	ear	End of Year
sset alai	20	Total ass	ets (Part X, line 16)		514,503,7	766	543,253,30
Z B			ilities (Part X, line 26)		195,821,9	98	210,871,65
ΣĪ	22	Net asset	s or fund balances Subtract line 21 from line 20		318,681,7	768	332,381,65
	ŪΠ		ature Block erjury, I declare that I have examined this return, including accompanying s				- the heat of w.
knowl	edge	and belie	f, it is true, correct, and complete Declaration of preparer (other than office				
any k	nowle	dge					
		*****	*		2017-10-18		
Sign		Signati	ure of officer		Date		
Here	:		NY SMITH SVP FINANCE, CFO r print name and title				
		17	rint/Type preparer's name Preparer's signature Dai	te T		PTIN	
Paid	ł			17-10-18		0138506	58
	a oare	;ı ⊢	irm's name ► BONADIO & CO LLP	Firm's EIN ► 16-	1131146	1	
-	On	1 =	irm's address ▶ 6 WEMBLEY COURT		Phone no (518)	<b>1</b> 64-4080	
		-	ALBANY, NY 12205				
Чау t	he IR	S discuss	this return with the preparer shown above? (see instructions)			✓	Yes 🗌 No

Form	990 (2	016)					Page <b>2</b>
Par	t IIII	Statement of	of Program Servi	ce Accomplis	hments		
		Check If Sched	ule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly	describe the or	ganızatıon's mıssıon				
			HEALTH CARE AT A R RATION OF HEALTH (		ST FOR CDPHP MEMBER	S AND OPERATES AS A MOD	EL FOR THE DELIVERY,
2		-	, ,	. 3	vices during the year w	hich were not listed on	
	•		990-EZ?				. 🗌 Yes 🗹 No
_		•	e new services on Sc				
3		-	<del>-</del> -	nake significant (	changes in how it condu	icts, any program	. □Yes ☑No
		es?					. ∟Yes ⊻No
_		•	e changes on Schedu				
4	Section	n 501(c)(3) and		ons are required	to report the amount of	largest program services, as if grants and allocations to ot	
4a	(Code		) (Expenses \$	456,941,022	ıncludıng grants of \$	) (Revenue \$	492,702,001 )
	See Ad	ditional Data					
4b	(Code		) (Expenses \$	483,972,608	including grants of \$	333,333 ) (Revenue \$	478,515,007 )
	See Ad	ditional Data					
4c	(Code		) (Expenses \$	390,559,044	including grants of \$	) (Revenue \$	434,486,756 )
	See Ad	ditional Data					
	(Code		) (Expenses \$	36,816,660	including grants of \$	) (Revenue \$	39,624,466 )
					EVENUE \$34,335,671 FAMI 39 REVENUE \$5,289,483	LY HEALTH PLUS - 0 MEMBERS E	XPENSES \$15,190 REVENUE
4d	Other	program service	es (Describe in Sched	lule O )			
	(Exper	nses \$	36,816,660 inc	luding grants of	\$	) (Revenue \$	39,624,466 )
	(2/20)						

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Nο

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form 990 (2016)

or X as applicable

Section 501(c)(3) organizations.

Part IV Checklist of Required Schedules e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete* 

1	Is the
_	

1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Νo

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

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 . . . . . . . . . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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instructions for applicable filing thresholds, conditions, and exceptions)

Form	orm 990 (2016)							
Par	t IV	Checklist of Required Schedules (continued)						
				Yes	No			
20a	Dıd th	e 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		e organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic ormanication or domestic organization organizat	21	Yes				
22		e organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, in (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	currer	e organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's it and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," ete Schedule J	23	Yes				
24a	the las	e organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of st day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and ete Schedule K If "No," go to line 25a	24a		No			
b	Did th	e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
C		e organization maintain an escrow account other than a refunding escrow at any time during the year ease any tax-exempt bonds?	24c					
d	Dıd th	e organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Did th	on 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  e organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"  eta Schedule I Part I	25a		No			

25b

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28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2016)

Nο

Νo

No

Nο

Nο

Nο

Nο

Nο

Nο

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?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🛸 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b Er c D (g 2a Er Tr th b If N 3a D b If 4a Ar fin b If	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	1c	 Yes	□ No
b Er c D (g 2a Er Tr th b If N 3a D b If 4a Af fill b If	nter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	16	Yes	No
b Er c D (g 2a Er Tr th b If N 3a D b If 4a Af fill b If	nter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0 did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?	16	Yes	No
b Er c D (g 2a Er Tr th b If N 3a D b If 4a Af fill b If	nter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0 did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?	16		
c   D   (c)   2a   En   Ta   th   b   If   N   3a   D   b   If   4a   At   fill   b   If	old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?	16		I
2a Er Ta th   b If N   3a D   b If 4a Af fur   b If	gambling) winnings to prize winners?	1.0		
the		10	Yes	
<ul> <li>b If N</li> <li>3a D</li> <li>b If fill</li> <li>b If</li> </ul>	nis return			
N 3a D b If 4a At fin		2b	Yes	
<ul><li>b If</li><li>4a Af</li><li>fu</li><li>b If</li></ul>	f at least one is reported on line 2a, did the organization file all required federal employment tax returns? Iote.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
4a At	old the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b If	f "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
	t any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a nancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
	f "Yes," enter the name of the foreign country ►BD ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		- 103	
5a W	vas the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
	old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
c If	f "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	poes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization colorit any contributions that were not tax deductible as charitable contributions?	6a		No
	f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were ot tax deductible?	6b		
7 0	organizations that may receive deductible contributions under section 170(c).			
	old the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services rovided to the payor?	7a		
<b>b</b> If	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	orm 8282?	<b>7</b> c		
d If	f "Yes," indicate the number of Forms 8282 filed during the year			
e D	old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f D	old the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as equired?	7g		
	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 098-C?	7h		
D	ponsoring organizations maintaining donor advised funds.  Indicated a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
<b>9a</b> D	old the sponsoring organization make any taxable distributions under section 4966?	9a		
<b>b</b> D	old the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0 S	ection 501(c)(7) organizations. Enter			
a Ir	nitiation fees and capital contributions included on Part VIII, line 12   10a			
	iross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	ection 501(c)(12) organizations. Enter			
	iross income from members or shareholders			
	iross income from other sources (Do not net amounts due or paid to other sources			
	gainst amounts due or received from them )			
.2a S	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If	f "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	ection 501(c)(29) qualified nonprofit health insurance issuers.			
	s the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for dditional information the organization must report on Schedule O	12-		
<b>b</b> Er	nter the amount of reserves the organization is required to maintain by the states in phich the organization is licensed to issue qualified health plans	13a		
	nter the amount of reserves on hand			
	old the organization receive any payments for indoor tanning services during the tax year?	14a		No
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	_				
		Check if Schedule O contains a response or note to any line in this Part VI			✓				
Se	ction	A. Governing Body and Management			ı				
1a	Enter	the number of voting members of the governing body at the end of the tax year 11		Yes	No				
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O							
b	Enter								
2		In y officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2		No				
3	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? .								
4	Did th	he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No				
6		he organization have members or stockholders?	6	Yes					
		he organization have members, stockholders, or other persons who had the power to elect or appoint one or more	H						
/ a		bers of the governing body?	7a	Yes					
b	Are a perso	iny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b	Yes					
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing							
а	The g	governing body?	8a	Yes					
b	Each	committee with authority to act on behalf of the governing body?	8b	Yes					
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No				
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	⊋.)					
				Yes	No				
10a	Did th	he organization have local chapters, branches, or affiliates?	10a		No				
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, pranches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has t	the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes					
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did th	he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to							
	confli	, , , , , , , , , , , , , , , , , , , ,	12b	Yes					
	Sched	dule O how this was done	12c	Yes					
13		he organization have a written whistleblower policy?	13	Yes					
14		he organization have a written document retention and destruction policy?	14	Yes					
15	Dıd tl perso	he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other	r officers or key employees of the organization	15b	Yes					
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No				
b		es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt							
	statu	s with respect to such arrangements?	16b						
Se	ction	C. Disclosure							
17		he States with which a copy of this Form 990 is required to be filed▶							
18	Section	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able 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	Descr	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest							
20	State	y, and financial statements available to the public during the tax year are are are are the organization's books and records							
		EN PIERCE FINANCE DIRECTOR 500 PATROON CREEK BLVD ALBANY, NY 12206 (518) 641-3000							

orm 990 (2	2016)	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
La Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's	tax

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

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

(B)

(A)

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

CHANGE HEALTHCARE LLC

compensation from the organization ▶ 84

3055 LEBANON PIKE NASHVILLE, TN 37214

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

Page 8

Section A. Officers, Direct	ors, rrustees	s, key employees, and nignest						iest compensate	t Compensated Employees (Conti			
<b>(A)</b> Name and Title	Name and Title  Average hours per week (list any hours  Average hours per week (list any hours  Average hours per week (list any hours  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)								Reportable compensation from related		) ated of other sation the	
	for related organizations below dotted line)  for related organizations below dotted line)  In stitutional line with the properties of the control of the co									organization and related organizations		
	line)	individual trustee or director	iticnal T		key employee	t comp	-					
		असिस	Trustee			Highest compensated employee						
See Additional Data Table										$\pm$		
							$\perp$					
		<u> </u>	-	<u>                                     </u>	-		+	-		+		
	<del>                                     </del>	$\vdash$		$\vdash$	$\vdash$	<u> </u>	+			+		
										$\top$		
1b Sub-Total												
d Total (add lines 1b and 1c)	but not limited	to thos				re) who	o rec	8,875,612 eived more than \$1		0		270,716
										_	Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule 3	J for such individ	dual .	•	٠	•		•			3		No
For any individual listed on line 1a, is organization and related organization individual									n the	4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization	ve or accrue cor ?If "Yes," comp	npensat lete Sch	tion fi nedule	rom ∍ J fc	any or sı	unrela uch pe	ated rson	organization or ind	ıvıdual for	5	100	No
Section B. Independent Contract			<u> </u>	_	_					_		
Complete this table for your five higher from the organization Report comper	nsation for the c								n's tax year	npen		
	(A) and business addre	ess							(B) cription of services		(C) Compen	nsation
LANDMARK HEALTH LLC								HEALTHCAR	RE SERVICES		11,	,247,492
7755 CENTER AVE STE 630 HUNTINGTON, CA 92647 SYNTEL INC								IT PROCES:	SING AND CONSULTI	ING	8	,592,702
525 E BIG BEAVER RD SUITE 300 TROY, MI 48083										•••		,
TRIZETTO CORP PO BOX 122140								IT SOFTWAI LICENSING	RE /MAINTENANCE		2,	,241,088
DALLAS, TX 75312 WELLTOK INC				—	—			WELLNESS	PROMOTIONS		2	,038,522
1675 LARIMER ST DENVER, CO 80202												
CHANGE HEALTHCARE LLC								PRINT AND	MAIL SERVICES		2	.034.391

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

Part '	VIII											
		Check if Schedul	e O contains	a respo	onse or note to any	/ line in thi (A Total re	·)	Rela ex fur	(B) ated or empt action venue	(C) Unrelat busine revenu	ss	(D)  Revenue excluded from tax under sections 512-514
s	1a	Federated campaig	ns	1a								
ınts	ь	Membership dues		<b>1</b> b								
Gra noi	c	: Fundraising events		1c								
.s.	d	l Related organizatio	ns	1d								
ia Ta		Government grants (co		1e	<u> </u>							
ž.E		All other contributions,		_ <del>_</del> _	<u> </u> 							
ioi r S	ļ '	and similar amounts no above		1f								
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution in lines 1a-1f \$	ns included									
an Co	h	Total.Add lines 1a-1	f		<u> </u>							
ще					Busines							
Ye.		COMMERCIAL PREMIUM	5			524114		,702,001	· · · · · · · · · · · · · · · · · · ·	02,001		
ďž		MEDICARE PREMIUMS				524114 524114		,515,007		15,007 36,756		
Š	_	MEDICARE PREMIUMS	EMILIMO			524114		,335,671	· · · · · · · · · · · · · · · · · · ·	35,671		+
3		CHILD HEALTH PLUS PR HEALTHY NEW YORK PR				524114		,289,483		39,483		
am								-688		-688		
Program Service Revenue		All other program se			1,445	,328,230						•
		Fotal.Add lines 2a-2f investment income (ii			Interest, and other	1				1		
						<u> </u>	5,124,76	53				5,124,763
		ncome from investme				<b>&gt;</b>						
	5 F	Royalties				<u> </u>						
	_		(ı) Rea	l	(II) Personal	_						
	6a	Gross rents										
	b	Less rental expenses										
	c	Rental income or (loss)				1						
	d	Net rental income o	r (loss)		· · · •	1						
			(ı) Securi	ties	(II) Other							
		Gross amount from sales of assets other than inventory	41,1	.42,398								
	b	Less cost or other basis and sales expenses	40,9	95,744								
	c	Gain or (loss)	1	.46,654		7						
	d	Net gain or (loss) .			_		146,65	54				146,654
Other Revenue		Gross income from for (not including \$ contributions reported)	d on line 1c)	of								
e ve		See Part IV, line 18				_						
ğ		Less direct expense		ь								
her		Net income or (loss)		_	rents •							
ŏ		Gross income from g See Part IV, line 19										
	Ь	Less direct expense	e	a b		$\dashv$						
		Net income or (loss)										
	10a	Gross sales of invent returns and allowand										
	b	Less cost of goods s	old	a b								
	c	Net income or (loss)		invent								
-		Miscellaneous	Revenue		Business Code	_						
	11:	a										
	b					+						
	_											
	С											
	d	All other revenue .				+						
		Total. Add lines 11a			· . •	1						
	12	Total revenue. See	Instructions	_								
		. Jan Cyclinel Jee			•	1,	450,599,64	7	1,445,328,23		0	5,271,417 Form <b>990</b> (2016

	Part IX	Statement of Functional Expenses	
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Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u>.</u>		<u> 🗆</u>
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	<b>(D)</b> Fundraisingexpenses
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		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,769,536	1,639,445	2,130,091	
<b>6</b> 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	
<b>10</b> Payroll taxes	3,937,634	1,983,184	1,954,450	
11 Fees for services (non-employees)				
a Management				
<b>b</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 )	530,130		333,233	
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
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 □ if following SOP 98-2 (ASC 958-720)				

Form **990** (2016)

Form 990 (2016)

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Check if Schedule O contains a response or note to any line in this Part IX . (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing . 64.762.586 42,725,927 2 2 Savings and temporary cash investments . . . 3 3

Page **11** 

124,173,185

6.094.980

14,077,363

198.973.155

134.410.299

761,738

543,253,306

177.905,881

9,219,862

23.745.910

210,871,653

332,381,653

332,381,653

543.253.306

Form **990** (2016)

Pledges and grants receivable, net . . . Accounts receivable, net . Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees Complete Part Loans and other receivables from other disqualified persons (as defined under contributing employers and sponsoring organizations of section 501(c)(9)

II of Schedule L Part II of Schedule L Assets Notes and loans receivable, net . . . . Inventories for sale or use .

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and voluntary employees' beneficiary organizations (see instructions) Complete

Prepaid expenses and deferred charges . basis Complete Part VI of Schedule D 10a

10a Land, buildings, and equipment cost or other

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

10b

Less accumulated depreciation

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

70.155.971

84,233,334

124,993,542

7.002.634

15.269.790

213.031.246

94.176.148

17.304.479

514,503,766

181,900,024

11,321,179

2.600.795

195,821,998

318.681.768

318,681,768

514.503.766

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22 23

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31

32

33

34

2b

2c

3a

3b

Yes

Yes

Yes

Yes (2016)

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

☐ Both consolidated and separate basis

## Additional Data

Software ID: Software Version:

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

PLAN INC

Form 990 (2016)

ENROLLED IN COMMERCIAL PRODUCTS

Form 990, Part III, Line 4a:

**EIN:** 14-1641028

Name: CAPITAL DISTRICT PHYSICIANS' HEALTH

#### 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) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional MISC) MISC) organizations related below dotted organizations employee line) Trustee

				2			
CATHERINE BARTHOLOMEW MD	3 20	l 🗸			32,150	0	
DIRECTOR		_ ^			32,130		
HOLLY K CLENEY MD DIRECTOR	2 00	x			25,550	0	
	6 50						

		l X	l	ı			25,550	1 0	
DIRECTOR							23,330	Ĭ	
BRUCE E COPLIN MD	6 50	.,					52.550		
CHAIRMAN OF THE BOARD		×					53,550	0	
GENNARO A DANIELS MD	8 00	×					71,548	0	
CHAIDMAN OF THE BOADD		_ ^		l			/ 1,540	I	

BRUCE E COPLIN MD	6 50	×			53,550	0	
CHAIRMAN OF THE BOARD		_ ^			33,330	5	
GENNARO A DANIELS MD	8 00	×			71.548	0	
CHAIRMAN OF THE BOARD		^			7 1,3 10	7	
	2.00						

BRUCE E COPLIN MD CHAIRMAN OF THE BOARD	6 50	x			53,550	O	C
GENNARO A DANIELS MD CHAIRMAN OF THE BOARD	8 00	x			71,548	0	C
JOSEPH J DUDEK MD	2 00	×			25,550	0	C

CHAIRMAN OF THE BOARD							
GENNARO A DANIELS MD	8 00	×			71,548	0	0
CHAIRMAN OF THE BOARD		^			71,540		
JOSEPH J DUDEK MD	2 00	×			25,550	0	0
DIRECTOR		Α.			23,330		
	10.50						

CHAINNAN OF THE BOARD							l
JOSEPH J DUDEK MD	2 00	v			25,550	0	0
DIRECTOR		^			25,550	o d	
RICHARD E GRANT	10 50	×			85,000	0	
TREASURER OF THE BOARD		^			33,300		

56,100

60,150

74,500

0

0

0

0

0

DIRECTOR							
RICHARD E GRANT	10 50	v			85,000	0	
TREASURER OF THE BOARD		^			03,000	0	
GERALD JENNINGS	5 00	X			45,950	0	

6 50

8 50

9 00

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

AMY JOHNSON

ANTHONY J MARINELLO MD

THOMAS J MARUSAK

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Indivi-Officer Highest compensat Former Instit organizations MISC) MISC) related below dotted organizations employee

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54,100

33,150

75,148

18,750

45,500

1,617,891

867,036

654,107

606,909

604,400

0

0

0

23,029

15,438

24,985

27,542

29,708

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	line)	dual trustee ector	utional Trustee
CARMEN MAZZOTTA	6 00	X	
DIRECTOR		<	
HENBA W NEITTEA WU	3 20		

HENRY M NEILLEY MD

WILLIAM P PHELAN

JOSEPH POLITO II MD

JOHN D BENNETT MD

CEO/PRESIDENT

BARBARA DOWNS

BETHANY SMITH

EVP CORP ADMIN/COO

EVP FINANCE AND CFO

FREDERICK GALT ESQ

**BRIAN MORRISSEY** 

EVP MARKETING/CMO

EVP GENERAL COUNSEL

SUSAN CROSBY SCRIMSHAW

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation person is both an officer week (list from the from related any hours and a director/trustee) organization organizations 111 2/1000 /\M\_ 2/1000

(F)

Estimated

amount of other

compensation

from the

8,475

24,657

24,485

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

		l					.	44, 24,000	/VI 3/4000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROBERT HINCKLEY  EVP GOVT AND EXTERNAL RELA	40 00				×			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					х		516,920	0	14,439	

NEIL BRANDMAIER						x	570,630	0	
SVP CHIEF INFORMATION OFFI						^	3,3,030		
SCOTT KLENK	40 00					х	516,920	0	
SVP HUMAN CAPITAL MANAGEMENT							310,320		
BRUCE NASH MD	40 00					х	473,833	0	
CUITE MEDICAL OFFICED (DADTIAL VEAD)		l	l	l	1 1		l '		

SVP HUMAN CAPITAL MANAGEMENT				Х	516,920	0	14,439
BRUCE NASH MD	40 00			x	473,833	0	9,079
CHIEF MEDICAL OFFICER (PARTIAL YEAR)				,	., 5,555	·	3,013
ROBERT LITTLE	40 00						

SVP HUMAN CAPITAL MANAGEMENT							ĺ
BRUCE NASH MD	40 00			×	473.833	0	
CHIEF MEDICAL OFFICER (PARTIAL YEAR)				^	475,655	Ĭ	-
ROBERT LITTLE	40 00			х	443 553	0	1,

BRUCE NASH MD	40 00				470.000		
CHIEF MEDICAL OFFICER (PARTIAL YEAR)	•••••			Х	473,833	0	9,079
ROBERT LITTLE	40 00						
VD HNDEDWRITING	•••••			X	443,553	0	14,459

0.112. 1.12.01.12 0.1.12.11. (1.11.11.12.12.12.11.)							1
ROBERT LITTLE	40 00			х	443,553	0	14,459
VP UNDERWRITING							
RICHARD DAL COL	40 00						

Х

Х

376,590

351,948

VP UNDERWRITING				×	443,553	U	
RICHARD DAL COL	40 00			×	437,786	0	
VP SENIOR MEDICAL DIRECTOR				^`	137,700	ŭ	

40 00

40 00

......

**UMESH REGE** 

BRIAN O'GRADY

VP APPLICATION SOLUTIONS

CHIEF MARKETING OFFICER

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Section 527 organizations Complete Part I-A only

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

(Proxy Tax) (see separate instructions), then

## **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.

Open to Public

OMB No 1545-0047

DLN: 93493312004067

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

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 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

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

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

Name of the organization **Employer identification number** CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC 14-1641028 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV \$ \_\_\_\_\_ Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? 4a ☐ Yes If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 2,000 4 Did the filing organization fileForm 1120-POL for this year? ✓ Yes 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-(1) CAPITAL REGION CHAMBER PAC 5 COMPUTER DRIVE SOUTH 47-4159612 1,000 0 ALBANY, NY 12205 601 PENNSYLVANIA AVE NW SUITE 36-2087641 1,000 AMERICA'S HEALTH INSURANCE PLANS PAC WASHINGTON, DC 20004 3 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016 Cat No 50084S

Grassroots ceiling amount
(150% of line 2d, column (e))

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

activity

2a

Part III-A

Part IV

(6).

expenditure next year?

Return Reference

(b)

Amount

Yes

1

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2016

No

Nο

200,341

200,341

200,341

200,341

0

(a)

Yes

No

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

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

Explanation

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

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Were substantially all (90% or more) dues received nondeductible by members?

Media advertisements? Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes?

Direct contact with legislators, their staffs, government officials, or a legislative body? Other activities?

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Total Add lines 1c through 1i

2	2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			No
3	3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  3 No			No
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)				)(6)
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, l	ne 3, is		

answered "Yes." Dues, assessments and similar amounts from members

1 2

If "Yes," enter the amount of any tax incurred under section 4912

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

Current year

Carryover from last year

Supplemental Information

c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

Assets included in Form 990, Part X

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

As Filed Data -

DLN: 93493312004067

OMB No 1545-0047

## 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.

internal Revenue Servi
Name of the or
CAPITAL DISTRICT

(Form 990)

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection ganization **Employer identification number** PHYSICIANS' HEALTH PLAN INC 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 3 Aggregate value of grants from (during year) 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 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? □ No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2016

Par	t 1111	Organizations Maintaining Co	llections of Art,	Histor	ical Tr	easur	es, or	Other	Similar A	ssets (	continue	d)
3		the organization's acquisition, accession (check all that apply)	n, and other record	ls, check	any of	the follo	owing th	at are a	significant	use of it	s collection	on
а		Public exhibition		d		Loan o	r exchar	ige prog	rams			
b		Scholarly research		e		Other						
c		Preservation for future generations										
4	Provid Part >	de a description of the organization's co KIII	llections and explai	n how th	ey furth	ner the	organıza	tion's ex	empt purpo	ose in		
5		g the year, did the organization solicit c s to be sold to raise funds rather than to							ılar	□ <b>Y</b> •	es 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990	), Part	IV, lin	e 9, or	reporte	ed an amo	unt on	Form 99	0, Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	an or other intermo	ediary for	contril	outions	or other	assets	not	□ <b>Y</b>	es 🗆	No
b	If "Ye	es," explain the arrangement in Part XII	I and complete the	following	table					mount		
С	Begin	ining balance	·					1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the year						1e				
f	Endın	g balance						1f				
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, lin	e 21, for	escrow	or cust	todial ac	count lia	ıbılıty?		-	Mo
b	TE 1137 -	s," explain the arrangement in Part XIII	. Ch   .   6 +			h			/***			
	rt V	Endowment Funds. Complete if		'								
Fa	IC V	Endowment Funds. Complete in	(a)Current year		Prior year				(d)Three ye		(e)Four	ears back
1a	Beginn	ing of year balance	(2) surrous your	1 (-)	,		<b>-</b>		(2) 00 / 0	4.0 54011	(0): 04:	, , , , , , , , , , , , , , , , , , , ,
	-	putions										
С	Net inv	restment earnings, gains, and losses										
d	Grants	or scholarships										
e		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the curr	ent year end baland	ce (line 1	g, colur	nn (a))	held as					
а	Board	designated or quasi-endowment >										
Ь	Perma	anent endowment ▶										
С	Temp	orarily restricted endowment >										
	The p	ercentages on lines 2a, 2b, and 2c show	ıld equal 100%									
3а	organ	nere endowment funds not in the posses iization by	ssion of the organiz	ation tha	it are he	eld and	admınıst	tered fo	r the		Υe	s No
	• •	related organizations									a(i)	
h		elated organizations	ne listed as require	d on Cab	adula Pi		•				a(ii) 3b	
ь 4		ribe in Part XIII the intended uses of the				· • ·				· L	30	
	rt VI	Land, Buildings, and Equipme		- IOWITTETTE	Turius							
		Complete if the organization answ		rm 990	, Part I	[V, line	11a. S	ee Fori	n 990, Pa	rt X, lın	e 10.	
	Descri	ption of property (a) Cost or ot (investme	her basis (b)Co	st or other					epreciation		<b>(d)</b> Book v	alue
1a	Land											
b	Buildin	gs										
С	Leaseh	old improvements			8,12	26,189			2,847,306			5,278,883
		nent			75,23	31,326			67,308,665			7,922,661
	Other				87	5,819						875,819
		lines 1a through 1e (Column (d) must e	equal Form 990, Pai	rt X, colu	mn (B),	line 10	D(c)) .		<b>&gt;</b>			14,077,363

Part VII Investments—Other Securities. Complete if the	ne organization answere	d 'Yes' on Form 990	), Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c)Metho	d of valuation
(including name of security)  (1)Financial derivatives		Cost or end-of	-year market value
(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
(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	, ,	rad 'Vas' on Form 0	20 Part IV line 11c
See Form 990, Part X, line 13.	-		
(a) Description of investment	(b) Book value		d of valuation -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 )	<b>•</b>		
Part IX Other Assets. Complete if the organization answered (a) Description	d 'Yes' on Form 990, Part IV	/, line 11d See Form 9	990, Part X, line 15 (b) Book value
(1) DUE TO INTERCOMPANIES (1)			761,738
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			764 700
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization a	answered 'Yes' on Form	990, Part IV, line 1:	761,738 Le 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  (3)		21,134,370	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) <b>2.</b> Liability for uncertain tax positions In Part XIII, provide the text of		23,745,910	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC			_
			Schedule D (Form 990) 2016

Part XI

2

b

Part XII

5

1

2

b

d

е 3

b

c

Part XIII

5

4

Schedule D (Form 990) 2016

Page 4

-20,101,495

1,092,655

1,450,599,646

1,415,705,613

1.415.705.613

1,092,654

1,416,798,267

Schedule D (Form 990) 2015

1,449,506,991

c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII )	2d	-1	.9,732,668		
e	Add lines 2a through 2d				2e	

3

Subtract line **2e** from line **1** . . . . . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . . .

Add lines 4a and 4b . . .

Donated services and use of facilities .

Other (Describe in Part XIII ) . . . . .

**Supplemental Information** 

Prior year adjustments . . .

Other (Describe in Part XIII ) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Other losses .

3 4 Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

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

4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

2a

2b

2c 2d

4b

Explanation

4a

348,216 744.439

-368.827

4c

2e

3

4c 5

348,216

744.438

Page <b>5</b>	Schedule D (Form 990) 2015		
inued)	Part XIII Supplemental Information (co		
Explanation	Return Reference		

Schedule D (Form 990) 2016

## **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 P LAN 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 I N 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

S

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312004067 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC 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? 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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e q, program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) (1) CENTRAL AMERICA, CARIBBEAN O 0 INVESTMENT 5,925,561 (2) (3) (4) (5) 5,925,561 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) O 5,925,561

(4)

Schedule F (Form 990) 2016

(3) (4)

(5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14)

(15) (16) (17) (18) Page 3

Schedule F (Form 990) 2016

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (c) Number of (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other) (1) (2)

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.

Schedule F (Form 990) 2016			Page <b>4</b>
Par	t 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	<b>☑</b> 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	<b>☑</b> 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)		
		<b>✓</b> 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	<b>☑</b> 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	<b>✓</b> 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	<b>✓</b> No

### Additional Data

Software Version:

**EIN:** 14-1641028

Name: CAPITAL DISTRICT PHYSICIANS' HEALTH

PLAN INC.

Page 5

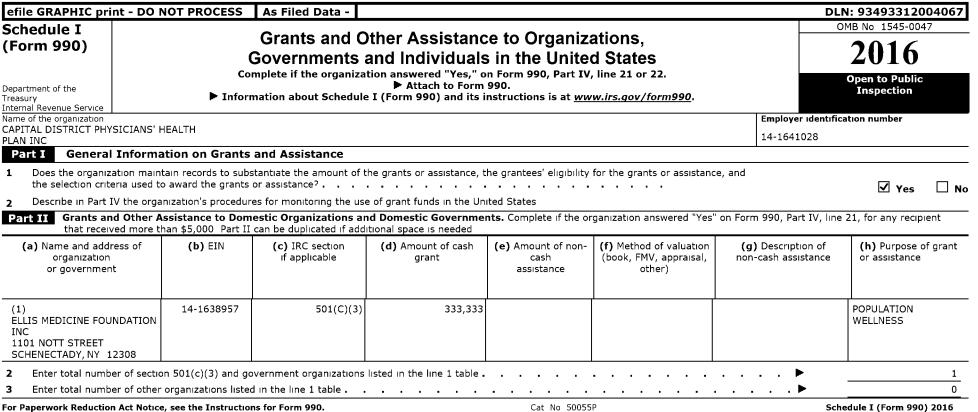
any additional information (see instructions).

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

Software ID:

Schedule F (Form 990) 2016 Part V



(a) Type of grant or a	ssistance	<b>(b)</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
art IV Supplemen	tal Informati	on. Provide the inf	ormation required in	Part I, line 2, Part III	, column (b), and any other add	litional information.

# Schedule J

(Form 990)

**Compensation Information** 

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.

OMB No 1545-0047

DLN: 93493312004067

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

**Employer identification number** Name of the organization CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC 14-1641028 Part I **Questions Regarding Compensation** Yes No 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 1b 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? 2 Yes 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 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Νo 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. 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 The organization? 5а Νo 5h Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III 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 The organization? 6a Νo 6b Νo Any related organization? If "Yes," on line 6a or 6b, describe in Part III 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 67 If "Yes," describe in Part III 7 Yes Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Schedule 3 (Form 990) 2015							
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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

· · · · · · · · · · · · · · · · · · ·	<i>y</i>
Part III Supplemental Inf	ormation
Provide the information, explanatio	n, 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
DADT 1 LINE 7	EVALAMATION CORPUBLIAGA MANACEMENT INCENTIVE RECORDAM THAT IS PASED URON THREE CRITERIA. ATTAINMENT OF REDCONAL

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

#### Software ID: Software Version:

**EIN:** 14-1641028

Name: CAPITAL DISTRICT PHYSICIANS' HEALTH

PLAN INC

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

Form 990, Schedule J, F	art I				l Highest Compens	sated Employees	1	
(A) Name and Title		(i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1JOHN D BENNETT MD CEO/PRESIDENT	(1)	1,209,465	378,966	29,460	8,475	14,554	1,640,920	0
	(11)	0	0	0	0	-	-	0
1BARBARA DOWNS EVP CORP ADMIN/COO	(1)	686,535	152,025	28,476	8,475	6,963	882,474	0
2. COM ADMINICOO	(11)	0	0	0	0			0
2BETHANY SMITH	(1)	525,022	109,475	19,610	8,475	16,510	679,092	0
EVP FINANCE AND CFO	(11)	0	0	0	0			0
3FREDERICK GALT ESQ	(1)	459,366	102.725	42.040	0.475	0	0	
EVP GENERAL COUNSEL	(1)	439,300	103,725	43,818	8,475	19,067	634,451	0
ADDIAN MODDICCTY			0	0	0	0	0	0
4BRIAN MORRISSEY EVP MARKETING/CMO	(1)	487,808	79,512	37,080	8,475	21,233	634,108	0
	(11)	0	0	0	0	0	_ 	0
5ROBERT HINCKLEY EVP GOVT AND EXTERNAL	(1)	453,388	100,858	43,067	8,475	17,460	623,248	0
RELA	(11)	0	0	0	0	- 0	_	0
6NEIL BRANDMAIER SVP CHIEF INFORMATION	(1)	445,883	97,355	27,392	8,475	20,010	599,115	0
OFFI	(11)	0	0	0	0	-	-	0
<b>7</b> SCOTT KLENK SVP HUMAN CAPITAL	(1)	403,245	85,041	28,634	8,475	5,964	531,359	0
MANAGEMENT	(11)	0	0	0	0	-		0
8BRUCE NASH MD	(1)	324,799	121,253	27,781	5,022	4,057	482,912	0
CHIEF MEDICAL OFFICER (PARTIAL YEAR)	(11)	0	0	0	0			0
9ROBERT LITTLE	(1)	353,244	58,917	31,392	8,475	5,984	0 458,012	0
VP UNDERWRITING	(11)	0	30,917	31,392 	0,473	3,364 	430,012	
10RICHARD DAL COL	(1)	302,577				0	0	
VP SENIOR MEDICAL DIRECTOR	(1)	302,577	89,684	45,525	8,475		446,261	0
	(")		0	0	0	0	0	0
11UMESH REGE VP APPLICATION SOLUTIONS	(1)	252,628	79,370	44,592 	8,475	16,182	401,247	0
	(11)	0	0	0	0	0	_ 0	0
12BRIAN O'GRADY CHIEF MARKETING OFFICER	(1)	269,598	56,038	26,312	8,475	16,010	376,433	0
	(11)	0	0	0	0	-	-	0
						0	0	

efile GRAPHI	C print - DO NC	T PROCES	S As F	iled Data -					DI	_N: 93	4933	1200	04067
Schedule L (Form 990 or 990	I-EZ)		► Compl rm 990, Pa	lete if the orga art IV, lines 2!	ith Interested Persons ne organization answered ines 25a, 25b, 26, 27, 28a, 28b, or 28c, Z, Part V, line 38a or 40b.								
				1 990-EZ, Part ch to Form 99							20	J I '	U
Department of the Trea	asurv	ormation abo		ule L (Form 99 <u>www.irs.gov</u>	90 or 990-EZ		ructio	ns is	at	C	)pen Insi	to Pu ecti	
Name of the org CAPITAL DISTRICT PLAN INC	anızatıon PHYSICIANS' HEALTH	1						•	yer ide 1028	entifica	ition r	umb	er
	ss Benefit Trar						rganız	ation:	only)				
	lete if the organiza											١	
1 (a	) Name of disquali	fied person	(в)	Relationship be	etween disqua organization	lified person a	nd		escrip ansact			es Cori	rected? <b>No</b>
Part II Loa Cor rep (a) Name of	mount of tax, if and ans to and/or I an amplete if the organiorted an amount of the control of t	From Interest ization answer n Form 990, F	ested Perred "Yes" o Part X, line (d) Loan	<b>rsons.</b> n Form 990-EZ, 5, 6, or 22				rt IV,	( Appro	5, or if by the	(	ganıza i)Wrıt greem	ten
			То	From	1		Yes	No	Yes	No	Yes		No
										-			
										-			
Total				•	<b>\$</b>								
	nts or Assistar					l.a. 27							
	rested person (b		between n and the	(c) Amount		( <b>d)</b> Type	of assı	stand	e	<b>(e)</b> Pu	rpose (	of assi	stance
Ear Danamusel, Dad	luction Act Notice s	aa tha Instrus	tions for Ea	rm 990 or 900-	<b>7</b> C-	at No 50056A		C - 1		L /F	000 -	- 000	EZ) 201

	between interested	transaction		0	f
	person and the			organiz	atıon's
	organization			reven	ues?
				Yes	No
See Addıtıonal Data Table					
Part V Supplemental Inform			_		
l Provide additional informa	ation for responses to questions on	Schedule L (see instruct	ions)		

Part V Supplemental Inform									
Provide additional informa	tion for i	responses to questic	ons on	Schedule L (see instruction	ons)				
Return Reference		Explanation							
	CDPHP THESE I PURSUA THE PAI THE STA PHYSIC INDIVIC INDIVIC	BOARD OF DIRECTO PHYSICIAN DIRECTO NOT TO WHICH THEY RTICIPATING PROVI ANDARD FEE SCHED IAN HAS AN INDIVII DUAL PHYSICIANS A DUALLY PAYMENTS	ORS MU ORS HAY ARE I DER A OULE A DUAL ( RE PA' MADE	JST BE PRACTICING PHYS AS A STANDARD PARTICI PAID FEES FOR SERVICES GREEMENT, THE PHYSICI PPLICABLE TO ALL PHYSI CONTRACT WITH CDPHP, YABLE TO THAT PHYSICIA BY CDPHP TO THE PROVI	BY-LAWS, EIGHT OF THE MEMBERS SICIANS AS PRACTICING PHYSICIA PATING PROVIDER AGREEMENT WI'S RENDERED TO COPHP MEMBERS AN DIRECTORS ARE PAID IN ACCOICIANS GENERALLY HOWEVER, ALTH PAYMENT FOR SERVICES RENDERE IN'S PRACTICE, NOT TO THE PROVIDER PRACTICE, ROT ALLOCATE INGLY, PAYMENTS REPORTED HERE	NS, EAC TH CDPH PURSUAI RDANCE HOUGH E D BY DER ED OR	H OF P NT TO WITH EACH		

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**

ST PETER'S HEALTH PARTNERS MEDICAL

(3) ALBANY MEDICAL COLLEGE

ALBANY CAPITAL REGION

(8) SHAKER PEDIATRICS PC

GASTROENTEROLOGY

(4) CAPITAL CARE MEDICAL GROUP

CAP DISTRICT COLONRECTAL SURG ASSOC

(7) NEW YORK ONCOLOGY HEMATOLOGY

(9) COMMUNITY CARE PHYSICIANS PC

(2)

(5)

(6)

ASSOCIATION

### Software ID: Software Version:

**EIN:** 14-1641028

Name: CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC

16,701,371 | SEE EXPLANATION BELOW

28,213,136 | SEE EXPLANATION BELOW

13,748,106 | SEE EXPLANATION BELOW

22,139,520 SEE EXPLANATION BELOW

29,753,051 | SEE EXPLANATION BELOW

834,304 | SEE EXPLANATION BELOW

SEE EXPLANATION BELOW

SEE EXPLANATION BELOW

419,887

5,263,601

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz rever	f ation's
				Yes	No
(1) CAROLYN NEARY	DAUGHTER OF JOHN BENNETT, MD, PRESIDENT AND CEO	89,160	EMPLOYEE		No

BRUCE E COPLIN, MD,

BARTHOLOMEW, MD, BOARD MEMBER

GENNARO A DANIELS,

MD, BOARD MEMBER

JOSEPH M POLITO II,

MD, BOARD MEMBER

JOSEPH JAMES DUDEK.

MD, BOARD MEMBER

HENRY M NEILLEY,

BOARD MEMBER

MD, BOARD MEMBER

HOLLY K CLENEY, MD.

**BOARD MEMBER** 

CATHERINE R

ANTHONY J

MARINELLO, MD, BOARD MEMBER

organiz rever	
Yes	No
	No

No

No

Νo

No

No

No

Nο

No

efile GRAPH	DLN	N: 93493312004067				
SCHEDUL	ΕO	Supplement	al Informatic	n to Form 990 or 9	90-F7	OMB No 1545-0047
(Form 990 or EZ)	I	Complete to pro	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.			2016
► Attach to Form 990 or 990-EZ.  Department of the Treasure  ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is www.irs.gov/form990.					ıctions is at	Open to Public Inspection
Internal Revenue See Name of the org CAPITAL DISTRICT PLAN INC	PHYSICIANS	s' HEALTH  Diemental Informatio			Employer iden 14-1641028	itification number
Return Reference	e 0, supp	nemental Imormatio		Explanation		
FORM 990, PART VI, SECTION A, LINE 6	1	ATION THE CORPORATION OF THE COR		S 625 CORPORATE MEMBERS	S ALL OF WHOM	ARE OR WERE

Return Explanation

FORM 990, EXPLANATION CDPHP'S CORPORATE MEMBERS ELECT THE BOARD OF DIRECTORS OF CDPHP
SECTION A,
LINE 7A

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	EXPLANATION CORPORATE MEMBERS MUST APPROVE ANY CHANGES IN THE CORPORATION'S MISSION STATE MENT, BY-LAWS, CLASSES OF CORPORATE MEMBERSHIP, OR CHANGES TO THE BOARD OF DIRECTORS IN A DDITION, 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, REORGANIZ ATION, DISSOLUTION, OR ANY CONVERSION FROM NOT-FOR-PROFIT STATUS

Return Explanation

FORM 990, PART VI, NG AND THE FORM 990 IS REVIEWED BY THE DIRECTOR OF ACCOUNTING AND REGULATORY REPORTION OF ACCOUNTING AND REVIEW AND APPROVAL FINALLY, IT IS PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL

Return Explanation

FORM 990, PART VI, BOARD MEMBERS REGARDING POTENTIAL 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

Return Explanation
Reference

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

LINE 15

Return Explanation
Reference

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

990 Schedule O, Supplemental Information Return Explanation

Reference	
	CURRENT YEAR EQUITY METHOD LOSS ON INVESTMENT IN SUBSIDIARIES -19,765,848 STATUTORY DIFFERENCE IN BOND AMORTIZATION 33,180

LINE 9

Return Explanation

LINE 3(A)(C)

FORM 990 EXPLANATION THE METHOD OF VALUATION IN COLUMN (C) IS THE EQUITY METHOD OF ACCOUNTING D PART VII

efile GRAPHIC print - Do	O NOT PROCESS	As Filed Data -										DLN: 93493	3 <b>12</b> 004	067	
SCHEDULE R (Form 990)	<b>&gt;</b> (		d Organizations and Unrelated Partnerships  organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.								OMB No 1545-0047 2016				
Department of the Treasury Internal Revenue Service	► Attach to For	m 990. ► Infor	mation al	oout Schedul	e R (Form	990) and	its instruct	ions is at	<u>www.ii</u>	rs.gov/form9	<u>90</u> .	Open to	Public		
Name of the organization CAPITAL DISTRICT PHYSICIANS' HE PLAN INC	ALTH									loyer identifi 641028	ication	number			
	n of Disregarded E	ntities Complete If t	he organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3		041028					
Name, address, and	<b>(a)</b> d EIN (if applicable) of disr	egarded entity		( <b>b)</b> Primary a		Legal dom	c) nicile (state n country)	( <b>d)</b> Total inc	ome	<b>(e)</b> End-of-year as	sets	<b>(f</b> Direct co ent	ntrolling		
	<b>of Related Tax-Ex</b> npt organizations di	empt Organization uring the tax year.	<b>s</b> Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 bed	cause	ıt had one or	more		
Name, address, an	(a) Name, address, and EIN of related organization		Prim	<b>(b)</b> ary activity	activity Legal domi		(c) (d) micile (state gn country)			(e) iblic charity status section 501(c)(3))		<b>(f)</b> rect controlling entity	Section (13) cor enti	512(b) strolled ty?	
													Yes	No	
For Panerwork Reduction Ac	rt Notice see the Inc	structions for Form 0	90			t No 5013	257				Scho	edule R (Form	990) 20	16	

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>(b)</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	Share of		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		<b>(k)</b> Percentage ownership
				]			Yes	No		Yes	No		
Part IV Identification of Related Organizations Taxable as a Control of Part IV					ation answ	ered "Yes	" on Fo	orm 9	90, Part IV,	line	34		

(a) Name, address, and EIN of related organization	<b>(b)</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	Sectio (b)( contr	(i) on 512 (13) crolled tity?
(1) CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK INC 500 PATROON CRK BLVD ALBANY, NY 12206	PREF PROV ORG	NY	N/A	С	14,669,383	17,894,901	100 000 %		No
14-1745298 (2)CARTER INSURANCE COMPANY LTD  40 CHURCH ST PO BOX HM2062 HAMILTON BD 14-1641028	CAPTIVE REINSURANCE	BD	N/A	С	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	С	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	С			100 000 %		No
(5)ACUITAS HEALTH LLC 500 PATROON CRK BLVD ALBANY, NY 12206 82-1422585	CONSULTING	NY	N/A	С			65 000 %		No
(6)STRATEGIC SOLUTIONS MANAGEMENT 429 CLIFTON CORP PKWY CLIFTON PARK, NY 12065 14-1814293	BILLING AND CONSULTING	NY	N/A	С	84,833	4,423,098	100 000 %		No
					, [				

See Additional Data Table

1r

1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

No

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	1a		No						
<b>b</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						

<b>h</b> Purchase of assets from related organization(s)	In		NO
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>		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)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	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)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	

(b)

Transaction type (a-s)

(c)

Amount involved

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

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

<b>1</b>																					
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section		section 501(c)(3) organizations?		section		section		section		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ng ?	<b>(k)</b> Percentage ownership
			514)	Yes	No	! i		Yes	No		Yes	No									
										Schedul	le R (Form	1 99	0) 2016								



#### **Additional Data**

CDPHP UNIVERSAL BENEFITS INC

CDPHP UNIVERSAL BENEFITS INC

CDPHP UNIVERSAL BENEFITS INC

CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK INC

(4)

(5)

(6)

(7)

#### Software ID: Software Version: **EIN:** 14-1641028 Name: CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved (1) CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK INC Ν 2,507,260 ALLOCATION ALLOCATION (1) CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK INC 0 7,074,327 (2) CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK INC. 4,783,553 ALLOCATION Q (3) CDPHP UNIVERSAL BENEFITS INC Ν 9,995,492 ALLOCATION

0

Q

В

В

28,578,300

19,708,519

50,000,000

10.000.000

ALLOCATION

ALLOCATION

CASH PAYMENT

CASH PAYMENT