

EXTENDED TO NOVEMBER 15, 2018

OMB No 1545-0047

990

Return of Organization Exempt From Income Tax

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

2017

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

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

C Name of organization: CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC. Doing business as: 500 PATROON CREEK BLVD. City or town, state or province, country, and ZIP or foreign postal code: ALBANY, NY 12206-1057

D Employer identification number: 14-1641028 E Telephone number: 518-641-4085

G Gross receipts \$: 1,502,152,081. H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No

I Tax-exempt status: 501(c)(3) 501(c)(4) 4947(a)(1) or 527 J Website: WWW.CDPHP.COM

K Form of organization: Corporation Trust Association Other L Year of formation: 1984 M State of legal domicile: NY

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

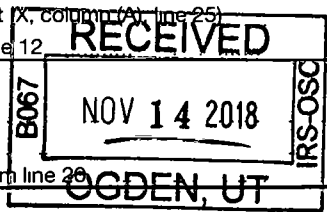
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: BETHANY SMITH, SVP FINANCE, CFO Date: 11/13/18

Paid Preparer Use Only: Print/Type preparer's name: GLORIA M NOSTRAMO Preparer's signature: GLORIA M NOSTRAMO Date: 11/13/18 Check if self-employed: PTIN: P01385068 Firm's name: BONADIO & CO., LLP Firm's EIN: 16-1131146 Firm's address: 6 WEMBLEY COURT ALBANY, NY 12205 Phone no. 518-464-4080

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

SCANNED JAN 31 2019



G-45

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Part III Statement of Program Service Accomplishments

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

X

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O

Yes No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O

Yes No X

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 452,208,016. including grants of \$) (Revenue \$ 487,985,560.)
CDPHP PROVIDES HEALTH CARE BENEFITS TO EMPLOYER GROUP MEMBERS AND INDIVIDUALS IN OUR COMMUNITY. AS OF DECEMBER 31, 2017, 70,822 MEMBERS WERE ENROLLED IN COMMERCIAL PRODUCTS.

4b (Code) (Expenses \$ 479,854,726. including grants of \$) (Revenue \$ 482,987,590.)
CDPHP'S MEDICAID AND HARP PROGRAMS PROVIDE HEALTH CARE BENEFITS TO 84,132 MEMBERS IN NEW YORK STATE.

4c (Code) (Expenses \$ 404,645,093. including grants of \$) (Revenue \$ 430,255,623.)
CDPHP'S MEDICARE PROGRAM PROVIDES HEALTH CARE BENEFITS TO 37,144 MEMBERS IN NEW YORK STATE.

4d Other program services (Describe in Schedule O)
(Expenses \$ 40,178,888. including grants of \$) (Revenue \$ 41,329,741.)

4e Total program service expenses 1,376,886,723.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4b	If "Yes," enter the name of the foreign country BERMUDA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **ELLEN PIERCE, FINANCE DIRECTOR - 518-641-3000**
500 PATROON CREEK BLVD., ALBANY, NY 12206-1057

CAPITAL DISTRICT PHYSICIANS' HEALTH

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHERINE BARTHOLOMEW, MD DIRECTOR	3.50	X					33,350.	0.	0.	
(2) HOLLY K. CLENEY, MD DIRECTOR	1.90	X					32,200.	0.	0.	
(3) BRUCE E. COPLIN, MD VICE CHAIRMAN OF THE BOARD	6.20	X		X			52,350.	0.	0.	
(4) GENNARO A. DANIELS, MD CHAIRMAN OF THE BOARD	8.60	X		X			73,270.	0.	0.	
(5) JOSEPH J. DUDEK, MD DIRECTOR	1.90	X					25,550.	0.	0.	
(6) RICHARD E. GRANT TREASURER OF THE BOARD	11.40	X		X			86,550.	0.	0.	
(7) GERALD JENNINGS DIRECTOR	4.80	X					44,950.	0.	0.	
(8) AMY JOHNSON DIRECTOR	7.30	X					58,150.	0.	0.	
(9) ANTHONY J. MARINELLO, MD DIRECTOR	6.20	X					55,950.	0.	0.	
(10) THOMAS J. MARUSAK DIRECTOR	10.00	X					76,550.	0.	0.	
(11) CARMEN MAZZOTTA DIRECTOR	7.00	X					57,150.	0.	0.	
(12) HENRY M. NEILLEY, MD DIRECTOR	4.00	X					33,750.	0.	0.	
(13) WILLIAM P. PHELAN SECRETARY	9.50	X		X			77,015.	0.	0.	
(14) JOSEPH POLITO II, MD DIRECTOR	4.80	X					17,750.	0.	0.	
(15) SUSAN CROSBY SCRIMSHAW DIRECTOR	5.40	X					46,150.	0.	0.	
(16) JOHN D. BENNETT, MD CEO/PRESIDENT	40.00			X			1,197,029.	0.	27,474.	
(17) BARBARA DOWNS EVP CORP ADMIN/COO	40.00				X		694,561.	0.	18,364.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BETHANY SMITH EVP FINANCE AND CFO	40.00				X			550,254.	0.	31,644.
(19) FREDERICK GALT, ESQ. EVP GENERAL COUNSEL	40.00				X			502,570.	0.	27,394.
(20) BRIAN MORRISSEY EVP MARKETING/CMO	40.00				X			540,203.	0.	33,660.
(21) ROBERT HINCKLEY EVP GOVT AND EXTERNAL RELATIONS	40.00				X			475,203.	0.	31,644.
(22) NEIL BRANDMAIER SVP CHIEF INFORMATION OFFICER	40.00					X		457,112.	0.	31,644.
(23) SCOTT KLENK SVP HUMAN CAPITAL MANAGEMENT	40.00					X		421,796.	0.	14,964.
(24) PATRICIA LUSHKEVICH SVP INTERNAL OPERATIONS	40.00					X		350,739.	0.	29,081.
(25) ROBERT LITTLE VP UNDERWRITING	40.00					X		373,167.	0.	19,723.
(26) RICHARD DAL COL SVP CHIEF MEDICAL OFFICER	40.00					X		463,417.	0.	8,475.
1b Sub-total								6,796,736.	0.	274,067.
c Total from continuation sheets to Part VII, Section A								813,881.	0.	57,566.
d Total (add lines 1b and 1c)								7,610,617.	0.	331,633.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 289

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
LANDMARK HEALTH LLC, 7755 CENTER AVE STE 630, HUNTINGTON, CA 92647	HEALTHCARE SERVICES	16,021,302.
SYNTEL INC, 525 E BIG BEAVER RD SUITE 300, TROY, MI 48083	IT PROCESSING AND CONSULTING	10,816,727.
MTM TECHNOLOGIES, INC. 590 CENTURY BLVD., WILMINGTON, DE 19808	IT PROCESSING AND CONSULTING	3,280,451.
CHANGE HEALTHCARE LLC 3055 LEBANON PIKE, NASHVILLE, TN 37214	PRINT AND MAIL SERVICES	2,377,146.
IBM 11 STANWIX ST. #900, PITTSBURGH, PA 15222	IT PROCESSING AND CONSULTING	2,239,176.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

**CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.**

Form 990 (2017)

14-1641028 Page 9

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a COMMERCIAL PREMIUMS	Business Code 524114	487,985,560.	487,985,560.			
	b MEDICAID PREMIUMS	524114	482,987,590.	482,987,590.			
	c MEDICARE PREMIUMS	524114	430,255,623.	430,255,623.			
	d CHILD HEALTH PLUS PREMIUMS	524114	36,696,408.	36,696,408.			
	e HEALTHY NEW YORK PREMIUMS	524114	4,635,314.	4,635,314.			
	f All other program service revenue	524114	-1,981.	-1,981.			
	g Total. Add lines 2a-2f		1,442,558,514.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,269,745.			5,269,745.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		54,396,046.					
		b Less cost or other basis and sales expenses		54,168,555.			
		c Gain or (loss)		227,491.			
d Net gain or (loss)			227,491.			227,491.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a AGGREGATE WRITE-INS FOR OTHER INC	524114	-72,224.			-72,224.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		-72,224.					
12 Total revenue. See instructions.		1,447,983,526.	1,442,558,514.	0.	5,425,012.		

**CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.**

Form 990 (2017)

14-1641028 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	89,995.	89,995.		
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, lines 15 and 16				
4 Benefits paid to or for members	1,278,983,822.	1,278,983,822.		
5 Compensation of current officers, directors, trustees, and key employees	3,705,151.	1,582,292.	2,122,859.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	52,280.		52,280.	
7 Other salaries and wages	62,343,043.	32,688,698.	29,654,345.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,199,451.	1,785,630.	2,413,821.	
9 Other employee benefits	10,023,171.	5,435,735.	4,587,436.	
10 Payroll taxes	4,478,932.	2,348,466.	2,130,466.	
11 Fees for services (non-employees)				
a Management				
b Legal	546,334.	437,067.	109,267.	
c Accounting	501,497.	401,198.	100,299.	
d Lobbying	203,528.		203,528.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	333,437.		333,437.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	4,342,581.	4,342,581.		
13 Office expenses	4,298,124.	2,391,114.	1,907,010.	
14 Information technology	13,301,125.	12,902,091.	399,034.	
15 Royalties				
16 Occupancy	2,990,056.	1,495,028.	1,495,028.	
17 Travel	1,006,541.	704,579.	301,962.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	96,196.		96,196.	
20 Interest	344,321.	275,457.	68,864.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,325,000.	1,627,500.	697,500.	
23 Insurance	577,608.		577,608.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTING AND OUTSOURC	19,746,034.	15,796,827.	3,949,207.	
b BROKER COMMISSIONS	8,380,124.	8,380,124.		
c FEDERAL AND STATE ASSES	4,443,605.	4,443,605.		
d MISCELLANEOUS	1,234,457.	774,914.	459,543.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,428,546,413.	1,376,886,723.	51,659,690.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.**

Form 990 (2017)

14-1641028 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	64,762,586.	2	60,522,418.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	124,173,185.	4	98,645,174.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	6,094,980.	9	7,894,110.	
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 87,817,271.			
	b Less. accumulated depreciation	10b 70,139,985.	14,077,363.	10c	17,677,286.
	11 Investments - publicly traded securities	198,973,155.	11	216,403,722.	
	12 Investments - other securities. See Part IV, line 11	134,410,299.	12	162,393,623.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	761,738.	15	884,041.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	543,253,306.	16	564,420,374.		
Liabilities	17 Accounts payable and accrued expenses	177,905,881.	17	195,721,345.	
	18 Grants payable		18		
	19 Deferred revenue	9,219,862.	19	4,078,254.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	23,745,910.	25	5,120,073.	
	26 Total liabilities. Add lines 17 through 25	210,871,653.	26	204,919,672.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	332,381,653.	27	359,500,702.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	332,381,653.	33	359,500,702.		
34 Total liabilities and net assets/fund balances	543,253,306.	34	564,420,374.		

Form **990** (2017)

**CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.**

Form 990 (2017)

14-1641028 Page **12**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1,447,983,526.
2	Total expenses (must equal Part IX, column (A), line 25)	1,428,546,413.
3	Revenue less expenses. Subtract line 2 from line 1	19,437,113.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	332,381,653.
5	Net unrealized gains (losses) on investments	-293,911.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	7,975,847.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	359,500,702.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2017)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.	Employer identification number 14-1641028
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political campaign activity expenditures ▶ \$ 0.

3 Volunteer hours for political campaign activities 0.

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 1,000.

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
CAPITAL REGION CHAMBER PAC	ALBANY, NY 12205	47-4159612	1,000.	0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

LHA SEE PART IV FOR CONTINUATION

732041 11-09-17

CAPITAL DISTRICT PHYSICIANS' HEALTH

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

CAPITAL DISTRICT PHYSICIANS' HEALTH

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

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

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	203,528.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	203,528.
b Carryover from last year	2b	
c Total	2c	203,528.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	203,528.

Part IV Supplemental Information

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

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

CAPITAL REGION CHAMBER PAC

5 COMPUTER DRIVE SOUTH ALBANY, NY 12205

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization **CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.** Employer identification number **14-1641028**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2017

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CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.

Schedule D (Form 990) 2017

14-1641028 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|-----------|-------------------------------|
| 1c | Beginning balance |
| 1d | Additions during the year |
| 1e | Distributions during the year |
| 1f | Ending balance |
- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.
- | | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- (i) unrelated organizations
 - (ii) related organizations
- b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,486,214.	2,435,270.	6,050,944.
d Equipment		75,647,407.	67,704,715.	7,942,692.
e Other		3,683,650.		3,683,650.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) 17,677,286.

Schedule D (Form 990) 2017

**CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN CDPHN	30,713,778.	END-OF-YEAR MARKET VALUE
(B) INVESTMENT IN CDPHP UBI	126,430,852.	END-OF-YEAR MARKET VALUE
(C) INVESTMENT IN CARTER,		
(D) LTD.	5,248,993.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	162,393,623.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE TO INTERCOMPANIES	884,041.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	884,041.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLAIM ADJUSTMENT EXPENSE LIABILITY	2,824,043.
(3) DUE FROM INTERCOMPANIES	2,296,030.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,120,073.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.**

Schedule D (Form 990) 2017

14-1641028 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	1,456,058,152.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	8,936,219.	
	e Add lines 2a through 2d	2e		8,936,219.
3	Subtract line 2e from line 1		3	1,447,121,933.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	333,437.	
	b Other (Describe in Part XIII.)	4b	528,156.	
	c Add lines 4a and 4b	4c		861,593.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,447,983,526.

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

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

1	Total expenses and losses per audited financial statements		1	1,428,645,192.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	960,372.	
	e Add lines 2a through 2d	2e		960,372.
3	Subtract line 2e from line 1		3	1,427,684,820.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	333,437.	
	b Other (Describe in Part XIII.)	4b	528,156.	
	c Add lines 4a and 4b	4c		861,593.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,428,546,413.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GROSS REVENUE ON SUPPORT SERVICES 960,372.

CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.

Schedule D (Form 990) 2017

14-1641028 Page 5

Part XIII Supplemental Information (continued)

CURRENT YEAR EQUITY METHOD LOSS ON INVESTMENT IN

SUBSIDIARIES 7,983,324.

STATUTORY DIFFERENCE IN BOND AMORTIZATION -7,477.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 8,936,219.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

OTHER REINSURANCE EXPENSE NETTED IN AUDITED PREMIUMS 528,156.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GROSS REVENUE ON SUPPORT SERVICES 960,372.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REINSURANCE EXPENSE 528,156.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
**CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.**

Employer identification number

14-1641028

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA, CARIBBEAN	0	0	INVESTMENT		5,248,993.
3 a Sub-total	0	0			5,248,993.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			5,248,993.

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

Schedule F (Form 990) 2017

CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.

Schedule F (Form 990) 2017

14-1641028

Page 2

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

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

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

3 Enter total number of other organizations or entities ▲▲

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization **CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.** Employer identification number **14-1641028**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CDPHP FOUNDATION, INC. 500 PATROON CREEK BLVD ALBANY, NY 12206	47-1619130	501(C)(3)	44,120.	45,875.FMV		DONATED GOODS/SERVICES	OPERATING GRANT

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

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2017)

CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, -INC.** Employer identification number **14-1641028**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	X	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	X	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		X
b Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		X
b Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	X	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2017

**CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.**

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 aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN D. BENNETT, MD CEO/PRESIDENT	(i) 776,934. (ii) 0.	390,635.	29,460.	8,475.	18,999.	1,224,503.	0.
(2) BARBARA DOWNS EVP CORP ADMIN/COO	(i) 537,014. (ii) 0.	129,071.	28,476.	8,475.	9,889.	712,925.	0.
(3) BETHANY SMITH EVP FINANCE AND CFO	(i) 427,652. (ii) 0.	102,722.	19,880.	8,475.	23,169.	581,898.	0.
(4) FREDERICK GALT, ESQ. EVP GENERAL COUNSEL	(i) 353,245. (ii) 0.	104,881.	44,444.	8,475.	18,919.	529,964.	0.
(5) BRIAN MORRISSEY EVP MARKETING/CMO	(i) 382,982. (ii) 0.	116,059.	41,162.	8,475.	25,185.	573,863.	0.
(6) ROBERT HINCKLEY EVP GOVT AND EXTERNAL RELATIONS	(i) 343,435. (ii) 0.	88,250.	43,518.	8,475.	23,169.	506,847.	0.
(7) NEIL BRANDMAIER SVP CHIEF INFORMATION OFFICER	(i) 326,441. (ii) 0.	98,569.	32,102.	8,475.	23,169.	488,756.	0.
(8) SCOTT KLENK SVP HUMAN CAPITAL MANAGEMENT	(i) 304,333. (ii) 0.	88,829.	28,634.	8,475.	6,489.	436,760.	0.
(9) PATRICIA LUSHKEVICH SVP INTERNAL OPERATIONS	(i) 256,536. (ii) 0.	76,013.	18,190.	6,912.	22,169.	379,820.	0.
(10) ROBERT LITTLE VP UNDERWRITING	(i) 256,921. (ii) 0.	79,512.	36,734.	8,475.	11,248.	392,890.	0.
(11) RICHARD DAL COL SVP CHIEF MEDICAL OFFICER	(i) 329,750. (ii) 0.	87,975.	45,692.	8,475.	0.	471,892.	0.
(12) UMESH REGE VP APPLICATION SOLUTIONS	(i) 260,592. (ii) 0.	91,505.	44,592.	8,475.	18,447.	423,611.	0.
(13) BRIAN OGRADY EVP COMMERCIAL BUSINESS AND CMO	(i) 305,717. (ii) 0.	80,663.	30,812.	8,475.	22,169.	447,836.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	0.	0.	0.	0.	0.	0.

CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.

Part III Supplemental Information

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

PART 1 LINES 4A-B:

THE EXECUTIVE VICE PRESIDENTS ARE ELIGIBLE FOR A NON-QUALIFIED DEFERRED
COMPENSATION PLAN CONTRIBUTION. NO PAYMENT WAS MADE TO THIS PLAN IN
2017.

PART 1 LINE 7:

EXPLANATION: CDPHP HAS A MANAGEMENT INCENTIVE PROGRAM THAT IS BASED
UPON THREE CRITERIA: ATTAINMENT OF PERSONAL AND COMPANY GOALS,
ACHIEVEMENT OF QUALITY AND SERVICE TARGETS, AND ACHIEVEMENT OF
ENROLLMENT TARGETS. THE BOARD ANNUALLY APPROVES THE METRICS TO BE USED
TO ASSESS EACH CRITERION. THE MANAGEMENT INCENTIVE IS PAYABLE ONLY IF
DETERMINED TO BE AFFORDABLE BY THE BOARD. IN ADDITION, THE BOARD HAS
FINAL DISCRETION AT THE CLOSE OF THE YEAR TO MAKE THE INCENTIVE
PAYMENT.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2017

Open To Public
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Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.

Employer identification number 14-1641028

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

CAPITAL DISTRICT PHYSICIANS' HEALTH

Schedule L (Form 990 or 990-EZ) 2017 **PLAN, INC.**

14-1641028 Page 2

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CAROLYN NEARY	DAUGHTER OF JOHN BE	52,280.	EMPLOYEE		X
ST. PETER'S HEALTH PARTNER	BRUCE E. COPLIN MD	15,757,133.	SEE EXPLANA		X
ALBANY MEDICAL COLLEGE	CATHERINE R. BARTHO	28,759,101.	SEE EXPLANA		X
CAPITAL CARE MEDICAL GROUP	ANTHONY J. MARINELL	17,137,851.	SEE EXPLANA		X
CAP DISTRICT COLON/RECTAL	GENNARO A. DANIELS	386,792.	SEE EXPLANA		X
ALBANY CAPITAL REGION GAST	JOSEPH M. POLITO II	5,408,674.	SEE EXPLANA		X
NEW YORK ONCOLOGY HEMATOLO	JOSEPH JAMES DUDEK	22,074,463.	SEE EXPLANA		X
SHAKER PEDIATRICS PC	HENRY M. NEILLEY MD	829,212.	SEE EXPLANA		X
COMMUNITY CARE PHYSICIANS	HOLLY K. CLENEY	29,418,855.	SEE EXPLANA		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CAROLYN NEARY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF JOHN BENNETT

(A) NAME OF INTERESTED PERSON:

ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATION

(D) DESCRIPTION OF TRANSACTION: SEE EXPLANATION BELOW

(A) NAME OF PERSON: ALBANY MEDICAL COLLEGE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CATHERINE R. BARTHOLOMEW

(D) DESCRIPTION OF TRANSACTION: SEE EXPLANATION BELOW

(A) NAME OF PERSON: CAPITAL CARE MEDICAL GROUP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ANTHONY J. MARINELLO MD

(D) DESCRIPTION OF TRANSACTION: SEE EXPLANATION BELOW

(A) NAME OF PERSON: CAP DISTRICT COLON/RECTAL SURG ASSOC

Schedule L (Form 990 or 990-EZ) 2017

CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.

Schedule L (Form 990 or 990-EZ)

14-1641028 Page 2

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GENNARO A. DANIELS MD

(D) DESCRIPTION OF TRANSACTION: SEE EXPLANATION BELOW

(A) NAME OF PERSON: ALBANY CAPITAL REGION GASTROENTEROLOGY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JOSEPH M. POLITO II MD

(D) DESCRIPTION OF TRANSACTION: SEE EXPLANATION BELOW

(A) NAME OF PERSON: NEW YORK ONCOLOGY HEMATOLOGY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JOSEPH JAMES DUDEK MD

(D) DESCRIPTION OF TRANSACTION: SEE EXPLANATION BELOW

(A) NAME OF PERSON: SHAKER PEDIATRICS PC

(D) DESCRIPTION OF TRANSACTION: SEE EXPLANATION BELOW

(A) NAME OF PERSON: COMMUNITY CARE PHYSICIANS PC

(D) DESCRIPTION OF TRANSACTION: SEE EXPLANATION BELOW

FORM 990 SCHEDULE L PART IV LINES 2-9 COLUMN D:

PURSUANT TO ITS CERTIFICATE OF INCORPORATION AND BY-LAWS, EIGHT OF THE
MEMBERS OF THE CDPHP BOARD OF DIRECTORS MUST BE PRACTICING PHYSICIANS.

AS PRACTICING PHYSICIANS, EACH OF THESE PHYSICIAN DIRECTORS HAS A
STANDARD PARTICIPATING PROVIDER AGREEMENT WITH CDPHP PURSUANT TO WHICH
THEY ARE PAID FEES FOR SERVICES RENDERED TO CDPHP MEMBERS. PURSUANT TO
THE PARTICIPATING PROVIDER AGREEMENT, THE PHYSICIAN DIRECTORS ARE PAID
IN ACCORDANCE WITH THE STANDARD FEE SCHEDULE APPLICABLE TO ALL

CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

PHYSICIANS GENERALLY.

HOWEVER, ALTHOUGH EACH PHYSICIAN HAS AN INDIVIDUAL CONTRACT WITH CDPHP,
PAYMENT FOR SERVICES RENDERED BY INDIVIDUAL PHYSICIANS ARE PAYABLE TO
THAT PHYSICIAN'S PRACTICE, NOT TO THE PROVIDER INDIVIDUALLY. PAYMENTS
MADE BY CDPHP TO THE PROVIDER PRACTICE ARE NOT ALLOCATED OR REPORTED BY
CDPHP BY INDIVIDUAL PROVIDER. ACCORDINGLY, PAYMENTS REPORTED HEREIN
REFLECT THE AMOUNTS PAID IN FULL TO THE PRACTICE. AS NOTED ABOVE AND
SHOWN IN SCHEDULE L, THE FOLLOWING AMOUNTS WERE PAID TO THE
ORGANIZATIONS WHERE THE PHYSICIAN DIRECTOR IS AN EMPLOYEE, PARTNER,
SHAREHOLDER, OR BOARD MEMBER OF THE ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.

Employer identification number
14-1641028

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR THE DELIVERY, FINANCING, AND ADMINISTRATION OF HEALTH CARE
SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CHILD HEALTH PLUS - 12,998 MEMBERS

EXPENSES \$ 34,825,232. INCLUDING GRANTS OF \$ 0. REVENUE \$ 36,696,408.

FAMILY HEALTH PLUS - 0 MEMBERS

EXPENSES \$ -11,962. INCLUDING GRANTS OF \$ 0. REVENUE \$ -1,981.

HEALTHY NEW YORK - 1,957 MEMBERS

EXPENSES \$ 5,365,618. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,635,314.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE CORPORATION CURRENTLY HAS 587 CORPORATE MEMBERS ALL OF
WHOM ARE OR WERE PARTICIPATING PHYSICIANS WITH CDPHP.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: CDPHP'S CORPORATE MEMBERS ELECT THE BOARD OF DIRECTORS OF
CDPHP.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: CORPORATE MEMBERS MUST APPROVE ANY CHANGES IN THE
CORPORATION'S MISSION STATEMENT, BY-LAWS, CLASSES OF CORPORATE MEMBERSHIP,
OR CHANGES TO THE BOARD OF DIRECTORS. IN ADDITION, THE CLASS "A" MEMBERS

Name of the organization CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.

Employer identification number
14-1641028

MUST APPROVE ANY CHANGES TO THE BY-LAWS AND CERTIFICATE OF INCORPORATION THAT ALTER THE RIGHTS OF CLASS "A" MEMBERS, MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION, OR ANY CONVERSION FROM NOT-FOR-PROFIT STATUS.

FORM 990, PART VI, SECTION B, LINE 11B:

EXPLANATION: THE FORM 990 IS REVIEWED BY THE DIRECTOR OF ACCOUNTING AND REGULATORY REPORTING AND THE CFO. IT IS THEN PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL. FINALLY, IT IS PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: CDPHP HAS A CONFLICT OF INTEREST POLICY. CDPHP REGULARLY POLLS EMPLOYEES AND BOARD MEMBERS REGARDING POTENTIAL CONFLICT OF INTEREST SITUATIONS. ANY ACTUAL OR POTENTIAL CONFLICTS DISCLOSED ARE PRESENTED TO THE BOARD, AT LEAST ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: CDPHP USES OUTSIDE COMPENSATION CONSULTING FIRMS. THESE FIRMS UTILIZE CUSTOM AND PUBLISHED SURVEYS. INFORMATION IS PROVIDED TO CDPHP'S BOARD COMPENSATION COMMITTEE FOR ANNUAL APPROVAL OF EXECUTIVE POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: FINANCIAL DOCUMENTS ARE FILED QUARTERLY WITH THE DEPARTMENT OF FINANCIAL SERVICES AND ARE AVAILABLE THROUGH THE FREEDOM OF INFORMATION ACT (FOIA). GOVERNING DOCUMENTS ARE ALSO AVAILABLE THROUGH THE DEPARTMENT OF FINANCIAL SERVICES, ALSO THROUGH FOIA. THE CONFLICT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC.

Name of the organization CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.	Employer identification number 14-1641028
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CURRENT YEAR EQUITY METHOD LOSS ON INVESTMENT IN	
SUBSIDIARIES	7,983,324.
STATUTORY DIFFERENCE IN BOND AMORTIZATION	-7,477.
TOTAL TO FORM 990, PART XI, LINE 9	7,975,847.

FORM 990 SCHEDULE D PART VII LINE 3(A)(C) :

EXPLANATION: THE METHOD OF VALUATION IN COLUMN (C) IS THE EQUITY METHOD OF ACCOUNTING.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.
Employer identification number
14-1641028

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CDPHP FOUNDATION, INC. - 47-1619130 500 PATROON CREEK BLVD ALBANY, NY 12206	FOUNDATION	NEW YORK	501(C)(3)	LINE 10 N/A			X

CAPITAL DISTRICT PHYSICIANS' HEALTH

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK, INC. - 14-1745298, 500 PATROON CRK BLVD, ALBANY, NY 12206	ADMIN SERVICES	NY	N/A	C CORP	22,713,809.	35,500,410.	100.00%		X
CARTER INSURANCE COMPANY LTD - 14-1641028 40 CHURCH ST PO BOX HM2062 HAMILTON, BERMUDA	CAPTIVE REINSURANCE	BERMUDA	N/A	C CORP	1,567,717.	7,049,380.	100.00%		X
CDPHP UNIVERSAL BENEFITS, INC. - 16-1520935 500 PATROON CRK BLVD ALBANY, NY 12206	ARTICLE 43 INSURANCE	NY	N/A	C CORP	588,141,246.	192,288,625.	100.00%		X
PRACTICE SUPPORT SERVICES, LLC - 61-1803877 500 PATROON CRK BLVD ALBANY, NY 12206	CONSULTING	NY	N/A	C CORP			100.00%		X
ACUITAS HEALTH, LLC - 82-1422585 500 PATROON CRK BLVD ALBANY, NY 12206	CONSULTING	NY	N/A	C CORP			65.00%		X

CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n	X	
1o	X	
1p	X	
1q	X	
1r		X
1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
CAPITAL DISTRICT PHYSICIAN'S HEALTHCARE NETWORK INC.	N	2,106,488.	ALLOCATION
CAPITAL DISTRICT PHYSICIAN'S HEALTHCARE NETWORK INC.	O	7,708,324.	ALLOCATION
CAPITAL DISTRICT PHYSICIAN'S HEALTHCARE NETWORK INC.	Q	5,074,686.	ALLOCATION
CDPHP UNIVERSAL BENEFITS, INC.	N	7,899,838.	ALLOCATION
CDPHP UNIVERSAL BENEFITS, INC.	O	26,181,572.	ALLOCATION
CDPHP UNIVERSAL BENEFITS, INC.	Q	17,666,809.	ALLOCATION

CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.

Schedule R (Form 990)

14-1641028

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
STRATEGIC SOLUTIONS MANAGEMENT - 14-1814293 429 CLIFTON CORP PKWY CLIFTON PARK, NY 12065	BILLING AND CONSULTING	NY	N/A	C CORP			100.00%		X

**CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.**

Schedule R (Form 990)

14-1641028

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(8)	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	CAPITAL DISTRICT PHYSICIAN'S HEALTHCARE NETWORK INC.	B	20,000,000.	CASH PAYMENT
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

**CAPITAL DISTRICT PHYSICIANS' HEALTH
PLAN, INC.**

Form 990

14-1641028

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) UMESH REGE VP APPLICATION SOLUTIONS	40.00					X		396,689.	0.	26,922.
(28) BRIAN OGRADY EVP COMMERCIAL BUSINESS AND CMO	40.00					X		417,192.	0.	30,644.
Total to Part VII, Section A, line 1c								813,881.		57,566.

732201
04-01-17

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