

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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization
PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA
INC
% STACEY OTTENWELLER
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
8101 WEST JEFFERSON BLVD

City or town, state or province, country, and ZIP or foreign postal code
FORT WAYNE, IN 46804

D Employer identification number
31-1069321

E Telephone number
(260) 432-6690

G Gross receipts \$ 170,502,210

F Name and address of principal officer
DONALD F SCHENKEL
8101 W JEFFERSON BLVD
FORT WAYNE, IN 46804

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW PHPNI COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1983

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PHPNI IS A PROVIDER OF EMPLOYEE BENEFIT SERVICES AND SOLUTIONS WE PROVIDE INSURANCE COVERAGE AND EDUCATIONAL MATERIALS PROMOTING A HEALTHY LIFESTYLE TO OUR MEMBERS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	144
6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12	665,401
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	179,922,300	157,037,713
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,477,501	1,439,273
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	668,011	684,757
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	182,067,812	159,161,743
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	91,791	1,335,499
14 Benefits paid to or for members (Part IX, column (A), line 4)	157,303,654	129,693,939
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,189,712	12,737,402
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,714,639	11,046,242
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	182,299,796	154,813,082
19 Revenue less expenses Subtract line 18 from line 12	-231,984	4,348,661

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	82,349,132	86,514,447
21 Total liabilities (Part X, line 26)	33,256,011	30,450,031
22 Net assets or fund balances Subtract line 21 from line 20	49,093,121	56,064,416

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2018-11-15
DUSTIN W CRIDER CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Lauren R Denton
Preparer's signature: Lauren R Denton
Date: _____
Check if self-employed
PTIN: P01571860
Firm's name: ▶ BKD LLP
Firm's address: ▶ 200 E Main St Suite 700
Fort Wayne, IN 46802
Firm's EIN: _____
Phone no: (260) 460-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR MISSION IS TO CREATE INNOVATIVE SOLUTIONS THAT CONTRIBUTE TO HEALTHIER COMMUNITIES THROUGH CARING AND COLLABORATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 141,862,939 including grants of \$ 1,335,499) (Revenue \$ 157,057,069)
See Additional Data

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

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

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

4e Total program service expenses ▶ 141,862,939

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (11), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (IN), 18 (Own website, Another's website, Upon request, Other), 19, 20 (STACEY OTTENWELLER 8101 W JEFFERSON BLVD FORT WAYNE, IN 46804 (260) 432-6690).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			0			
Program Service Revenue			Business Code				
	2a PREMIUM REVENUE		524114	157,037,713	157,037,713		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			157,037,713				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,450,352		1,450,352	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	-11,079				
		d Net gain or (loss)			-11,079		-11,079
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses		b	0				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a ALLOCATED ADMIN		524298	557,450		557,450		
b MISCELLANEOUS		524298	19,356	19,356			
c COMMISSION REVENUE		524298	107,951		107,951		
d All other revenue							
e Total. Add lines 11a-11d			684,757				
12 Total revenue. See Instructions			159,161,743	157,057,069	665,401	1,439,273	

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	1,335,499	1,335,499		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	129,693,939	129,693,939		
5 Compensation of current officers, directors, trustees, and key employees	1,402,232	462,737	939,495	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	127,443	60,311	67,132	
7 Other salaries and wages	8,473,725	4,010,103	4,463,622	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	401,511	190,011	211,500	
9 Other employee benefits	1,960,655	927,860	1,032,795	
10 Payroll taxes	371,836	175,968	195,868	
11 Fees for services (non-employees)				
a Management	0			
b Legal	89,170		89,170	
c Accounting	176,180		176,180	
d Lobbying	18,725		18,725	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	103,585		103,585	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	104,466		104,466	
12 Advertising and promotion	676,867		676,867	
13 Office expenses	667,529		667,529	
14 Information technology	297,613		297,613	
15 Royalties	0			
16 Occupancy	466,524		466,524	
17 Travel	133,285		133,285	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	10,340		10,340	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,047,554		1,047,554	
23 Insurance	169,961		169,961	
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 COMMISSIONS	4,668,948	4,668,948		
b ACA ASSESSMENTS	84,240	84,240		
c HEALTH RELATED ACTIVITY	221,743	221,743		
d ACCREDITATION FEES	26,840	26,840		
e All other expenses	2,082,672	4,740	2,077,932	
25 Total functional expenses. Add lines 1 through 24e	154,813,082	141,862,939	12,950,143	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,849,101	1	10,075,349
	2 Savings and temporary cash investments	10,798,481	2	2,180,274
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	4,499,584	4	4,120,532
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,529,051		
	b Less accumulated depreciation	4,012,134		
	11 Investments—publicly traded securities	56,215,051	11	64,814,854
	12 Investments—other securities See Part IV, line 11	2,560,936	12	2,349,854
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	631,897	15	456,667
16 Total assets. Add lines 1 through 15 (must equal line 34)	82,349,132	16	86,514,447	
Liabilities	17 Accounts payable and accrued expenses	6,844,074	17	8,717,449
	18 Grants payable	0	18	0
	19 Deferred revenue	3,609,852	19	3,324,141
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	22,802,085	25	18,408,441
	26 Total liabilities. Add lines 17 through 25	33,256,011	26	30,450,031
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	2,890,600	31	3,047,600
	32 Retained earnings, endowment, accumulated income, or other funds	46,202,521	32	53,016,816
	33 Total net assets or fund balances	49,093,121	33	56,064,416
	34 Total liabilities and net assets/fund balances	82,349,132	34	86,514,447

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	159,161,743
2	Total expenses (must equal Part IX, column (A), line 25)	2	154,813,082
3	Revenue less expenses Subtract line 2 from line 1	3	4,348,661
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,093,121
5	Net unrealized gains (losses) on investments	5	2,739,161
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-116,527
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,064,416

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

Additional Data

Software ID:

Software Version:

EIN: 31-1069321

Name: PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA
INC

Form 990 (2017)

Form 990, Part III, Line 4a:

PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA, INC (PHP) IS SPONSORED BY INDEPENDENT PHYSICIANS AS A NOT-FOR-PROFIT, INDIANA CERTIFIED AND FEDERALLY QUALIFIED HEALTH MAINTENANCE ORGANIZATION PHP OFFERS FULLY-INSURED HEALTH PRODUCTS TO GROUP SPONSORS THROUGHOUT THE 40 COUNTIES IN NORTHERN INDIANA (EXCLUDING THE CHICAGO METROPOLITAN AREA COUNTIES OF LAKE AND PORTER) PHP'S PROGRAM SERVICE PLACES FOCUS ON MANAGING HEALTHCARE COSTS AND INVESTING IN ACTIVITIES TO IMPROVE THE HEALTHCARE QUALITY OF OUR MEMBER POPULATION PHP HAS DEVELOPED THE VOLUNTARY DIABETES MANAGEMENT PROGRAM DESIGNED TO PROVIDE ENCOURAGEMENT FOR COMPLYING WITH TREATMENT GUIDELINES FOR THE MANAGEMENT OF DIABETES AS WELL AS TO OFFER DIABETIC EDUCATION MEMBERS CAN ENROLL THROUGH MULTIPLE CHANNELS AND ARE ELIGIBLE TO EARN INCENTIVES BY COMPLETING CERTAIN SERVICES THAT HELP MANAGE THEIR CONDITION AND IMPROVE OVERALL WELLNESS OUR HEALTH RISK ASSESSMENT IS INTENDED TO INCREASE MEMBER AWARENESS OF HEALTH BEHAVIORS, ENCOURAGE SCREENING OF TESTS FOR EARLY IDENTIFICATION OF ISSUES, AND SUPPORT MEMBERS IN ADOPTING A HEALTHIER LIFESTYLE IN ADDITION, THE INFORMATION GATHERED BY PHP, ENABLES A BETTER UNDERSTANDING OF THE HEALTH AND HABITS OF OUR MEMBER POPULATION THIS IN TURN ALLOWS PHP TO DEVELOP PROGRAMS AND OUTREACH TO ADDRESS AREAS OF CONCERN MEMBER EDUCATION AND ENCOURAGING SELF-ADVOCACY ARE THE PRIMARY GOALS OF THE HRA IN COLLABORATION WITH AGING AND IN-HOME SERVICES, PHP HAS CREATED THE CARE TRANSITIONS PROGRAM BECAUSE AT THE TIME OF DISCHARGE, IT IS EASY FOR A MEMBER TO BECOME OVERWHELMED WITH POTENTIAL CHANGES IN MEDICATION, FOLLOW-UP APPOINTMENTS, AND GENERAL CARE NEEDS THE TEAM AT CARE TRANSITIONS IS AVAILABLE TO ASSIST THE MEMBER WITH ANY ISSUES THEY MAY EXPERIENCE IN TRANSITION FROM A FACILITY SETTING TO HOME FOCUSING ON EDUCATIONAL NEEDS, TREATMENT PLAN COMPLIANCE, AND REMOVAL OF BARRIERS TO CARE PENDING VERIFICATION OF ELIGIBILITY/NECESSITY, MEMBERS JOIN THE CARE TRANSITIONS PROGRAM THROUGH A REFERRAL FROM A PHP CASE MANAGER, PHYSICIANS RECOMMENDATION, OR A REFERRAL FROM A HOSPITAL CASE MANAGER THIS IS PROVIDED AT NO COST TO THE MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW O'SHAUGHNESSY DIRECTOR	1 0	X						2,000	0	0
DAVID W STEIN DIRECTOR STARTED 5/2017	1 0	X						2,000	0	0
DONALD SCHENKEL DIRECTOR	1 0	X						11,725	0	0
JAMES C STEVENS CHAIRMAN	1 0	X		X				12,475	0	0
JAMES C WEHRENBURG EXEC MED LIASON, EX OFFICIO	18 0 2 0	X		X				117,231	0	6,368
JOEL VALCARCEL DIRECTOR	1 0	X						1,500	0	0
JOHN SAMPSON DIRECTOR	1 0	X						3,250	0	0
JUDITH KENNEDY DIRECTOR	1 0	X						3,750	0	0
KARL R LAPAN SECRETARY	1 0	X		X				10,000	0	0
MICHAEL R DEWALD TREASURER	1 0	X		X				12,700	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NICHOLAI KIEHL DIRECTOR STARTED 5/2017	1 0	X						2,000	0	0
PETER FETTIG DIRECTOR	1 0	X						5,000	0	0
RHYS RUDOLPH DIRECTOR THRU 5/2017	1 0	X						2,500	0	0
RV PRASAD MANTRAVADI DIRECTOR STARTED 5/2017	1 0	X						2,500	0	0
THERESA GUTIERREZ VICE CHAIRWOMAN	1 0	X		X				5,500	0	0
TIMOTHY DIRIG DIRECTOR	1 0	X						7,250	0	0
DAVID E LENTZ DIRECTOR THRU 5/2017	1 0	X						500	0	0
JOSEPH P YURKANIN DIRECTOR THRU 5/2017	1 0	X						500	0	0
MICHAEL D CAHILL PRESIDENT & CEO	40 0			X				304,102	0	43,565
JAMES A BRUNNEMER CFO THRU 6/2017, CAO	31 0			X				239,489	0	33,464

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA
INC

Employer identification number
31-1069321

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 an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	661,698		661,698
b Buildings	0	3,035,177	1,809,185	1,225,992
c Leasehold improvements				
d Equipment	0	2,618,103	2,077,341	540,762
e Other	0	214,073	125,608	88,465
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,516,917

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

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

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

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

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

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

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	0
IBNR CLAIMS AND CLAIMS PAYABLE	18,408,441
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	18,408,441

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	161,113,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,739,161
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-116,527
e	Add lines 2a through 2d	2e	2,622,634
3	Subtract line 2e from line 1	3	158,490,878
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	103,586
b	Other (Describe in Part XIII)	4b	567,279
c	Add lines 4a and 4b	4c	670,865
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	159,161,743

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	154,142,217
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	154,142,217
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	103,586
b	Other (Describe in Part XIII)	4b	567,279
c	Add lines 4a and 4b	4c	670,865
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	154,813,082

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-1069321

Name: PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA
INC

Supplemental Information

Return Reference	Explanation
ASC 740 FOOTNOTE	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITION S TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D	INCREASE IN CONTRIBUTED CAPITAL 157,000 CHANGE IN NONADMITTED ASSETS (273,527) TOTAL (116,527) PART XI, LINE 4B ADMINISTRATIVE FEES 556,939 INTEREST EXPENSE 10,340 TOTAL 567,279 PART XII, LINE 4B ADMINISTRATIVE FEES 556,939 INTEREST EXPENSE 10,340 TOTAL 567,279

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA
INC

Employer identification number
31-1069321

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					5,837,312
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					5,837,312

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not 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, do not file with Form 990)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 31-1069321

Name: PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA
INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			PASSIVE INVESTMENTS		927,843
EUROPE (INCLUDING ICELAND AND GREENLAND)			PASSIVE INVESTMENTS		2,470,185

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA			PASSIVE INVESTMENTS		75,512
RUSSIA AND THE NEWLY INDEPENDENT STATES			PASSIVE INVESTMENTS		25,783

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PASSIVE INVESTMENTS		64,880
EAST ASIA AND THE PACIFIC			PASSIVE INVESTMENTS		1,945,452

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA			PASSIVE INVESTMENTS		101,473
SOUTH AMERICA			PASSIVE INVESTMENTS		91,404

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			PASSIVE INVESTMENTS		134,780

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in 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 21 or 22.
▶ Attach to Form 990.

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

Name of the organization
PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA
INC

Employer identification number
31-1069321

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 4
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	CHARITABLE CONTRIBUTION EXPENDITURES ARE SUBJECT TO THE ORGANIZATION'S CONTRIBUTION POLICY WHICH CALLS FOR THE FIRST \$500,000 OF NET INCOME AND 15% OF OPERATING INCOME TO BE ALLOCATED TO CHARITABLE CONTRIBUTIONS INDIVIDUAL CHARITABLE CONTRIBUTION EXPENDITURES ARE APPROVED BY SENIOR MANAGEMENT AND REVIEWED TO ENSURE THE GRANTEE'S ELIGIBILITY AND ABILITY TO PROVIDE AN APPROPRIATE LEVEL OF MEDICAL ASSISTANCE TO THE UNDERSERVED BASED ON THE AMOUNT OF THE GRANT

Additional Data

Software ID:
Software Version:
EIN: 31-1069321
Name: PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA
INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHP FOUNDATION 8101 W JEFFERSON BLVD FORT WAYNE, IN 46804	20-4615314	501 (C) (3)	1,219,129				MEDICAL ASSISTANCE
THE ALLIANCE 200 E MAIN ST STE 800 FORT WAYNE, IN 46802	35-1787258	501 (C) (3)	10,750				ECONOMIC DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS 4919 COLDWATER RD FORT WAYNE, IN 46825	35-0998711	501 (C) (3)	7,500				MEDICAL ASSISTANCE
COMMUNITY TRANSPORTATION NETWORK 5601 INDUSTRIAL RD FORT WAYNE, IN 46825	35-2109955	501 (C) (3)	5,800				MEDICAL ASSISTANCE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA
INC

Employer identification number
31-1069321

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<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 checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<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 checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <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 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" 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			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" 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				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL D CAHILL PRESIDENT & CEO	(i)	298,352	0	5,750	13,250	30,315	347,667	
	(ii)	0	0	0	0	0	0	
2 JAMES A BRUNNEMER CFO THRU 6/2017, CAO	(i)	239,489	0	0	13,250	20,214	272,953	
	(ii)	0	0	0	0	0	0	
3 DUSTIN W CRIDER CFO AS OF 7/2017	(i)	140,444	2,000	0	6,422	21,603	170,469	
	(ii)	0	0	0	0	0	0	
4 KEVEN W LINKER STARTED 7/2017, VP OF INFORMATICS	(i)	153,148	2,000	0	7,561	21,669	184,378	
	(ii)	0	0	0	0	0	0	
5 GAIL M DORAN CHIEF OPERATING OFFICER	(i)	228,296	0	0	13,045	26,053	267,394	
	(ii)	0	0	0	0	0	0	
6 DALE BULTEMEIER AVP OF ANCILLARY SERVICES	(i)	148,300	0	0	7,296	15,288	170,884	
	(ii)	0	0	0	0	0	0	
7 JAMES UNDERWOOD AVP OF TPA SVCS & SALES ADMIN	(i)	111,988	21,000	0	4,856	15,046	152,890	
	(ii)	0	0	0	0	0	0	
8 JAMES FORD DIRECTOR OF BUSINESS INTELL	(i)	137,980	2,000	0	602	21,373	161,955	
	(ii)	0	0	0	0	0	0	

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1B	JULIE PANTELLO WAS PROVIDED SOCIAL CLUB DUES TO PROVIDE A VENUE FOR CONDUCTING COMPANY BUSINESS. ALL TIME ACCESSING THE BENEFIT WAS RELATED TO COMPANY BUSINESS. AS A RESULT, IT WAS NOT TREATED AS TAXABLE INCOME TO THE INDIVIDUAL.
SCHEDULE J, PART I, LINE 4A	JULIE PANTELLO RECEIVED A SEVERANCE PAYOUT OF THE AMMOUNT OF \$15,549 IN 2017.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA INC

Employer identification number: 31-1069321

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

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

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

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEAN CAHILL	SON OF CEO/PRESIDENT	127,443	EMPLOYEE OF PHP		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA
INC

Employer identification number
31-1069321

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	BEGINNING 1/1/2017, PHP CEASED SELLING INDIVIDUAL PRODUCT INSURANCE AS WELL AS PARTICIPATING ON THE FEDERALLY FACILITATED MARKETPLACE EXCHANGE FOR INDIVIDUALS FORM 990, PART IV, LINE 12 PHYSICIAN HEALTH PLAN'S AUDITED FINANCIAL STATEMENTS ARE PREPARED USING ACCOUNTING PRACTICES PRESCRIBED OR PERMITTED BY THE INDIANA DEPARTMENT OF INSURANCE, WHICH PRACTICES DIFFER FROM ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FORM 990, PART VI, SECTION A, LINE 1B DONALD SCHENKEL, JAMES STEVEN AND MICHAEL DEWALD ARE NON-INDEPENDENT VOTING MEMBERS OF THE BOARD BECAUSE THEY ARE COMPENSATED GREATER THAN \$10,000 BY THE FILING ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ONLY ONE MEMBER CLASS EXISTS MEMBERS WITHIN ALLEN COUNTY, INDIANA PAY A \$2,000 MEMBERSHIP FEE MEMBERS IN THE INDIANA COUNTIES SURROUNDING ALLEN PAY A \$500 MEMBERSHIP FEE MEMBERS , NO MATTER THEIR LOCATION, HAVE THE SAME VOTING RIGHTS AND ARE ASSOCIATED WITH THE SAME FEE TABLE THERE ARE NO MEMBERS OUTSIDE OF THE COUNTIES LISTED ABOVE IN PHP'S 40 COUNTY SERVICE AREA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS CONSISTS OF NO LESS THAN THIRTEEN TO NO MORE THAN SEVENTEEN MEMBERS THE DIRECTORS MUST BE CLASSIFIED AS PHYSICIAN DIRECTORS OR CONSUMER DIRECTORS PHYSICIAN DIRECTORS MUST REPRESENT AT LEAST ONE-HALF BUT NO MORE THAN TWO-THIRDS OF THE TOTAL DIRECTORS OF THE BOARD AND CONSUMER DIRECTORS MUST CONSIST OF AT LEAST ONE THIRD OF THE TOTAL DIRECTORS OF THE BOARD THE PHYSICIAN DIRECTORS ARE ELECTED BY THE MEMBER DOCTORS AND THEN THE ELECTED PHYSICIAN DIRECTORS APPOINT THE CONSUMER DIRECTORS ALL DIRECTORS, PHYSICIAN OR CONSUMER, HAVE THE SAME VOTING RIGHTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MEMBER DOCTORS HAVE THE ABILITY TO ELECT AND REMOVE MEMBERS OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 AND RELATED SCHEDULES UNDERGO A THOROUGH REVIEW BY THE CONTROLLER, CHIEF FINANCIAL OFFICER, AND AN INDEPENDENT CPA FIRM IN ADDITION, A COPY OF THE 990 IS EMAILED TO THE GOVERNING BODY THE GOVERNING BODY REVIEWS THE 990 AND SUBMITS ANY QUESTIONS, COMMENTS, OR CORRECTIONS PRIOR TO SUBMISSION TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A QUESTIONNAIRE IS SENT OUT ANNUALLY TO ALL OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES TO DISCLOSE PERSONAL AND BUSINESS RELATIONSHIPS THE QUESTIONNAIRES ARE REVIEWED ANNUALLY IF A CONFLICT EXISTS, RESTRICTIONS WILL BE IMPOSED ON PERSONS WITH A CONFLICT SUCH AS PROHIBITING THEM FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE CEO'S PAY (INCLUDING BASE PAY AND BONUS) IS REVIEWED AND DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE INCLUDES THE BOARD CHAIR AND VICE-CHAIR (BOTH OF WHICH ARE MEMBER DOCTORS) AND FOUR OF THE CONSUMER DIRECTORS AS WELL AS THE MOST RECENT PAST CHAIRMAN (EX-OFFICIO) AS NON-VOTING. BONUS PAY IS DETERMINED ANNUALLY. BASE PAY IS REVIEWED PERIODICALLY BASED ON THE PROVISIONS SET FORTH IN THE CEO'S EMPLOYMENT AGREEMENT. PERIODICALLY, A REVIEW PERFORMED BY AN INDEPENDENT THIRD-PARTY CONSULTANT IS CONDUCTED TO DETERMINE BASE PAY. THESE REVIEWS INCLUDE A REVIEW OF COMPARABILITY DATA FROM SOURCES SUCH AS WARREN SALARY SURVEY. CONTEMPORANEOUS SUBSTANTIATION OF THE RESULTING DECISIONS IS RETAINED. FORM 990, PART VI, SECTION B, LINE 16B THE ORGANIZATION HAS AN INFORMAL NON-WRITTEN POLICY REQUIRING THE ORGANIZATION TO EVALUATE ITS PARTICIPATION IN JOINT VENTURE AGREEMENTS UNDER APPLICABLE FEDERAL TAX LAW, AND TAKES STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PHYSICIANS HEALTH PLAN'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE FOR PUBLIC INSPECTION PHYSICIANS HEALTH PLAN'S FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS (NAIC) WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INCREASE IN CONTRIBUTED CAPITAL \$157,000 CHANGES IN NONADMITTED ASSETS \$(273,527) TOTAL \$(116,527)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA
INC

Employer identification number

31-1069321

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)PHP FOUNDATION INC 8101 W JEFFERSON BLVD FORT WAYNE, IN 46804 20-4615314	PRIVATE FDN	IN	501(C)(3)	PF	PHPNI		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PHP HOLDING CO 8101 W JEFFERSON BLVD FORT WAYNE, IN 46804 20-8074365	HOLDING CO	IN	PHPNI	C CORP	1,686,903	9,319,585	100 000 %	Yes	
(2) PHP MANAGEMENT SYSTEMS INC 8101 W JEFFERSON BLVD FORT WAYNE, IN 46804 35-1826719	LICENSED TPA	IN	PHP HOLDING CO	C CORP				Yes	
(3) PHP INSURANCE COMPANY OF INDIANA INC 8101 W JEFFERSON BLVD FORT WAYNE, IN 46804 20-3064284	STOP LOSS REINSUR	IN	PHP HOLDING CO	C CORP				Yes	
(4) PRO-CLAIM PLUS INC 5620 COVENTRY LN FORT WAYNE, IN 46804 35-1938551	LICENSED TPA	IN	PHPMSI	C CORP				Yes	
(5) LION TECH INC 5620 COVENTRY LN FORT WAYNE, IN 46804 30-0319874	CLAIMS ADJ SOFTWA	IN	PHPMSI	C CORP				Yes	
(6) INNOVATIVE HEALTHCARE STRATEGIES INC 5620 COVENTRY LN FORT WAYNE, IN 46804 47-4139320	NETWORK NEGOTIATO	IN	PHPMSI	C CORP				Yes	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PHP HOLDING COMPANY	B	250,000	CASH PAYMENT
(2) PHP MANAGEMENT SYSTEMS	L	507,673	COST

Part VII **Supplemental Information**

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