efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form 990

Return of Organization Exempt From Income Tax

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

2017

DLN: 93493312014888 OMB No 1545-0047

nterna	nent of the Tread Revenue Servio	► Information above	cial security numbers on this form as it is object to the security numbers on this form as it is not securify as it is not securify the security numbers on this form as it is not securify numbers on this form as it is not securify numbers on this form as it is not securify numbers on this form as it is not securify numbers on this form as it is not securify numbers on this form as it is not securify numbers on this form as it is not securify numbers on this form as it is not securify numbers on this form as it is not securify numbers on this form as it is not securify numbers on the securify numbers on this form as it is not securify numbers on the securification of the sec	ww IRS go			Open to Public Inspection
A Fo	or the 2017		inning 01-01-2017 , and ending 12	-31-2017			
	ck if applicable	C Name of organization PHYSICIANS HEALTH PLAN OF NO	RTHERN INDIANA		D Employ	er identif	ication number
	dress change me change	INC % STACEY OTTENWELLER			31-1069	9321	
	aal return	Doing business as					
	ıl return/terminate				E Telephon	ıa numhar	-
	ended return olication pendin	OLOL MECT JEEFERCON BLVD	mail is not delivered to street address) Room,	/suite	· ·	32-6690	
		City or town, state or province, co FORT WAYNE, IN 46804	untry, and ZIP or foreign postal code		G Gross re	ceipts \$ 1	70,502,210
		F Name and address of princip	pal officer	H(a)	Is this a group re		, 0,302,210
		DONALD F SCHENKEL			subordinates?	turri ioi	□Yes ☑ No
		8101 W JEFFERSON BLVD FORT WAYNE, IN 46804		Н(Ь)	Are all subordinat	:es	☐ Yes ☐No
Tax	-exempt status	•	 (insert no)		included?	ist (222	
W	ebsite: ► W	WW PHPNI COM	(IIISELT IIIO)		If "No," attach a l Group exemption	•	•
C Form	of organizatio	n ☑ Corporation ☐ Trust ☐ As:	Sociation Other >	L Year o	f formation 1983	M State	of legal domicile IN
• 1 0111	r or organizatio	The corporation in the in Ass.	Sociation — Other P				
Pa	til Sur	nmary					
د	PHPNİ IS	escribe the organization's mission 5 A PROVIDER OF EMPLOYEE BENE ALS PROMOTING A HEALTHY LIFES	FIT SERVICES AND SOLUTIONS WE PR	ROVIDE INS	SURANCE COVERA	GE AND	EDUCATIONAL
GOVERNANCE							
3046	2 Check t	his box $ ightharpoonup \square$ if the organization d	iscontinued its operations or disposed of	f more thar	n 25% of its net a	ssets	
	3 Number	of voting members of the govern	ing body (Part VI, line 1a)			3	14
ر ع	4 Number	of independent voting members	of the governing body (Part VI, line 1b)			4	11
		• •	alendar year 2017 (Part V, line 2a) .			5	144
ACHAINES &		·	ecessary)			6	
`			rt VIII, column (C), line 12			7a	665,401
	b Net unr	elated business taxable income fro	om Form 990-T, line 34	· · ·	Prior Year	7b	Current Year
	8 Contribi	utions and grants (Part VIII, line 1	h)		FIIOI Teal	0	Current rear
Ravenue		• •	2q)		179,922,3	300	157,037,713
ōΛċ	_	,), lines 3, 4, and 7d)		1,477,5		1,439,27
<u> </u>		evenue (Part VIII, column (A), line	· ·		668,0	_	684,75
			nust equal Part VIII, column (A), line 12))	182,067,8		159,161,743
	13 Grants	and similar amounts paid (Part IX,	, column (A), lines 1–3)		91,7	791	1,335,499
	14 Benefits	s paid to or for members (Part IX,	column (A), line 4)		157,303,6	554	129,693,939
SS.	15 Salaries	s, other compensation, employee b	penefits (Part IX, column (A), lines 5–10)	10,189,7	712	12,737,402
Expenses	16a Profess	ional fundraising fees (Part IX, col	umn (A), line 11e)			0	(
e d	b Total fun	draising expenses (Part IX, column (D),	line 25) ▶0				
ā	17 Other e	xpenses (Part IX, column (A), line	s 11a-11d, 11f-24e)		14,714,6	539	11,046,247
	18 Total ex	openses Add lines 13–17 (must ed	qual Part IX, column (A), line 25)		182,299,7	796	154,813,082
	19 Revenu	e less expenses Subtract line 18 t	from line 12		-231,9	984	4,348,66
or ces				Begi	nning of Current Y	ear	End of Year
Net Assets of Fund Balances	20 Total ac	ssets (Part X, line 16)		<u> </u>	82,349,1	132	86,514,44
A B							30,450,03:
ž Ž		ibilities (Part X, line 26) ets or fund balances Subtract line			33,256,0 49,093,1	_	56,064,416
		nature Block	21 110111 11111e 20		49,093,1	121	30,004,410
Jnder (nowl	penalties of	perjury, I declare that I have exam	mined this return, including accompanyi e Declaration of preparer (other than o				
	****	**			2018-11-15		
Sign		ature of officer			Date		
lere	0031	TIN W CRIDER CFO					
	I I ype	or print name and title	December's constitution	I Dete		TTIN!	
. - •	,	Print/Type preparer's name Lauren R Denton	Preparer's signature Lauren R Denton	Date	Check \sqcup If	PTIN P0157186	0
Paic	Г	Firm's name BKD LLP	1	I	self-employed Firm's EIN ▶		
_	oarer	Firm's address > 200 E Main St Suite 7	700		Phone no (260)	460-4000	
JSE	Only	Fort Wayne, IN 4680					

Cat No 11282Y

Form **990** (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2017)						Page 2
Par	t IIII Statement	of Program Service	e Accomplis	hments			
	Check if Sched	dule O contains a respo	onse or note to a	any line in this Part III			. 🗹
1	Briefly describe the o	rganızatıon's mıssıon					
OUR	MISSION IS TO CREAT	E INNOVATIVE SOLUT	IONS THAT CON	ITRIBUTE TO HEALTHIER	COMMUNITIES THROUGH CARIN	G AND COLLAB	ORATION_
2	Did the organization i	undertake any significa	ant program ser	vices during the year wh	ich were not listed on		
	the prior Form 990 or	990-EZ?				☐ Yes [✓ No
	If "Yes," describe the	se new services on Scl	nedule O				
3	Did the organization of	cease conducting, or n	nake significant	changes in how it conduc	cts, any program	_	_
	services?					✓ Yes	□ No
	If "Yes," describe the	se changes on Schedu	le O				
4	Section 501(c)(3) and		ons are required	to report the amount of	argest program services, as measi grants and allocations to others, t		es
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 \$		ıncludıng grants of \$) (Revenue \$)	
					,,	,	
	-						
4d	Other program service	es (Describe in Sched	ule O)				
	(Expenses \$	•	uding grants of	\$) (Revenue \$)	
4e	Total program serv	rice expenses >	141.862.9	39			

Part IV

1

2

3

4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Page 3

No

Νo

Νo

Nο

No

No

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Is the o																						on)۶	If "	Yes,"	compl	ete
Schedul	e A	•	•	•	•	•		•	•	•	•		•	•	•	•	•	•	•	•	•					
Ic the e	-a - n	tu	on	roguu	rod	+-	comple	+~ ~	-hodi	ula	D	Scho	dula	af C	ontr	hit	000	(- In	ctrus	tion	c12				

. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Checklist of Required Schedules

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?

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? 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?

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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

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

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

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

14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

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

26

27

29

31

33

34

36

37

Form	990 (2017)			Page 4
Par	IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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 ² If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	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?

of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Form 990 (2017)

Yes

No

Νo

No

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

orm	990 (2017)			Page 5
Par	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1,676			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	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	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			110
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-55		
Ĭ	1. Too, to line out of ob, and the organization mention obout 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	5 c		
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?	6 a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	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?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
				n (201

orm !	990 (2017)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
Sec	Check if Schedule O contains a response or note to any line in this Part VI	• •		✓
1a	Enter the number of voting members of the governing body at the end of the tax year 14		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	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	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
٥-	Did the amazonation have been been been been as officers.	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	122	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12a	res	
	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?	14	165	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
	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?			
	· · · · · · · · · · · · · · · · · · ·	16b		No
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection Indicate how you made these available Check all that apply			
.9	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records STACEY OTTENWELLER 8101 W JEFFERSON BLVD FORT WAYNE, IN 46804 (260) 432-6690			
				. /2247

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all o organization	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	2
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	MISC)	related organizations
See Additiona	al Data Table										

Name and Title

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

Page 8

	week (list any hours for related	ıs b	is both an officer and director/trustee)					from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099-MISC)	compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-1415C)	2/1099-MI3C)	organization and related organizations
See Additional Data Table										
,										
1b Sub-Total						>				
d Total (add lines 1b and 1c)	•					•		1,957,672	0	258,961
Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than \$1	00,000	

(C)

Position (do not check more

than one box, unless person

3 line 1a? If "Yes," complete Schedule J for such individual . 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Section B. Independent Contractors

compensation from the organization ▶ 37

5

1

OPTUM.

11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344

7301 SW 57 CT 450 SOUTH MIAMI, FL 33143 MULTIPLAN INC,

PO BOX 29380 NEW YORK, NY 10087 HYLANT GROUP INC,

PO BOX 638720

DEPT 2140 PO BOX 122140 DALLAS, TX 75312

HM LIFE INSURANCE COMPANY,

CINCINNATI, OH 452638720

COGNIZANT TRIZETTO SOFTWARE GROUP,

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

services rendered to the organization? If "Yes," complete Schedule I for such person .

Name and business address

Average

hours per

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Reportable

compensation

Reportable

compensation

3

4

5

Description of services

TRANSPLANT COVERAGE

SOFTWARE VENDOR

NETWORK DISCOUNT

BROKER AGENCY

REINSURANCE

Yes

Yes

Nο

Nο

No

1,408,968

1,234,661

830,387

632,539

633,030

Form 990 (2017)

(C)

Compensation

Part			Revenue						rage 3
				a respo	onse or note to any	line in this Part VIII			🗆
				-		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	18	Federated campaig	ns	1a	1	I	revenue		512-514
nts nts		b Membership dues		1b	<u> </u>				
irai 10 u		Fundraising events			<u> </u>				
% G A_T		_		1c					
iii ji		d Related organizatio		1d	1				
S, C		e Government grants (co		1e					
	1	All other contributions, and similar amounts n		1f					
Iributions, Gifts, Grants Other Similar Amounts		above							
	'	J Noncash contribution in lines 1a-1f \$	ons included						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total.Add lines 1a-1	f		•	0			
					Business				
Service Revenue	2a	PREMIUM REVENUE				524114 157,0	037,713 157,03	37,713	
Š Ž	ь								
3	c			_					
ξ	d			_					
Ε	е			_					
Program	f	All other program se	rvice revenue				I		
Ĕ	g	Total.Add lines 2a-21			▶ 15/,	037,713			
		Investment income (ii			interest, and other	1 450 35			1 450 353
		imilar amounts) .				1,450,352	2		1,450,352
		Income from investma Royalties		-	ond proceeds •) ol		
		Koyaldes I I I	(ı) Rea		(II) Personal	 			
	6a	Gross rents	(7)	-	(1)	†			
		Lanca mantal anno an				_			
	b	Less rental expenses							
	c	Rental income or		0		0			
		(loss)	- (lasa)			╣,			
		Net rental income o	(i) Securit		(II) Other				
	7a	Gross amount from sales of assets other than inventory	, ,	329,388					
	ь	Less cost or other basis and sales expenses	11,3	340,467					
	c	Gain or (loss)		11,079		7			
	d	Net gain or (loss) .		•	•	-11,079	9		-11,079
Other Revenue	8a	Gross income from from from from including \$contributions reported See Part IV, line 18	ed on line 1c)	of	0				
3e√	ь	Less direct expense		ь	0	_			
je L		Net income or (loss)		sing ev	ents				
ŧ	9a	Gross income from g		ies					
0		See Part IV, line 19		a] 	1			
	b	Less direct expense	s	b	0	\dashv			
		Net income or (loss)		actıvıt	ies •				
	10a	Gross sales of invent returns and allowand	ory, less	a	0				
	b	Less cost of goods s	sold	b	0	7			
	c	Net income or (loss)	from sales of	invent	tory ►				
		Miscellaneous			Business Code				
	11	aALLOCATED ADMIN			52429	8 557,450	ס	557,450	
	ь	MISCELLANEOUS			52429	8 19,350	5 19,356	5	
	c	COMMISSION REVE	NUE		52429	8 107,95	1	107,951	
	ام ا	All other revenue .				+		-	
		Total. Add lines 11a			▶				
		Total revenue. See		_		684,75	7	-	
		- Julian Toyenider See			• • • •	159,161,74	157,057,069	665,401	1,439,273 Form 990 (2017)

orr	n 990 (2017)				Page 10
	Irt IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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)				
ā	a Management	0			
ı	o 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			
1	Investment management fees	103,585		103,585	
9	GOTHER (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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11**

0

0

0

0

0

0

0

0

0

O

18.408.441

30,450,031

3.047.600 53,016,816

56,064,416

86.514.447

Form **990** (2017)

2,516,917

64.814.854

2.349.854

456,667

86.514.447

8.717,449

3,324,141

0 8 0

2.794.082

56.215.051

2.560.936

631.897

82,349,132

6,844,074

3,609,852

0

0 14

0 18

0 20

0 21

0 22

0

22.802.085

33,256,011

2.890.600

46,202,521

49,093,121

82.349.132

9

10c

11

12

13

15

16

17

19

23

24

25

26

27

28

29

30

31

32

33

34

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

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

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

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

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

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

		Beginning of year		End of year
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

2	Savings and temporary cash investments	10,798,481	2	2,180,27
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	4,499,584	4	4,120,53
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part	C	5	

II of Schedule L . . . 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)

> 10a 10b

0 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets 0 Notes and loans receivable, net .

6,529,051

4,012,134

Page **12**

56,064,416

No

No

No

Form **990** (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

1	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Net unrealized gains (losses) on investments	5								
5	Donated services and use of facilities	6								
_		-								

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

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

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

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

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

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

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

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

Form 990 (2017)

Part XII

Schedule O

4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
_			

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

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 31-1069321

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

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

(W- 2/1099-

1,500

3,250

3,750

10,000

12,700

(W- 2/1099-

organization and

6,368

0

0

0

0

0

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

and Independent Contractors

JOEL VALCARCEL

JOHN SAMPSON

.......

JUDITH KENNEDY

DIRECTOR

DIRECTOR

DIRECTOR

KARL R LAPAN

MICHAEL R DEWALD

SECRETARY

TREASURER

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
ANDREW O'SHAUGHNESSY DIRECTOR	10	×						2,000	0	0
DAVID W STEIN DIRECTOR STARTED 5/2017	10	×						2,000	0	0
DONALD SCHENKEL DIRECTOR	1 0	×						11,725	0	0
TAMES S STEVENS	1.0	l	I	ı	ı	I	l l			l

DONALD SCHENKEL		l _x			11,725	0
DIRECTOR	1 0	, and			11,723	,
JAMES C STEVENS	1 0	v	v		12.475	0
CHAIRMAN	1 0	^	_		12,473	O
JAMES C WEHRENBERG	18 0					
EXEC MED LIASON, EX OFFICIO	2.0	X	X		117,231	0

1 0

10

10

10

10

1 0

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

Χ

Х

Х

Х

Х

Х

Χ

for related

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

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

	formulate a					astee,	/W 2/1000	TOTAL CITE		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	hpensa ee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
NICHOLAI KIEHL DIRECTOR STARTED 5/2017	1 0	×						2,000	0	0
PETER FETTIG DIRECTOR	1 0	×						5,000	0	0
RHYS RUDOLPH DIRECTOR THRU 5/2017	1 0	×						2,500	0	0
RV PRASAD MANTRAVADI DIRECTOR STARTED 5/2017	1 0	×						2,500	0	0
THERESA GUTIERREZ VICE CHAIRWOMAN	1 0	×		×				5,500	0	0

7,250

500

500

43,565

33,464

0

304,102

239,489

1 0

10 10

1 0 40 0

10

Χ

Х

Х

Χ

Χ

......

......

TIMOTHY DIRIG

DAVID E LENTZ

JOSEPH P YURKANIN

MICHAEL D CAHILL

PRESIDENT & CEO

JAMES A BRUNNEMER

CFO THRU 6/2017, CAO

DIRECTOR THRU 5/2017

...... DIRECTOR THRU 5/2017

DIRECTOR

and Independent Contractors

(E) (A) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the compensation from related

22,584

19,902

21,975

14,750

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

and Independent Contractors

AVP OF TPA SVCS & SALES ADMIN

DIRECTOR OF BUSINESS INTELL

DIRECTOR OF SALES (LEFT 11/17)

......

JAMES FORD

JULIE PANTELLO

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DUSTIN W CRIDER CFO AS OF 7/2017	50 0			х				142,444	0	28,025
GAIL M DORAN CHIEF OPERATING OFFICER	7 0 42 0 10 5			х				228,296	0	39,098
FRED L RASP MEDICAL ADVISOR THRU 12/2017	30 0 10 0			x				135,000	0	0
KEVEN W LINKER STARTED	42 0					х		155,148	0	29,230

FRED L RASP				Ιx				135,000	0	
MEDICAL ADVISOR THRU 12/2017	10 0	10 0 42 0 10 0						133,000		
KEVEN W LINKER STARTED	42 0					V		155 140	0	
7/2017, VP OF INFORMATICS						, x		155,148	U	
DALE BULTEMEIER	40 0									
		l	I	l	ı	I X I	1 1	148.300	01	

MEDICAL ADVISOR THRU 12/2017	10 0						
KEVEN W LINKER STARTED	42 0						
7/2047 - UR OF WIFORWATTON				X	155,148	0	
7/2017, VP OF INFORMATICS	10 0						
DALE BULTEMEIER	40 0						
				x	148,300	0	

KEVEN W LINKER STARTED	42 0			×	155,148	0	
7/2017, VP OF INFORMATICS	10 0			^	133,140	3	
DALE BULTEMEIER	40 0			V	149 200	0	
AVP OF ANCILLARY SERVICES	1 0			^	148,300	U	

7/2017, VP OF INFORMATICS	10 0				X		155,148	0	
DALE BULTEMEIER AVP OF ANCILLARY SERVICES	40 0				Х		148,300	0	
· · · · · · · · · · · · · · · · · · ·	יר ס	I	ı —	1 7		ı —	· ·		

DALE BULTEMEIER	40 0						
				Х	148,300	0	
AVP OF ANCILLARY SERVICES	1 0						
JAMES UNDERWOOD	35 0						

Х

Х

139,980

129,544

57.12. 502. 12. 12.1.V				Ιx	148,300	0	
AVP OF ANCILLARY SERVICES	1 0			^`	1 10,000	J	
JAMES UNDERWOOD	35 0						
				l x	132,988	0	

10 0 37 0

11 0 49 0

10

......

SCHEDULE D Supplemental Fina

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.

2017

DLN: 93493312014888OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

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

Name of the organization **Employer identification number** PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA 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) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017									Page 2
Par	t IIII Organizations Ma	aintaining Collections o	f Art, Histori	cal Tre	asures, o	r Other Simi	lar Assets	(contın	ued)	
3	Using the organization's acquitems (check all that apply)	iisition, accession, and other	records, check	any of th	e following	that are a signif	icant use of	ts colle	ction	
а	Public exhibition		d		oan or exch	ange programs				
b	Scholarly research		e		Other					
c	Preservation for future	generations								
4	Provide a description of the o		explain how the	y furthe	r the organi	zation's exempt	purpose in			
5	During the year, did the orga assets to be sold to raise fun-							ſes	□ No	.
Pa		odial Arrangements. ganization answered "Yes'	" on Form 990	, Part I\	/, line 9, o	r reported an			990,	Part
1a	Is the organization an agent, included on Form 990, Part X		intermediary for	contribu	tions or oth	er assets not	□ 1	es (□ No	o
Ь	If "Yes," explain the arranger	ment in Part XIII and comple	ete the following	table			Amoun			-
C	Beginning balance	ment in rare Attranticomple	ite the following	ranic		1c	Aillouil			-
d	Additions during the year					1d				-
e	Distributions during the year					1e				-
f	Ending balance					1f				-
2a	Did the organization include a	an amount on Form 990 Par	t X line 21 for	escrow o	r custodial :	account liability	·			-
b	If "Yes," explain the arranger					ŕ	ш 1			•
Pa		is. Complete if the organ								
		(a)Curren	t year (b) P	rior year	(c)Two y	ears back (d)Th	ree years back	(e)Fo	ur year:	s back_
1 a	Beginning of year balance .							<u> </u>		
b	Contributions							<u> </u>		
С	Net investment earnings, gains	s, and losses						<u> </u>		
d	Grants or scholarships									
е	Other expenditures for facilitie and programs	'S								
f	Administrative expenses .							<u> </u>		
g	End of year balance									
2	Provide the estimated percen	itage of the current year end	balance (line 1	g, columi	n (a)) held a	as				
а	Board designated or quasi-er	ndowment ►								
b	Permanent endowment >									
c	Temporarily restricted endow	ıment ►								
	The percentages on lines 2a,	·								
3а	Are there endowment funds roganization by	not in the possession of the o	organization that	are held	d and admin	istered for the		Г	Yes	No
	(i) unrelated organizations						Г	3a(i)	163	110
	(ii) related organizations .						<u> </u>	Ba(ii)	-	
b	If "Yes" on 3a(II), are the rela	ated organizations listed as r	equired on Sche	dule R?				3b	$\overline{}$	
4	Describe in Part XIII the inte	nded uses of the organization	n's endowment f	unds			_			
Pa	rt VI Land, Buildings, a					_	_			
	·	ganization answered "Yes"						(d) Boo		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other	vasis (Oth	(c) Acc	cumulated depreci	auOII	(a) B00	rk value	:
1a	Land	0		661,	698					661,698
b	Buildings	0		3,035,	177	1,80	9,185		1	,225,992
С	Leasehold improvements									
d	Equipment	0		2,618,	103	2.07	7,341			540,762

88,465

2,516,917

125,608

214,073

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

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	the organizatio	n answered	Tes on Form 990, Part IV, line IID.
(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation Cost or end-of-year market value
) Financial derivatives			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 12) Int VIII Investments—Program Related.	•		
Complete if the organization answered 'Yes' on			
(a) Description of investment	(b) Boo	< value	(c) Method of valuation Cost or end-of-year market value
)			
)			
)			
)			
)			
)			
)			
htal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answers	ed 'Yes' on Form	990. Part IV.	line 11d See Form 990. Part X, line 15
(a) Description			(b) Book value
)			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. Complete if the organization	answered 'Yes	on Form 9	90, Part IV, line 11e or 11f.
See Form 990, Part X, line 25. (a) Description of liability		(b) Book v	alue
\ Fdll			0
		1.	2 402 4411
NR CLAIMS AND CLAIMS PAYABLE		1	3,408,441
NR CLAIMS AND CLAIMS PAYABLE		1	3,408,441
NR CLAIMS AND CLAIMS PAYABLE		1:	3,408,441
NR CLAIMS AND CLAIMS PAYABLE		1;	3,408,441
NR CLAIMS AND CLAIMS PAYABLE		1,	3,408,441
NR CLAIMS AND CLAIMS PAYABLE)		1:	3,408,441
NR CLAIMS AND CLAIMS PAYABLE))))))		1:	3,408,441
) Federal Income taxes NR CLAIMS AND CLAIMS PAYABLE)))))))))))))		1:	3,408,441
NR CLAIMS AND CLAIMS PAYABLE)))))))			3,408,441

Part XI

2

а

b

d

e

5

Part XII

Schedule D (Form 990) 2017

Page 4

2,622,634

670,865

159,161,743

154,142,217

670,865

154.813.082

158,490,878

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 103,586 4b 567,279 b Add lines **4a** and **4b** 4c c

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

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 154,142,217 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b

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

2c c

Other (Describe in Part XIII) d Add lines 2a through 2d . . Amounts included on Form 990, Part IX, line 25, but not on line 1:

3 4

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

Net unrealized gains (losses) on investments

Return Reference

See Additional Data Table

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

b

Add lines **4a** and **4b** 5 Part XIII **Supplemental Information**

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

2d

4a

2a

2b

2c

2d

Explanation

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

103,586 567.279

2,739,161

-116.527

2e

5

Schedule D (Form 990) 2017

2e

3

4c

Page 5		chedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				

Schedule D (Form 990) 2017

Additional Data

Return Reference

ASC 740 FOOTNOTE

Supplemental Information

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

Software ID: Software Version:

Explanation

EIN: 31-1069321

INC

Name: PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA

Supplemental Information Return Reference Explanation INCREASE IN CONTRIBUTED CAPITAL 157,000 CHANGE IN NONADMITTED ASSETS (273,527) TOTAL (116, PART XI, LINE 2D 527) PART XI, LINE 4B ADMINISTRATIVE FEES 556,939 INTEREST EXPENSE 10.340 TOTAL 567,279 PA

RT XII, LINE 4B ADMINISTRATIVE FEES 556,939 INTEREST EXPENSE 10,340 TOTAL 567,279

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data	ta - DLN: 93493312014888					
SCHEDULE F (Form 990)	Statement o	f Activities (Outside the Uni	ted States	OMB No 1545-0047			
(1 31111 333)	► Complete if the orga		1 "Yes" to Form 990, Part IV, line 14b, 15, or 16. h to Form 990.					
Department of the Treasury Internal Revenue Service	► Information about Sc	hedule F (Form 990)	and its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection			
Name of the organization	OF NORTHERN INDIANA			Employer ide	ntification number			
PHYSICIANS HEALTH PLAN INC	OF NORTHERN INDIANA			31-1069321				
	formation on Activit Part IV, line 14b.	ies Outside the l	Jnited States. Comple	te if the organization a	enswered "Yes" to			
other assistance, the to award the grants	. Describe in Part V the o	the grants or assis	stance, and the selection	criteria used	☐ Yes ☐ No her assistance			
3 Activites per Region	(The following Part I, line	3 table can be dupli	cated if additional space is	needed)				
(a) Region	(b) Number offices in th 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 b Total from continuation Part I c Totals (add lines 3a)					5,837,312			
	and 3D) Act Notice, see the Instruct	ions for Form 990	L Cat	No 50082W Sched u	5,837,312 le F (Form 990) 2017			

(1)				
(2)				
(3)				

(4)

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

Schedule F (Form 990) 2017

(4) (5) (6) (7)

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

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

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)									

Sche	dule F (Form 990) 2017		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ 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
	Schedul	e F (Form 9	990) 2017

Schedule Fi	(Form 990) 2017	Page !
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2017

Additional Data

EUROPE (INCLUDING ICELAND

AND GREENLAND)

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				

PASSIVE INVESTMENTS

2,470,185

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) MIDDLE EAST AND NORTH PASSIVE INVESTMENTS 75.512 AFRICA RUSSIA AND THE NEWLY PASSIVE INVESTMENTS 25.783 INDEPENDENT STATES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the 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 (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) SOUTH ASIA PASSIVE INVESTMENTS 101.473 PASSIVE INVESTMENTS SOUTH AMERICA 91,404

Form 990 Schedule F Par	orm 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						

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -					DLI	N: 934933120	14888	
Schedule I (Form 990) Department of the Treasury	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. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .						OMB No 1545-0047 2017 Open to Public Inspection			
Internal Revenue Service Name of the organization	on The Control of the							Employer identification number		
PHYSICIANS HEALTH PLAN OF I INC						31-106	59321			
	mation on Grants									
the selection criteria used Describe in Part IV the or	d to award the grants ganization's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States	for the grants or assistan		art IV. line	Yes	□ No	
that received more	e than \$5,000 Part II	can be duplicated if ad	ditional space is needed		- I			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) Descrip noncash ass		(h) Purpose o or assistance	f grant	
(1) See Additional Data										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
2 Enter total number of sec 3 Enter total number of oth		-					>	_	4	
For Paperwork Reduction Act No				Cat No 50055			Scho	edule I (Form 990) 2017	

Schedule I (Form 990) 2017						Page 2
Part III Grants and Other A Part III can be duple				janization answered "Yes"	" on Form 990, Part IV, line 22	
(a) Type of grant or assis	stance	(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	I Information	on. Provide the inf	ormation required in	Part I, line 2; Part III	I, column (b); and any other ad	lditional information.
Return Reference	Explanation	on				
SCHEDULE I, PART I, LINE 2						ICH CALLS FOR THE FIRST \$500,000 OF NET INCOME CONTRIBUTION EXPENDITURES ARE APPROVED BY

Schedule I (Form 990) 2017

Additional Data

FORT WAYNE, IN 46802

Software ID: Software Version: **EIN:** 31-1069321

Name: PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA

INC

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

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

(g) Description of

(h) Purpose of grant non-cash assistance or assistance

MEDICAL ASSISTANCE

ECONOMIC

PHP FOUNDATION 20-4615314 501 (C) (3) 1,219,129 8101 W JEFFERSON BLVD FORT WAYNE, IN 46804 THE ALLIANCE 35-1787258 501 (C) (3) 10,750 200 E MAIN ST STE 800 DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 35-0998711 501 (C) (3) 7.500 EASTER SEALS MEDICAL ASSISTANCE

4919 COLDWATER RD FORT WAYNE, IN 46825					
COMMUNITY	35-2109955	501 (C) (3)	5,800		MEDICAL AS

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

FORT WAYNE, IN 46825

ASSISTANCE TRANSPORTATION NETWORK 5601 INDUSTRIAL RD

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	2014	888		
Sch	edule J	Co	ompensati	ion Information	OM	IB No	1545-0	3047		
(Fori	n 990)	For certain Office	20	115	 -					
		► Complete if the org	janization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2017				
Denar	tment of the Treasury	➤ Information al		i to Form 990. (Form 990) and its instructions	is at C	pen i	to Pul	blic		
Intern	al Revenue Service			<u>gov/form990</u> .		Insp	ectio	n		
	ne of the organiza SICIANS HEALTH PL	ation AN OF NORTHERN INDIANA			Employer identificat	ion nu	ımber			
INC					31-1069321					
Pa	rt I Questi	ons Regarding Compensa	tion							
1a				the following to or for a person liste y relevant information regarding the:			Yes	No		
	☐ First-class	or charter travel		Housing allowance or residence for	personal use					
	☐ Travel for	companions		Payments for business use of perso	nal residence			i		
		nification and gross-up payment	s 🛂	Health or social club dues or initiation						
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)					
b		kes in line 1a are checked, did t Il of the expenses described abo		ollow a written policy regarding paym oplete Part III to explain	nent or reimbursement	1b	Yes			
2				or allowing expenses incurred by all		2	Yes			
	directors, truste	es, officers, including the CEO/E	executive Director	r, regarding the items checked in line	e la?					
3				ed to establish the compensation of th	ne			i		
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III			i		
		-		•						
		ation committee	⊻	Written employment contract						
		ent compensation consultant of other organizations	▽	Compensation survey or study Approval by the board or compensa	tion committee					
		-	_							
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a					
а	Receive a sever	ance payment or change-of-con	trol payment?			4a	Yes			
b	Participate in, o	receive payment from, a supp	lemental nonqual	ıfıed retırement plan?		4b		No		
C		receive payment from, an equ		•		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	: 111					
	Only 501(c)(3), 501(c)(4), and 501(c)(29)) organizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any						
а	The organization	٦?				5a		No		
b	Any related orga					5b		No		
	-	5a or 5b, describe in Part III						i		
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any						
а	The organization					6 a		No		
b	Any related orga					6b		No		
_	•	6a or 6b, describe in Part III								
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye		the organization provide any nonfixed rt III	d	7		No		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No		
9	If "Yes" on line 3 53 4958-6(c)?	3, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		110		
For I	Danarwark Badı	ction Act Notice, see the Ins	tructions for Ec	orm 000 Cat No 5	50053T Schedule J	/Eorn	. 0001	2017		

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 (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits column (B) reported (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 MICHAEL D CAHILL 298,352 (i) 0 5,750 13,250 30,315 347,667 PRESIDENT & CEO 0 0 0 0 0 0 (ii) 2 JAMES A BRUNNEMER 239,489 (i) 0 0 13,250 20,214 272,953 CFO THRU 6/2017, CAO 0 0 0 /iii 0 0 0

CFO AS OF 7/2017 (ii) 4 KEVEN W LINKER STARTED 7/2017, VP OF INFORMATICS (ii) 5 GAIL M DORAN CHIEF OPERATING OFFICER (ii) 6 DALE BULTEMEIER AVP OF ANCILLARY SERVICES (iii) 7 JAMES UNDERWOOD AVP OF TPA SVCS & SALES ADMIN (ii) 8 JAMES FORD DIRECTOR OF BUSINESS (ii) 1.3		U	U	U	U	U	
4 KEVEN W LINKER STARTED 7/2017, VP OF INFORMATICS (ii) 5 GAIL M DORAN CHIEF OPERATING OFFICER (ii) 6 DALE BULTEMEIER AVP OF ANCILLARY SERVICES (iii) 7 JAMES UNDERWOOD AVP OF TPA SVCS & SALES ADMIN (iii) 8 JAMES FORD DIRECTOR OF BUSINESS (ii) 13 DIRECTOR OF BUSINESS	140,444	2,000	0	6,422	21,603	170,469	
KEVEN W LINKER STARTED 7/2017, VP OF INFORMATICS 5 GAIL M DORAN CHIEF OPERATING OFFICER (ii) 6 DALE BULTEMEIER AVP OF ANCILLARY SERVICES (iii) 7 JAMES UNDERWOOD AVP OF TPA SVCS & SALES ADMIN (ii) 8 JAMES FORD DIRECTOR OF BUSINESS (ii) 13 01 13	0	0	0	0	0	0	
7/2017, VP OF INFORMATICS 5 GAIL M DORAN (ii) 22: (iii) 6 DALE BULTEMEIER (i) 14: AVP OF ANCILLARY SERVICES (iii) 7 JAMES UNDERWOOD AVP OF TPA SVCS & SALES ADMIN (iii) 8 JAMES FORD DIRECTOR OF BUSINESS (ii) 13: DIRECTOR OF BUSINESS	153,148	2,000	0	7,561	21,669	184,378	
CHIEF OPERATING OFFICER (ii) 6 DALE BULTEMEIER AVP OF ANCILLARY SERVICES (ii) 7 JAMES UNDERWOOD AVP OF TPA SVCS & SALES ADMIN (ii) 8 JAMES FORD DIRECTOR OF BUSINESS (ii) 13 13	0	0	0	0	0	0	
6 DALE BULTEMEIER AVP OF ANCILLARY SERVICES (ii) 7 JAMES UNDERWOOD AVP OF TPA SVCS & SALES ADMIN (ii) 8 JAMES FORD DIRECTOR OF BUSINESS (ii) 13 13	228,296	0	0	13,045	26,053	267,394	
6 DALE BULTEMETER AVP OF ANCILLARY SERVICES (ii) 7 JAMES UNDERWOOD AVP OF TPA SVCS & SALES ADMIN (ii) 8 JAMES FORD DIRECTOR OF BUSINESS (i) 14. 14. 14. 14. 15. 16. 17. 18. 18. 18. 19. 19. 19. 10. 10. 11. 11. 12. 13. 13.	0	0	0	0	0	0	
7 JAMES UNDERWOOD AVP OF TPA SVCS & SALES ADMIN 8 JAMES FORD DIRECTOR OF BUSINESS (ii) 11 12 13	148,300	0	0	7,296	15,288	170,884	
AVP OF TPA SVCS & SALES ADMIN (ii) 8 JAMES FORD DIRECTOR OF BUSINESS (i) 13	0	0	0	0	0	0	
ADMIN (ii) 8 JAMES FORD DIRECTOR OF BUSINESS (i) 13 13 13 14 15 15 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	111,988	21,000	0	4,856	15,046	152,890	
DIRECTOR OF BUSINESS	0	0	0	0	0	0	
TNITELL	137,980	2,000	0	602	21,373	161,955	
	0	0	0	0	0	0	
						Schedule	J (Form 990) 2017

Schedule J (Form 990) 2017 Page 3 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 J (Form 990) 2017

efile GRAPHI	C print - DO N	OT PROCES	S As F	iled Data -					DL	.N: 93	4933	120	14888
Schedule L (Form 990 or 990	, F compi	ete if the orga 27, 28a,	anization a 28b, or 28 ► Atta	ns with li answered "Yes Bc, or Form 99 ch to Form 99	s" on Form 9 0-EZ, Part V 0 or Form 99	90, Part IV, I , line 38a or 0-EZ.	ines 2 40b.	·	·	5,	мв No 2(
Department of the Tre Internal Revenue Serv	asurv	formation ab	out Sched	ule L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at		Open Inst	to P	ublic
Name of the org PHYSICIANS HEALT INC	anization FH PLAN OF NORTHE	RN INDIANA						•	yer ide 9321	entifica	ition n	iumb	er
	ss Benefit Tra lete if the organiz									ne 40b			
) Name of disqua			Relationship be				(c) [Descript ansacti	on of) Cor es	rected? No
4958 3 Enter the an	mount of tax incumount of tax, if a ans to and/or nplete if the organorted an amount (b) Relationship with organization	From Internization answer	ested Pe red "Yes" o Part X, line (d) Loan	bursed by the creations. n Form 990-EZ 5, 6, or 22	rganization .		90, Pa	:	line 26	\$ 5, or if ' h) ved by	(janiza i)Writ ireem	ten
			То	From	-		Yes No		comm	No	- 		No
Total					→ \$								
Part IIII Gra	nts or Assista		_	ested Perso	ns.								
(a) Name of inter			between on and the	(c) Amount		(d) Type	of assi	stand	ce	(e) Pu	rpose (of ass	ıstance
For Paperwork Rec	luction Act Notice	can the Tuet	stions for F	000 == 000 !	7 0-	at No. 50056A					202	065	EZ) 2017

Complete if the organization a	inswered "Yes" on Forn	n 990, Part IV, line 28a	a, 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) Sh o organiz rever	of zation's	
				Yes	No	
(1) SEAN CAHILL	SON OF CEO/PRESIDENT	127,443	EMPLOYEE OF PHP		No	

	CEO/PRESIDENT	127,443	EMPLOYEE OF PHP	NO
Part V Supplemental Information				

Explanation

Schedule I (Form 990 or 990-F7) 2017

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

Return Reference

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	: 93493312014888						
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) an www.irs.gov/form990.	formation about Schedule O (Form 990 or 990-EZ) and its instructions is at							
INC	e O, Supplemental Information	Employer iden 31-1069321	tification number						
Return Reference	Explanation								
FORM 990, PART III, LINE 3	BEGINNING 1/1/2017, PHP CEASED SELLING INDIVIDUAL PRODUCT INS NG ON THE FEDERALLY FACILITATED MARKETPLACE EXCHANGE FOR INE 12 PHYSICIAN HEALTH PLAN'S AUDITED FINANCIAL STATEMENTS OF PRACTICES PRESCRIBED OR PERMITTED BY THE INDIANA DEPARTMED DIFFER FROM ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN T 990, PART VI, SECTION A, LINE 1B DONALD SCHENKEL, JAMES STEVEN INDEPENDENT VOTING MEMBERS OF THE BOARD BECAUSE THEY ARBY THE FILING ORGANIZATION	INDIVIDUALS FORM 990, F ARE PREPARED USING AC NT OF INSURANCE, WHICH HE UNITED STATES OF AM I AND MICHAEL DEWALD A	PART IV, L COUNTING I PRACTICES ERICA FORM RE NON						

990 Schedule O, Supplemental Information

Return Explanation

Reference

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

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

Return Explanation

LINE 7B

FORM 990, MEMBER DOCTORS HAVE THE ABILITY TO ELECT AND REMOVE MEMBERS OF THE GOVERNING BODY PART VI, SECTION A.

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
LINE 11B
OR CORRECTIONS PRIOR TO SUBMISSION TO THE IRS

THE FORM 990 AND RELATED SCHEDULES UNDERGO A THOROUGH REVIEW BY THE CONTROLLER, CHIEF FINA
NCIAL OFFICER, AND AN INDEPENDENT CPA FIRM IN ADDITION, A COPY OF THE 990 IS EMAILED TO T
SECTION B,
HE 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 SECTION

Return

Reference	
FORM 990, PART VI, SECTION B, LINE 15A	THE CEO'S PAY (INCLUDING BASE PAY AND BONUS) IS REVIEWED AND DETERMINED BY THE COMPENSATIO N 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 A NUMBER OF AN INTERPRETATION OF 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 A NINFORMAL 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

Explanation

Return Explanation

FORM 990, PHYSICIANS HEALTH PLAN'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAIL ABLE FOR PUBLIC INSPECTION PHYSICIANS HEALTH PLAN'S FINANCIAL STATEMENTS ARE AVAILABLE TH SECTION C, ROUGH THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS (NAIC) WEBSITE

990 Schedule O, Supplemental Information

Return

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

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312014888 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** PHYSICIANS HEALTH PLAN OF NORTHERN INDIANA INC 31-1069321 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (b) (c) Legal domicile (state (d) (a)
Name, address, and EIN (if applicable) of disregarded entity (e) Primary activity Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	s Comple	ete if the orga	inization	answered	"Yes" on F	orm 990	, Part I\	/, line 34 be	cause	it had one or r	nore	
(a) Name, address, and EIN of related organization	Prim	(b) Primary activity Lega or fi		(c) Legal domicile (state or foreign country)		(d) npt Code section Pi		(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		g) n 512(b) ontrolled city?
											Yes	No
(1)PHP FOUNDATION INC 8101 W JEFFERSON BLVD	PRIVATE	FDN	;	IN	501(C)(3)		PF		PHPNI			No
FORT WAYNE, IN 46804 20-4615314												
											+	
											+	_
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.		Ca	t No 5013	5Y			<u> </u>	Sch	edule R (Form	990) 20	017

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 h	ıad
	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	(l Disprop alloca	h) ortionate tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Part IV Identification of Related Organizations Taxable as a Cobecause it had one or more related organizations treated as					ation answ	ered "Yes	on F	orm 9	90, Part IV,	line	34	

(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	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	

(1)PHP HOLDING COMPANY

(2)PHP MANAGEMENT SYSTEMS

Schedule R (Form 990) 2017		Pa	ige 3
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?	П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g	$\overline{}$	No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

В

CASH PAYMENT

COST

250,000

507,673

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

was not a related organization. See instructions regarding exclusion of 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) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017