

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/foi/m990](http://www.irs.gov/foi/m990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

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

**C** Name of organization: CAPITAL HEALTH PLAN INC  
 Doing business as:  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 2140 CENTERVILLE PLACE  
 City or town, state or province, country, and ZIP or foreign postal code: TALLAHASSEE, FL 32308

**D** Employer identification number: 59-1830622  
**E** Telephone number: (850) 383-3333  
**G** Gross receipts \$ 939,178,501

**F** Name and address of principal officer:  
**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.CAPITALHEALTH.COM

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation 1978 **M** State of legal domicile FL

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities SEE STATEMENT 1		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	492
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	676,969,497	713,390,820
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,636,884	12,901,838
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	861,951	956,694
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	690,468,332	727,249,352
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,822,154	2,329,909
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	610,581,773	642,988,469
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	44,833,980	44,035,214
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,631,705	29,124,449
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	686,869,612	718,478,041	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	3,598,720	8,771,311	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	479,621,595	480,125,384
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	92,520,044	103,682,090
		387,101,551	376,443,294

## Part II Signature Block

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

**Sign Here**

Signature of officer: \*\*\*\*\*  
 Date: 2017-10-10

SABIN C BASS CPA SR VP FIN & CFO  
 Type or print name and title

**Paid Preparer Use Only**

Prnt/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN:  
 Firm's name ▶ Firm's EIN ▶  
 Firm's address ▶ Phone no

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

SEE STATEMENT 2

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 682,620,014 including grants of \$ 2,329,909 ) (Revenue \$ 727,249,352 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 682,620,014

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (7); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 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. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records. Sabin C Bass CPA 1545 Raymond Diehl Rd Tallahassee, FL 32308 (850) 383-3333



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							5,901,666	11,852,090	1,832,786	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 69

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TALLAHASSEE MEMORIAL HEALTHCARE INC 1309 THOMASVILLE RD TALLAHASSEE, FL 32303	HEALTH CARE	218,234,643
PRIME THERAPEUTICS 1305 CORPORATE CENTER DRIVE EAGAN, MN 55121	PHARMACY PROVIDER	109,700,310
TALLAHASSEE MEDICAL CENTER INC 2626 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308	HEALTH CARE	49,300,016
SHANDS TEACHING HOSPITAL 1600 SW ARCHER RD GAINSVILLE, FL 32608	HEALTH CARE	22,271,879
ANESTHESIOLOGY ASSOC OF TALLAHASSEE 2173 CENTERVILLE PL TALLAHASSEE, FL 32308	HEALTH CARE	18,128,251

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 207



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	0				
<b>Program Service Revenue</b>	<b>2a</b>	PREMIUMS AND COPAYMENTS					
		Business Code					
		621491	713,390,820	713,390,820			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
<b>f</b>	All other program service revenue						
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	713,390,820					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	9,766,829	9,766,829			
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶	0				
	<b>5</b>	Royalties . . . . . ▶	0				
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
			333,409				
			<b>b</b>	Less rental expenses	419,020		
	<b>c</b>	Rental income or (loss)	-85,611				
	<b>d</b>	Net rental income or (loss) . . . . . ▶	-85,611			-85,611	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			213,411,375				
			<b>b</b>	Less cost or other basis and sales expenses	210,276,366		
	<b>c</b>	Gain or (loss)	3,135,009				
	<b>d</b>	Net gain or (loss) . . . . . ▶	3,135,009	3,135,009			
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from fundraising events . . ▶	0				
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . ▶	0					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
		2,276,068					
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b>	1,233,763			
<b>c</b>	Net income or (loss) from sales of inventory . . ▶	1,042,305	1,042,305				
	Miscellaneous Revenue	Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶	0					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶	727,249,352	727,334,963		-85,611		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,329,909	2,329,909		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b>	Benefits paid to or for members . . . . .	642,988,469	642,988,469		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	5,083,571	1,689,391	3,394,180	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	27,841,951	20,351,413	7,490,538	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,072,537	2,206,001	866,536	
<b>9</b>	Other employee benefits . . . . .	6,000,408	4,049,094	1,951,314	
<b>10</b>	Payroll taxes . . . . .	2,036,747	1,291,858	744,889	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	122,225		122,225	
<b>c</b>	Accounting . . . . .	566,038		566,038	
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	119,774		119,774	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,478,657	93,950	1,384,707	
<b>12</b>	Advertising and promotion . . . . .	183,059		183,059	
<b>13</b>	Office expenses . . . . .	3,163,961	1,254,391	1,909,570	
<b>14</b>	Information technology . . . . .	2,196,769	812,452	1,384,317	
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	2,849,306	2,011,521	837,785	
<b>17</b>	Travel . . . . .	16,929	5,226	11,703	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	170,559	73,134	97,425	
<b>20</b>	Interest . . . . .	47,889		47,889	
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	1,457,307	712,284	745,023	
<b>23</b>	Insurance . . . . .	658,060	357,375	300,685	
<b>24</b>	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) . . . . .				
<b>a</b>	MISCELLANEOUS EXPENSE	13,888,626	188,256	13,700,370	
<b>b</b>	CLINIC SUPPLIES	2,205,290	2,205,290		
<b>c</b>					
<b>d</b>					
<b>e</b>	All other expenses	0			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	718,478,041	682,620,014	35,858,027	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,799	<b>1</b>	6,799	
	<b>2</b> Savings and temporary cash investments . . . . .	5,614,254	<b>2</b>	10,409,575	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	0	
	<b>4</b> Accounts receivable, net . . . . .	30,973,758	<b>4</b>	29,305,633	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	0	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0	
	<b>8</b> Inventories for sale or use . . . . .	391,477	<b>8</b>	345,713	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,609,400	<b>9</b>	2,290,409	
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	55,427,547			
	<b>10a</b>				
	<b>b</b> Less: accumulated depreciation . . . . .	29,734,006	26,643,560	<b>10c</b>	25,693,541
	<b>10b</b>				
	<b>11</b> Investments—publicly traded securities . . . . .	409,887,552	<b>11</b>	407,660,906	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	0	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	0	
<b>14</b> Intangible assets . . . . .		<b>14</b>	0		
<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,494,795	<b>15</b>	4,412,808		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	479,621,595	<b>16</b>	480,125,384		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	79,727,983	<b>17</b>	80,020,551	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .	10,554,861	<b>19</b>	10,835,996	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	2,237,200	<b>25</b>	12,825,543	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	92,520,044	<b>26</b>	103,682,090	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .	387,101,551	<b>27</b>	376,443,294	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>		
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
<b>33</b> Total net assets or fund balances . . . . .	387,101,551	<b>33</b>	376,443,294		
<b>34</b> Total liabilities and net assets/fund balances . . . . .	479,621,595	<b>34</b>	480,125,384		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	727,249,352
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	718,478,041
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	8,771,311
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	387,101,551
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-8,835,205
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-10,594,363
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	376,443,294

**Part XII Financial Statements and Reporting**

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

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

**Additional Data**

**Software ID:** 15000324  
**Software Version:** 2015v3.0  
**EIN:** 59-1830622  
**Name:** CAPITAL HEALTH PLAN INC

**Form 990, Part III, Line 4a**

**4a** (Code) (Expenses \$ 682,620,014 including grants of \$ 2,329,909) (Revenue \$ 727,249,352)

BACKGROUND AND MISSION CAPITAL HEALTH PLAN IS A LOCAL HMO FOCUSED ON SERVING THE SEVEN COUNTIES THAT CONSTITUTE THE TALLAHASSEE, FLORIDA METROPOLITAN AREA THE HEALTH PLAN'S MISSION IS TO PROVIDE OUR RESIDENTS WITH HIGH QUALITY, AFFORDABLE HEALTH CARE THAT FOCUSES ON DELIVERY OF EVIDENCE-BASED MEDICAL CARE UNDER THE DIRECTION OF PRIMARY CARE PHYSICIANS IN AN EFFECTIVE, TIMELY AND COST EFFECTIVE MANNER EMPHASIZES LOW ADMINISTRATIVE COSTS AND ETHICAL BUSINESS PRACTICES IS PROACTIVE AND INNOVATIVE IN ITS QUEST TO CONTINUALLY IMPROVE THE HEALTH OF THE COMMUNITY IN PURSUING THE MISSION, CAPITAL HEALTH PLAN IMPACTS THE HEALTH AND WELL BEING OF TALLAHASSEE AREA RESIDENTS - BOTH THOSE WHO ARE PLAN MEMBERS AND THOSE WHO ARE NOT CHP SERVES A MEMBERSHIP OF 132,000 PEOPLE, OVER 30% OF THE AREA'S POPULATION THE HEALTH PLAN HAS DEVELOPED A HIGH QUALITY DELIVERY SYSTEM THAT INCLUDES OVER 400 AREA PHYSICIANS, MORE THAN 90% OF THE MEDICAL COMMUNITY THE CORE OF THIS DELIVERY SYSTEM IS CHP'S EMPLOYED CLINICAL STAFF, A GROUP OF 31 PHYSICIANS AND 8 OPTOMETRISTS WHO PRACTICE IN TWO STATE-OF-THE-ART HEALTH CENTERS THE PLAN HAS DEVELOPED THESE HEALTH CENTERS ARE EQUIPPED WITH ELECTRONIC MEDICAL RECORDS AND CAN ACCOMMODATE A BROAD RANGE OF PRIMARY AND SPECIALIST CARE SERVICES INCLUDING EVENING AND WEEKEND URGENT CARE, LAB, X-RAY AND DIGITAL MAMMOGRAPHY CHP'S ABILITY TO OFFER A HIGHLY ORGANIZED COMPONENT OF ITS DELIVERY SYSTEM TO ITS MEMBERS HAS PROVIDED UNIQUE OPPORTUNITIES FOR IMPROVING HEALTH CARE OUTCOMES THE STAFF COMPONENT OF CHP'S DELIVERY SYSTEM CONSISTENTLY PRODUCES BETTER RESULTS ON MEASURES OF CLINICAL CARE, MEMBER SATISFACTION AND EFFICIENCY CAPITAL HEALTH PLAN SEEKS TO LEAD OUR AREA AND CONTINUALLY IMPROVE PERFORMANCE AGAINST BENCHMARKS FOR CLINICAL QUALITY, MEMBER SATISFACTION, AND AFFORDABILITY IN THAT REGARD, CHP HAS BEEN CONSISTENTLY RECOGNIZED BY NCQA CHP'S MEDICARE PLAN RECEIVED THE HIGHEST NCQA PERFORMANCE RATING "5" AND CHP'S COMMERCIAL PLAN FINISHED JUST BELOW THAT RATING WITH A "4 5" NO FLORIDA HEALTH PLAN MATCHED OR EXCEEDED CHP'S RATING IN MEDICARE AND COMMERCIAL AND ONLY A HANDFUL OF OTHER PLANS IN THE NATION ACHIEVED THIS LEVEL OF RESULTS BY BEING OUR AREA'S MARKET LEADER, CAPITAL HEALTH PLAN ATTEMPTS TO RAISE THE BAR FOR PROVIDING VALUE IN HEALTH CARE THROUGHOUT OUR COMMUNITY IN ADDITION TO THESE MARKETPLACE IMPACTS, CHP DIRECTLY INVESTS IN THE COMMUNITY IT SERVES THROUGH A FORMAL COMMUNITY BENEFIT POLICY ADOPTED BY ITS BOARD OF DIRECTORS THE POLICY FOCUSES THE ORGANIZATION'S COMMUNITY BENEFIT INITIATIVES IN THREE PRIMARY AREAS ADDRESSING MARKET FAILURES- CHP WILL BE A LEADING PARTNER IN THE TALLAHASSEE AREA IN ADDRESSING THE NEEDS OF THE UNINSURED AND UNDERINSURED PROMOTING COMMUNITY HEALTH - CHP WILL TRANSFORM ITS HERITAGE IN POPULATION-BASED HEALTH TO PURSUE STRATEGIES THAT GO BEYOND TRADITIONAL MEDICAL CARE TO IMPACT THE HEALTH OF THE ENTIRE TALLAHASSEE COMMUNITY CLINICAL TRAINING/RESEARCH- CHP WILL PARTNER WITH THE EDUCATIONAL INSTITUTIONS IN OUR AREA TO HELP TRAIN THE CLINICAL WORKFORCE OUR COMMUNITY WILL NEED IN THE FUTURE AND TO MAXIMIZE AN EVIDENCE-BASED FOCUS ON POPULATION HEALTH IN TRAINING AND RESEARCH CAPITAL HEALTH PLAN'S COMMITMENT TO COMMUNITY BENEFIT REPRESENTS A SOCIAL DIVIDEND DERIVED FROM THE ORGANIZATION'S ONGOING FOCUS ON EXCELLENT CLINICAL CARE AND SERVICE TO ITS MEMBERS 2015 ACCOMPLISHMENTS AND BENEFIT TO THE COMMUNITY HIGHLIGHTS OF CAPITAL HEALTH PLAN'S CONTRIBUTIONS TO THE HEALTH OF THE TALLAHASSEE AREA IN 2015 INCLUDE THE FOLLOWING AFFORDABILITY CAPITAL HEALTH PLAN'S COMMERCIAL PREMIUM YIELD INCREASED 4 1% FOR 2015 CHP HAS MAINTAINED ELEVEN CONSECUTIVE YEARS OF SINGLE DIGIT PRICE ADJUSTMENTS THESE LOW PRICE ADJUSTMENTS WERE ACHIEVED WHILE MAINTAINING A COMPREHENSIVE LEVEL OF HEALTH BENEFITS CHP'S ADMINISTRATIVE OVERHEAD IS CONSISTENTLY MAINTAINED AT ONE OF THE LOWEST LEVELS IN THE STATE OF FLORIDA, HAS BEEN BELOW 5% OF REVENUES FOR THE PAST 25 YEARS, AND IN 2015 TOTALED 3 4% OF REVENUES REFLECTING CHP'S SUCCESS IN MAINTAINING OVER 30% OF AREA RESIDENTS IN ITS COMPREHENSIVE HMO PROGRAM, THE TALLAHASSEE AREA - SPECIFICALLY LEON COUNTY, FLORIDA - HAS MAINTAINED THE HIGHEST LEVEL OF HMO MEMBERSHIP AND THE LOWEST LEVEL, BY SURVEY, OF UNINSURED POPULATION IN THE STATE OF FLORIDA CLINICAL QUALITY AND MEMBER SATISFACTION CHP HAS PERFORMED WELL ACROSS A BROAD RANGE OF CLINICAL BENCHMARKS HIGHLIGHTED BY COLON CANCER SCREENING, WHERE CHP CONSISTENTLY PERFORMED AT ONE OF THE HIGHEST RATES IN THE NATION COMMUNITY BENEFIT INITIATIVES IN ACCORDANCE WITH OUR COMMUNITY BENEFIT POLICY, THE FOLLOWING INITIATIVES WERE SUPPORTED IN 2015 ADDRESSING MARKET FAILURE/UNINSURED AND UNDERINSURED CAPITAL HEALTH PARTNERSHIP - THIS IS A "THREE-SHARE" PROGRAM ESTABLISHED TO HELP THE UNINSURED IN OUR COMMUNITY BY PROVIDING SMALL BUSINESSES THE OPPORTUNITY TO OFFER SUBSIDIZED COVERAGE TO THEIR EMPLOYEES AN UNINSURED SMALL BUSINESS WITH LOW INCOME WORKERS CAN RECEIVE A 40% SUBSIDY TOWARD PREMIUMS FOR EACH EMPLOYEE THE EMPLOYER THEN PAYS AT LEAST 50% OF THE REMAINING PREMIUM AND THE EMPLOYEE IS RESPONSIBLE FOR THE REMAINING AMOUNT THIS INITIATIVE IS ADMINISTERED THROUGH THE CAPITAL AREA HEALTH ACCESS FOUNDATION WHICH WAS CREATED BY CHP FOR THIS PURPOSE SAFETY NET INSTITUTIONS - CHP PROVIDES FINANCIAL SUPPORT FOR THE "WE CARE" PROGRAM ADMINISTERED BY THE CAPITAL MEDICAL SOCIETY FOUNDATION "WE CARE" PROVIDES DONATED PROFESSIONAL HEALTHCARE SERVICES TO MEDICALLY INDIGENT INDIVIDUALS WHO DO NOT QUALIFY FOR PUBLIC ASSISTANCE CHP'S FINANCIAL SUPPORT HELPS FUND THE ADMINISTRATIVE COSTS OF THIS PROGRAM CHP ALSO PROVIDES FINANCIAL SUPPORT THROUGH THE UNITED WAY TO FUND OUTREACH WORKERS TO ASSIST FAMILIES IN QUALIFYING THEIR UNINSURED CHILDREN FOR A VARIETY OF HEALTH PROGRAMS CHP ALSO PROVIDES FUNDS AND STAFFING SUPPORT TO NEIGHBORHOOD HEALTH SERVICES IN TALLAHASSEE WHICH DIRECTLY PROVIDES A RANGE OF PRIMARY HEALTH CARE SERVICES TO LOW-INCOME PEOPLE IN OUR COMMUNITY PROMOTING COMMUNITY HEALTH CHP CHAMPIONS PROGRAM - THIS IS A PUBLIC SCHOOL PARTNERSHIP CREATED TO HELP STEM THE TIDE OF CHILDHOOD OBESITY BY OFFERING FITNESS PROGRAMS BEFORE AND AFTER SCHOOL IT WAS DEVELOPED AS A COLLABORATIVE PARTNERSHIP WITH LEON COUNTY SCHOOLS AND THE TALLAHASSEE AREA CHAMBER OF COMMERCE WITH SERVICES PROVIDED THROUGH TITUS SPORTS ACADEMY CHP STARTED THE PROGRAM IN 2006 THE PROGRAM IS OFFERED TO ALL PUBLIC ELEMENTARY AND MIDDLE SCHOOL CHILDREN CURRENTLY, OVER 18,500 CHILDREN ARE REGISTERED FOR THE PROGRAM IN LEON COUNTY AND THE ADJOINING RURAL COUNTIES OF JEFFERSON, GADSDEN, CALHOUN, WAKULLA AND LIBERTY COUNTY CLINICAL TRAINING CHP CONTINUED FUNDING A FIVE YEAR INVESTMENT IN FLORIDA STATE UNIVERSITY'S NURSING SCHOOL PROGRAM THE INVESTMENTS ARE INTENDED TO SIGNIFICANTLY ENHANCE THE CAPACITY OF THE TRAINING PROGRAM AND POSITIVELY IMPACT THE GROWING SHORTAGE OF NURSES OUR COMMUNITY IS FACING CHP ESTABLISHED AN INVESTMENT IN FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE TO PROVIDE FUNDING SUPPORT INTENDED TO PREPARE A STRONGER PHYSICIAN WORKFORCE AND TO ADDRESS THE ONGOING SHORTAGE OF PHYSICIANS TO SERVE RURAL, INNER CITY, MINORITY AND MEDICALLY UNDERSERVED POPULATIONS THROUGH A COMPREHENSIVE RANGE OF SERVICES AND INITIATIVES NOTED ABOVE, CAPITAL HEALTH PLAN FULFILLED ITS MISSION AND POSITIVELY IMPACTED THE HEALTH OF THE TALLAHASSEE AREA IT SERVES IN 2015

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
C DUBOSE AUSLEY ..... Director	2 00 ..... 0 00	X					19,000	0	0	
THOMAS A BARRON ..... SECRETARY	3 00 ..... 0 00	X		X			23,900	0	0	
LILLIE BOGAN ..... DIRECTOR	2 00 ..... 0 00	X					25,300	0	0	
W KEN BOUTWELL JR ..... CHAIRMAN	4 00 ..... 0 00	X		X			42,000	0	0	
DAVID K COBURN ..... TREASURER	3 00 ..... 0 00	X		X			21,200	0	0	
TOM HERNDON ..... DIRECTOR	2 00 ..... 0 00	X					26,600	0	0	
PATRICIA C HAYWARD ..... DIRECTOR	2 00 ..... 0 00	X					25,300	0	0	
PRAKASH PATEL MD ..... Director	2 00 ..... 48 00	X					0	1,133,491	29,732	
ISAAC MOORE MD ..... DIRECTOR	2 00 ..... 0 00	X					23,000	0	0	
WINIFRED H SCHMELING ..... VICE CHAIRMAN	3 00 ..... 0 00	X		X			30,600	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J BRIAN SHEEDY MD ..... DIRECTOR	2 00 ..... 0 00	X						20,800	0	0
JOYCE KRAMZER ..... Director	2 00 ..... 48 00	X						0	9,798,804	24,604
ROBERT WALL ..... Director	2 00 ..... 48 00	X						0	919,795	53,456
JOHN HOGAN ..... President & CEO	50 00 ..... 0 00			X				900,393	0	279,049
SABIN BASS CPA ..... SR VP FIN & CFO	50 00 ..... 0 00			X				409,025	0	175,627
NANCY VAN VESSEM MD ..... CMO	50 00 ..... 0 00				X			600,905	0	230,959
POLLY WHITE ..... SR VP QUALITY IMPRV/CLINIC OPE	50 00 ..... 0 00				X			308,424	0	99,049
MORITZ DEHLER MD ..... ASSOCIATE MEDICAL DIRECTOR	50 00 ..... 0 00				X			299,331	0	61,055
ERIC SMITH ..... SR VP IS & CIO	50 00 ..... 0 00				X			396,797	0	169,049
KATHLEEN JUGENHEIMER ..... COMPLIANCE OFFICER	50 00 ..... 0 00				X			215,426	0	72,809

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL BAWEK CPA ..... CONTROLLER	50 00 ..... 0 00				X			280,210	0	93,209
TOM GLENNON ..... SR VP MARKETING/ADMIN SERVICES	50 00 ..... 0 00				X			319,725	0	99,049
ADEKUNLE OMOTAYO MD ..... ASSOCIATE MEDICAL DIRECTOR	50 00 ..... 0 00				X			298,531	0	82,321
BONNIE BUTLER ..... SR VP QUALITY IMPRV/CLINIC OPE	50 00 ..... 0 00				X			166,326	0	21,138
LISA RAWLINGS MD ..... MEDICAL DOCTOR	50 00 ..... 0 00					X		375,215	0	68,016
HENRY GUNTER MD ..... MEDICAL DOCTOR	50 00 ..... 0 00					X		256,621	0	74,501
STEVEN CURRIE MD ..... MEDICAL DOCTOR	50 00 ..... 0 00					X		290,448	0	61,632
STEPHEN LAROSA MD ..... MEDICAL DOCTOR	50 00 ..... 0 00					X		238,458	0	78,165
DAVID SHAFER MD ..... MEDICAL DOCTOR	50 00 ..... 0 00					X		288,131	0	59,366



**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**▶ Attach to Form 990.**  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

**Name of the organization**  
CAPITAL HEALTH PLAN INC

**Employer identification number**  
59-1830622

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
Deferred Compensation	2,231,180
Post Retirement Benefit	10,594,363
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	12,825,543

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	728,448,952
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	728,448,952
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	119,774	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-1,319,374	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	-1,199,600
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	727,249,352

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	719,592,030
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	719,592,030
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	119,774	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-1,233,763	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	-1,113,989
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	718,478,041

**Part XIII Supplemental Information**

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

Return Reference	Explanation	
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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization CAPITAL HEALTH PLAN INC

Employer identification number

59-1830622

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

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

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

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

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

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	CAPITAL HEALTH PLAN MAINTAINS OVERSIGHT WITH THE ORGANIZATIONS IT PROVIDES SUPPORT TO THROUGH MONITORING AND INVOLVEMENT ON BOARDS OF DIRECTORS AND ADVISORY COMMITTEES

**Additional Data**

**Software ID:** 15000324  
**Software Version:** 2015v3.0  
**EIN:** 59-1830622  
**Name:** CAPITAL HEALTH PLAN INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY 2619 CENTENNIAL BLVD 101 TALLAHASSEE, FL 32308	13-1788491	501 (c) (3)	22,406	0			WALK SPONSORSHIP
AMERICAN HEART ASSOCIATION 2851 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308	13-5613797	501 (c) (3)	9,400	0			WALK SPONSORSHIP
BIG BEND HOSPICE 1723 MAHAN CENTER BLVD TALLAHASSEE, FL 32308	59-2328806	501 (c) (3)	30,800	0			COMMUNITY PROGRAMS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BEND INC 2-1-1 PO BOX 10950 TALLAHASSEE, FL 32302	51-0201771	501 (c) (3)	5,200	0			COMMUNITY PROGRAMS
CAPITAL AREA HEALTH ACCESS 2140 CENTERVILLE PL TALLAHASSEE, FL 32308	20-4240456	501 (c) (4)	0	166,543	FMV	HEALTH INSURANCE ACCESS	DEBT CANCELATION
CAPITAL MEDICAL SOCIETY 1204 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	23-7026264	501 (c) (6)	48,000	0			GENERAL SUPPORT PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ECONOMIC DEVELOPMENT COUNCIL PO BOX 1639 TALLAHASSEE, FL 32302	59-3374108	501 (c) (3)	15,000	0			GENERAL PROGRAM SUPPORT
FL TAXWATCH RESEARCH INST INC P O BOX 10209 TALLAHASSEE, FL 32301	59-1918055	501 (c) (3)	25,000	0			EVENT SPONSORSHIP
FLORIDA STATE UNIVERSITY FND PO BOX 3062739 TALLAHASSEE, FL 32306	59-6152180	501 (c) (3)	100,000	0			SUPPORT EDUCATION OF NURSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FSU COLLEGE OF MEDICINE 1115 WEST CALL STREET G108 TALLAHASSEE, FL 32306	59-6152180	501 (c) (3)	100,000	0			PROGRAM FUNDING CLINICAL TRAINING
GULF WINDS TRACK CLUB INC PO BOX 3447 TALLAHASSEE, FL 32315	59-1896178	501 (c) (3)	20,500	0			WALK SPONSORSHIP
MARCH OF DIMES 1990 VILLAGE GREEN WAY 3 TALLAHASSEE, FL 32308	13-1846366	501 (c) (3)	6,782	0			WALK SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBORHOOD HEALTH SERVICES 438 WEST BREVARD STREET TALLAHASSEE, FL 32301	23-7422549	501 (c) (3)	255,998	0			GENERAL PROGRAM SUPPORT
RONALD MCDONALD HOUSE OF CHAR 712 EAST 7TH AVENUE TALLAHASSEE, FL 32303	59-2794505	501 (c) (3)	5,001	0			WALK SPONSORSHIP
TALLAHASSEE FRIENDS OF PARK 912 MYERS PARK DRIVE TALLAHASSEE, FL 32301	59-2164894	501 (c) (3)	13,250	0			WALK SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TALLAHASSEE SENIOR CITIZENS 1400 NORTH MONROE ST TALLAHASSEE, FL 32303	59-2040638	501 (c) (3)	15,000	0			EVENT SPONSORSHIP
TMH FOUNDATION INC 1331 EAST SIXTH AVENUE TALLAHASSEE, FL 32303	59-1727645	501 (c) (3)	20,000	0			EVENT SPONSORSHIP
UNITED WAY OF BIG BEND 303 EAST 7TH AVENUE TALLAHASSEE, FL 32303	59-6011150	501 (c) (3)	154,851	0			GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WORLD CLASS SCHOOLS OF LEON P O BOX 1639 TALLAHASSEE, FL 32302	13-4202729	501 (c) (3)	1,290,004	0			ENCOURAGE YOUTH TO EXERCISE

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
CAPITAL HEALTH PLAN INC

Employer identification number  
59-1830622

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							



**Part III** **Supplemental Information**

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

Return Reference	Explanation
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**Additional Data**

**Software ID:** 15000324  
**Software Version:** 2015v3.0  
**EIN:** 59-1830622  
**Name:** CAPITAL HEALTH PLAN INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ADEKUNLE OMOTAYO MD ASSOCIATE MEDICAL DIRECTOR	(i)	226,400	53,166	18,965	49,800	32,521	380,852	
	(ii)	-----	-----	-----	-----	-	-----	-----
1 BONNIE BUTLER SR VP QUALITY IMPRV/CLINIC OPE	(i)	34,714	99,523	32,089	19,959	1,179	187,464	50,000
	(ii)	-----	-----	-----	-----	-	-----	-----
2 DAVID SHAFER MD MEDICAL DOCTOR	(i)	237,423	38,200	12,508	31,800	27,566	347,497	
	(ii)	-----	-----	-----	-----	-	-----	-----
3 ERIC SMITH SR VP IS & CIO	(i)	278,153	107,930	10,714	151,800	17,249	565,846	50,000
	(ii)	-----	-----	-----	-----	-	-----	-----
4 HENRY GUNTER MD MEDICAL DOCTOR	(i)	205,895	34,525	16,201	49,800	24,701	331,122	
	(ii)	-----	-----	-----	-----	-	-----	-----
5 JOHN HOGAN President & CEO	(i)	573,882	311,030	15,481	261,800	17,249	1,179,442	200,000
	(ii)	-----	-----	-----	-----	-	-----	-----
6 JOYCE KRAMZER Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	127,394	1,645,750	8,025,660	18,000	6,604	9,823,408	
7 KATHLEEN JUGENHEIMER COMPLIANCE OFFICER	(i)	152,783	58,965	3,678	55,851	16,958	288,235	30,000
	(ii)	-----	-----	-----	-----	-	-----	-----
8 LISA RAWLINGS MD MEDICAL DOCTOR	(i)	375,215	-----	-----	31,800	36,216	443,231	
	(ii)	-----	-----	-----	-----	-	-----	-----
9 MORITZ DEHLER MD ASSOCIATE MEDICAL DIRECTOR	(i)	246,165	53,166	-----	31,800	29,255	360,386	
	(ii)	-----	-----	-----	-----	-	-----	-----
10 NANCY VAN VESSEM MD CMO	(i)	366,272	227,237	7,396	209,800	21,159	831,864	150,000
	(ii)	-----	-----	-----	-----	-	-----	-----
11 PAUL BAWEK CPA CONTROLLER	(i)	201,591	78,619	-----	71,800	21,409	373,419	40,000
	(ii)	-----	-----	-----	-----	-	-----	-----
12 POLLY WHITE SR VP QUALITY IMPRV/CLINIC OPE	(i)	208,144	98,273	2,007	81,800	17,249	407,473	50,000
	(ii)	-----	-----	-----	-----	-	-----	-----
13 PRAKASH PATEL MD Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	506,827	500,000	126,664	18,000	11,732	1,163,223	
14 ROBERT WALL Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	300,000	595,719	24,076	38,600	14,856	973,251	
15 SABIN BASS CPA SR VP FIN & CFO	(i)	291,711	107,930	9,384	151,800	23,827	584,652	50,000
	(ii)	-----	-----	-----	-----	-	-----	-----
16 STEPHEN LAROSA MD MEDICAL DOCTOR	(i)	218,479	19,979	-----	49,033	29,132	316,623	
	(ii)	-----	-----	-----	-----	-	-----	-----
17 STEVEN CURRIEO MD MEDICAL DOCTOR	(i)	236,531	44,920	8,997	31,800	29,832	352,080	
	(ii)	-----	-----	-----	-----	-	-----	-----
18 TOM GLENNON SR VP MARKETING/ADMIN SERVICES	(i)	221,452	98,273	-----	81,800	17,249	418,774	50,000
	(ii)	-----	-----	-----	-----	-	-----	-----



**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

Return Reference	Explanation

## Additional Data

**Software ID:** 15000324

**Software Version:** 2015v3.0

**EIN:** 59-1830622

**Name:** CAPITAL HEALTH PLAN INC

### Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JESSICA HOGAN	FAMILY MEMBE	113,353	EMPLOYMENT		No
(1) MAUREEN BURNS	FAMILY MEMBE	126,757	EMPLOYMENT		No
(2) ALPHA EYE CLINIC	DIRECTOR REL	29,564	PREMIUM REVENUE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4) ALPHA AMBULATORY SURGERY	DIRECTOR REL	25,515	MEDICAL FEES		No
(1) ALPHA EYE CLINIC	DIRECTOR REL	197,672	MEDICAL FEES		No

**SCHEDULE O  
(Form 990 or  
990-EZ)**

Department of the  
Treasury  
Internal Revenue  
Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
CAPITAL HEALTH PLAN INC

**Employer identification number**

59-1830622

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	C DUBOSE AUSLEY AND THOMAS BARRON SERVE TOGETHER ON CAPITAL HEALTH PLAN'S BOARD OF DIRECTORS AND ON CAPITAL CITY BANK GROUP'S BOARD OF DIRECTORS C DUBOSE AUSLEY RETIRED FROM CAPITAL CITY BANK GROUP'S BOARD OF DIRECTORS IN APRIL 2015

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	EXCERPT FROM CAPITAL HEALTH PLAN BY-LAWS-ARTICLE 3, SECTION 1, SUBSECTION B- CORPORATE MEMBERSHIP THE ORGANIZATION'S CORPORATE MEMBERSHIP SHALL CONSIST OF TWENTY-SEVEN (27) MEMBERS NOT LESS THAN FIFTY-ONE (51%) OF THE CORPORATE MEMBERSHIP SHALL BE COMPRISED OF REPRESENTATIVES OF BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC , AND SUCH REPRESENTATIVES OF BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC MAY BE DIRECTORS, OFFICERS, CORPORATE MEMBERS AND /OR EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC NOT MORE THAN FORTY-NINE PERCENT (49%) OF THE CORPORATE MEMBERSHIP SHALL BE OPEN TO ALL PERSONS WHO HAVE BEEN INVITED TO SUCH MEMBERSHIP BY A FIFTY-ONE PERCENT (51%) MAJORITY VOTE OF THE BOARD OF DIRECTORS EXCERPT FROM CAPITAL HEALTH PLAN BY-LAWS-ARTICLE 3, SECTION 2, SUBSECTION B - CORPORATE MEMBERS BY FIFTY-ONE (51%) MAJORITY VOTE, THE CORPORATE MEMBERSHIP SHALL HAVE THE RIGHT, DUTY AND PRIVILEGE TO ELECT THE BOARD OF DIRECTORS CORPORATE MEMBERS SHALL HAVE THE RIGHT TO BE ELECTED OR APPOINTED TO COMMITTEES, AND, IF NOMINATED AND ELECTED IN ACCORDANCE WITH THESE BY-LAWS, TO HOLD OFFICE ON THE BOARD OF DIRECTORS



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	THE CORPORATE MEMBERSHIP AND VOTING RIGHTS, DEFINED IN THE RESPONSE TO PART VI QUESTION 7A , ELECTS THE BOARD OF DIRECTORS OF CAPITAL HEALTH PLAN

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Form 990 Review Process	THE RETURN IS DRAFTED AND REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE IT IS THEN SENT TO THE BOARD OF DIRECTORS WITH SUFFICIENT TIME TO REVIEW PRIOR TO FILING

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	ALL OFFICERS AND ALL EMPLOYEES ARE REQUIRED, UPON HIRE AND ON AN ANNUAL BASIS, TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT MEMBERS OF CHP'S BOARD OF DIRECTORS ALSO ARE REQUIRED, UPON ELECTION TO THE BOARD AND ON AN ANNUAL BASIS, TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE PRESIDENT AND CEO. COMPENSATION IS BASED ON A NUMBER OF FACTORS INCLUDING PERFORMANCE REVIEWS AGAINST DEFINED GOALS AND OBJECTIVES, AND COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE DELIBERATIONS, AND ULTIMATELY DECISIONS, REGARDING COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF COMMITTEE AND BOARD MEETINGS. THE COMPENSATION COMMITTEE IS COMPRISED EXCLUSIVELY OF INDEPENDENT DIRECTORS MAKING COMPENSATION DECISIONS FOR THE PRESIDENT AND CEO.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR COMPENSATION MATTERS INCLUDING DETERMINING REASONABLENESS OF COMPENSATION FOR SENIOR MANAGEMENT AND OTHER DISQUALIFIED PERSONS, EVALUATING SENIOR MANAGERS AND OTHER DISQUALIFIED PERSONS' COMPENSATION PLANS, POLICIES AND PROGRAMS, REVIEWING BENEFIT PLANS FOR SENIOR MANAGERS AND OTHER DISQUALIFIED PERSONS AND VERIFYING THAT COMPENSATION INFORMATION IS APPROPRIATELY AND FULLY DISCLOSED COMMITTEE MEMBERSHIP INCLUDES ONLY INDEPENDENT DIRECTORS, HAVING NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AND SUCH INDEPENDENCE AND ABSENCE OF CONFLICTS WILL BE ASSESSED AT EACH MEETING PRIOR TO CONDUCTING BUSINESS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST STATUTORY FILING FINANCIAL DOCUMENTS ARE AVAILABLE THROUGH THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONER'S WEBSITE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	RECORD ACCUMULATED POST RETIREMENT SERVICE OBLIGATION = -\$10594363

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
AMENDED RETURN PARTS AND SCHEDULES IMPACTED	FORM 990PART I SUMMARY LINE 21, CURRENT YEAR NET LIABILITIES - \$103,682,090, INCREASE BY \$10,594,363 AND LINE 22, CURRENT YEAR NET ASSETS AND FUND BALANCE - \$376,443,294 DECREASE BY \$10,594,363, CHANGE WAS MADE TO REFLECT THE LIABILITY OF THE PLANS POST RETIREMENT BENEFIT PROGRAM EFFECTIVE ON DECEMBER 31, 2016 PART X BALANCE SHEET LINE 25, COLUMN (B) OTHER LIABILITIES - \$12,825,543 AND LINE 26 TOTAL LIABILITIES \$103,682,090 INCREASE BY \$10,594,363 TO REFLECT THE LIABILITY OF THE PLANS POST RETIREMENT BENEFIT PROGRAM EFFECTIVE ON DECEMBER 31, 2016 LINE 27, COLUMN (B) UNRESTRICTED NET ASSETS - \$376,443,294 AND LINE 34, COLUMN (B) TOTAL LIABILITIES AND NET ASSETS DECREASED BY \$10,594,363 TO REFLECT THE LIABILITY OF THE PLANS POST RETIREMENT BENEFIT PROGRAM EFFECTIVE ON DECEMBER 31, 2016 PART XI RECONCILIATION OF NET ASSETS LINE 9 ADD OTHER CHANGE IN NET ASSETS OR FUND BALANCE OF (\$10,594,363) AND LINE 10 NET ASSETS OR FUND BALANCE AT YEAR END - \$376,443,294 DECREASED BY \$10,594,363 THESE CHANGES REFLECT THE LIABILITY OF THE PLANS POST RETIREMENT BENEFIT PROGRAM EFFECTIVE ON DECEMBER 31, 2016 SCHEDULE D - SUPPLEMENTAL FINANCE STATEMENTS PART X, LINE 3 ADD POST RETIREMENT BENEFIT OF \$10,594,363



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CAPITAL HEALTH PLAN INC

Employer identification number

59-1830622

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BLUE CROSS AND BLUE SHIELD OF FLORIDA 4800 DEERWOOD CAMPUS  JACKSONVILLE, FL 32246 59-2015694	HEALTH INSURANCE	FL	501 (C) (4)		NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) INCEPTURE INC 4800 DEERWOOD CAMPUS JACKSONVILLE, FL 32308 59-3720231	PRINT & MAIL SVCS	FL	N/A						No		No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHEFCO PROPERTY OWNERS ASSOCIATION 2140 Centerville Place TALLAHASSEE, FL 32308 59-3378570	PROPERTY MGMT	FL	NA	C CORP			50.000 %		No

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

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

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

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

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

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

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



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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