efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318041628 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

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

Open to Public

Department of the Treasury

foundations)

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

									<u> </u>
			alendar year, or tax year beginn C Name of organization	ing 01-01-2017 , and endin	ng 12-31	-2017	D = :		
		pplicable change	C Name of organization CAPITAL HEALTH PLAN INC						ication number
□ Na		- 1					59-1830	0622	
☐ Ini			Doing business as						
		n/terminated d return	Number and street (or P O box if mai	I is not delivered to street address)	Room/suite	<u> </u>	E Telephon	e number	
		on pending	2140 CENTEDVILLE DI ACE	,	,		(850) 38	33-3333	
			City or town, state or province, count TALLAHASSEE, FL 32308	ry, and ZIP or foreign postal code					
			,				G Gross red	ceipts \$ 1,	009,917,508
			F Name and address of principal	officer		H(a) Is this	a group ret	urn for	
						subore H(b) Are al	dinates? Lsubordinat	es	☐Yes ☑No
T Ta:	x-exer	mpt status				includ	ed?		☐ Yes ☑No
		,	☐ 501(c)(3) ☑ 501(c)(4) ◀(I	nsert no)	527	If "No H(c) Group			instructions)
, W	ebsit	ce:► ww	W CAPITALHEALTH COM			(-) Group	exemption	Humber	
K Forr	n of o	rganization	✓ Corporation ☐ Trust ☐ Associ	ation Other ►	1	L Year of forma	tion 1978	M State	of legal domicile FL
			·						
Pa		Sum	-						
a.		SEE STATI	scribe the organization's mission or EMENT 1	most significant activities					
) 	-								
Ē	-								
Governance			is box $ ightharpoonup$ if the organization disc				of its net as	ssets	1
	l		of voting members of the governing	, , , , , ,				3	12
~	l		of independent voting members of t				•	4	9
Activities &	l		nber of individuals employed in cale nber of volunteers (estimate if nece	, , , ,	•		•	5	481
Act	l		related business revenue from Part	•	7a	0			
	l		lated business taxable income from	. , , , ,			•	7a 7b	
	۲	THE GITTE	aced business taxable meanic from	10/m 230 1, me 31 1 1 1		Pri	or Year	1,2	Current Year
۵.	8	Contribut	tions and grants (Part VIII, line 1h)						0
Ravenua	9	Program	service revenue (Part VIII, line 2g)		762,854,2	:34	804,316,887		
λċ	10	Investme	ent income (Part VIII, column (A), li	nes 3, 4, and 7d)			13,303,6	503	13,448,094
	11	Other rev	venue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)	897,841			888,453	
	12	Total rev	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), lır	ne 12)		777,055,6		818,653,434
	13	Grants ar	nd similar amounts paid (Part IX, co	olumn (A), lines 1–3)			2,458,7	'65	2,162,073
	l	·	paid to or for members (Part IX, col	, ,, ,			694,245,8		725,035,415
S 38	l		other compensation, employee ben				47,275,0	018	49,575,537
Expenses	Ι.		onal fundraising fees (Part IX, colum				+	0	
핓	l		raising expenses (Part IX, column (D), lin penses (Part IX, column (A), lines 1	· -			28,512,1	47	21,238,241
	l		penses Add lines 13–17 (must equa	· ·	•		772,491,7		798,011,266
	l		less expenses Subtract line 18 from				4,563,8	_	20,642,168
8 S						Beginning	of Current Y	ear	End of Year
Net Assets or Fund Balances		T-1 !	-t- (Dt-)/ - 46)				F00 000 T		F46 F04 455
Ass 1 Ba	ı		ets (Part X, line 16)				500,992,5	_	546,501,438
S E	l		ulities (Part X, line 26) ts or fund balances Subtract line 23				118,862,8 382,129,6	_	127,332,270 419,169,168
Pai			ature Block	t from fine 20			302,123,0	,55	419,109,100
Under	r pena	alties of p	erjury, I declare that I have examır						
knowl any k			f, it is true, correct, and complete	Declaration of preparer (other t	han office	r) is based o	n all informa	ation of v	vhich preparer has
		<u>-</u>							
		****** Signati	* ure of officer			201 Date	8-11-14 e		
Sign Here		, -							
	•		C BASS CPA SR VP FIN & CFO r print name and title						
			'rınt/Type preparer's name	Preparer's signature	Dat	te	. D IP	TIN	
Paid	t						ck L If employed		
Pre		רו וד	irm's name			n's EIN ▶			
Use		1 -	irm's address 🟲			Pho	ne no		
			this return with the preparer show	<u> </u>		<u>.</u>		Y	'es 🗆 No
For P	aper	work Red	duction Act Notice, see the sepa	rate instructions.		Cat No 1	1282Y		Form 990 (2017)

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		_
	Check if Sche	edule O contains a resp	onse 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 signific	ant program ser	vices during the year wh	ich were not listed on	
	the prior Form 990 c	or 990-EZ?				🗌 Yes 🗹 No
	•	ese new services on Sc				
3	-	- -	_	changes in how it condu	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	ıle O			
4	Section 501(c)(3) ar		ons are required	I to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code) (Expenses \$	770,274,878	including grants of \$	2,162,073) (Revenue \$	818,653,434)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program servi	ces (Describe in Sched	lule O)			
	(Expenses \$	•	luding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses ▶	770,274,8	378		
	_		·			Form 990 (2017)

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Νo

Νo

Nο

No

Nο

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

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

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

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

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

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

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

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

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

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

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

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

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

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

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

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

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

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

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

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

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

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

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

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

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

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

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

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

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

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

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

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

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11a

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11c

11d

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11f

12a

12b

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14a

14b

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Nο Nο No Nο Yes Nο Nο Nο Yes Nο Yes Yes No Nο Nο Nο Νo Nο No Nο Form **990** (2017) 27

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Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		No

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Page 4

Nο

Νo

Νo

No

Nο

Nο

Nο

Νo

Nο

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28a

28b

28c

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32

33

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35a

35b

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37

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Yes

Yes

Yes

Yes

Form 990 (2017)

	990 (2017)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1,130			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- 103	
3а	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
٠	If res, to fine 3a of 3b, and the organization merofin 6000-1.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
	the year.	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
b	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	'		
3	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
3 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		No
3 a b	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a		No
.3 a b	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		No_

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
1a	Enter	the number of voting members of the governing body at the end of the tax year 12		Yes	No
	body,	or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 9			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or insother than the governing body?	7b	Yes	
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing			
а	The g	overning body?	8 a	Yes	
		committee with authority to act on behalf of the governing body?	8 b	Yes	
	organ	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the dization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
10-	Did #	ne organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Ye	es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, irranches to ensure their operations are consistent with the organization's exempt purposes?	10a		110
11a	Has tl	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the		V	
b	form? Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Yes	
		ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done			
13		ne organization have a written whistleblower policy?	12c	Yes Yes	
14		ne organization have a written document retention and destruction policy?	14	Yes	
15	Did th	ne process for determining compensation of the following persons include a review and approval by independent ins, comparability data, and contemporaneous substantiation of the deliberation and decision?		163	
а		rganization's CEO, Executive Director, or top management official	15a	Yes	
		officers or key employees of the organization	15b	Yes	
_		is" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did th	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No
b		is," did the organization follow a written policy or procedure requiring the organization to evaluate its participation at venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status	s with respect to such arrangements?	16b		
		C. Disclosure			
17 18		ne States with which a copy of this Form 990 is required to be filed			
18	avaıla	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection. Indicate how you made these available. Check all that apply			
19	Descr policy	Own website Another's website Upon request Other (explain in Schedule O) Tibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest Total and financial statements available to the public during the tax year			
20		the name, address, and telephone number of the person who possesses the organization's books and records SIN C BASS CPA 1545 RAYMOND DIEHL ROAD TALLAHASSEE, FL 32308 (850) 383-3333			

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

GAINESVILLE, FL 32608

2173 CENTERVILLE PLACE A TALLAHASSEE, FL 32308

ANESTHESIOLOGY ASSOC OF TALLAHASSEE

compensation from the organization ▶ 193

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

Page 8

Par	Section A. Officers, Direct	ors, Trustees	s, key r	<u>zmp</u> i	loye	.es,	and r	лigr	nest Cor	npensa	atec	i employees (COIN	unuea)	
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	neck mo ess pers r and a tee)	son	Repo compe froi organiz	D) ortable ensation m the ation (W	v-	(E) Reportable compensation from related organizations (\)	N-	Estima amount of compen from	ated of other sation the
		for related organizations below dotted line)	individu or direc	Instituti	Officer	Key em	Highest employe	Former	2/109	9-MISC))	2/1099-MISC)		organızat relat organız	ed
			Individual trustee or director	Institutional Trustee		ployee	Highest compensated employee								
				4.			at e-d								
See /	Addıtıonal Data Table														
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					1		
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1b S	Sub-Total			- -	<u> </u>	<u>.</u>	 	Щ					<u> </u>		
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	•			٠.	•	▶ [_	6,1	041,939		3,290,42	1		1,574,520
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos) rec	eıved mo	re than	\$10	0,000	1		·
														Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>								-	npensat	ed e	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual											the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization	ve or accrue cor ?If "Yes," comp.	mpensat lete Sch	tion fr iedule	rom ∍ <i>J fc</i>	any or st	unrela uch pei	ated rson	organizai	tion or ii	ndıv •	idual for	5		No
Se	ection B. Independent Contract	ors:			_	_									
1	Complete this table for your five higher from the organization. Report comper												npen	sation	
	Name ;	(A) and business addre	ess							D.	escri	(B) ption of services		Compe	
TALLA	AHASSEE MEMORIAL HEALTHCAREINC							-		HEALTH (,870,737
	MICCOSUKEE RD AHASSEE, FL 32308														
	E THERAPEUTICS									PHARMA	CY PI	ROVIDER		127	7,899,632
EAGA	CORPORATE CENTER DR N, MN 55121														
	AHASSEE MEDICAL CENTER									HEALTH (CARE			59	,535,218
TALLA	626 CAPITAL MEDICAL BLVD ALLAHASSEE, FL 32308 HANDS TEACHING HOSPITAL HEALTH CARE 26,443,408														
1600	SW ARCHER ROAD									HEMEIT!	CARI	-		20	,,++3,+00
GATNE	ESVILLE EL 32608														

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

20,482,952

HEALTH CARE

Part \				onse 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
10	1a	Federated campaig	ns 1a			revenue		312-314
ants	Ŀ	Membership dues	1b					
֓֞֞֝֝֞֜֝֞֝֟֝֓֟֝֟֝֓֟֝֓֟֟֝֓֓֓֓֓֓֟֝	6	Fundraising events	1c					
i A	•	d Related organizatio	ons 1d					
5 <u>°</u>	•	Government grants (co	ontributions) 1e					
continuations, cities, citaties and Other Similar Amounts	f	All other contributions and similar amounts n above	, gifts, grants, ot included 1f					
nd Oth		Noncash contribution in lines 1a-1f \$		_				
	n	Total.Add lines 1a-1			Codo			
골	22	Dramume and Canauma	ante	Business		316,887 804,3	6 887	
사	Za	Premiums and Copayme	ents		021400 004,	310,007 004,3.	.0,007	
ر د 1	Ь							
Ę	c d							
SE	e							
Program Service Revenue	f	All other program se	rvice revenue					
<u>&</u>	g.	Total.Add lines 2a-2	f	▶ 804,3	16,887			
\neg		Investment income (i			10,722,134	10,722,134	1	
		imilar amounts) . Income from investm		and proceeds	<u></u>	10,722,13	†	
		Royalties			<u> </u>			
		,	(ı) Real	(II) Personal				
	6a	Gross rents]			
	ь	Less rental expenses	322,58 388,83		-			
	_	•	,					
	C	Rental income or (loss)	-66,24	9				
	d	Net rental income o	r (loss)		-66,24	€		-66,24
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	192,318,80	6 25,476				
	b	Less cost or other basis and sales expenses	189,586,95	7 31,365				
	c	Gain or (loss)	2,731,84	-5,889]			
		Net gain or (loss)		•	2,725,96	2,725,960)	
Other Revenue		Gross income from f (not including \$ contributions reporte See Part IV, line 18	of ed on line 1c)	1				
Re	b	Less direct expense	s Ł	·]			
ē		Net income or (loss)	_	vents				
5	9a	Gross income from g See Part IV, line 19		1				
	b	Less direct expense	s]			
		Net income or (loss)		ities				
	10a	Gross sales of invent returns and allowand	ces	2 244 646				
	h	Less cost of goods s		2,211,616 1,256,914	-			
		Net income or (loss)] 954,70	954,70	2	
}		Miscellaneous		Business Code				
ļ	11	а			1			
	b	,						
	c			1				
	d	All other revenue .						
	е	Total. Add lines 11a	-11d	•				
	12	Total revenue. See	Instructions .					
					818,653,43	4 818,719,683	1	-66,24

Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all col-	umns All other orga	inizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any I	ine in this Part IX			🗆
Oo not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,162,073	2,162,073		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	725,035,415	725,035,415		
5 Compensation of current officers, directors, trustees, and key employees	4,426,245	1,521,510	2,904,735	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	30,318,717	21,517,662	8,801,055	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,405,933	2,368,585	1,037,348	
9 Other employee benefits	9,274,896	6,318,447	2,956,449	
LO Payroll taxes	2,149,746	1,366,311	783,435	
L1 Fees for services (non-employees)				
a Management	0			
b Legal	291,337		291,337	
c Accounting	519,244		519,244	
d Lobbying	0		313,211	
· · ·	0			
e Professional fundraising services See Part IV, line 17			126 410	
f Investment management fees	126,418		126,418	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,252,691	259,499	1,993,192	
L2 Advertising and promotion	175,856	298	175,558	
.3 Office expenses	4,237,246	2,028,998	2,208,248	
.4 Information technology	2,548,033	983,766	1,564,267	
.5 Royalties	0			
. 6 Occupancy	2,958,031	2,103,482	854,549	
. 7 Travel	17,178	3,821	13,357	
.8 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
.9 Conferences, conventions, and meetings	172,879	76,846	96,033	
20 Interest	105,470		105,470	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,386,317	738,926	647,391	
23 Insurance	726,436	378,051	348,385	
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS EXPENSE	3,571,407	1,261,490	2,309,917	
b CLINICAL SUPPLIES	2,149,698	2,149,698		
c				
d				
e All other expenses	0			
Total functional expenses. Add lines 1 through 24e	798,011,266	770,274,878	27,736,388	(
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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34

Liabilities 22

Fund Balances

Assets or 30

Net

(B) End of year

Page **11**

0

0

0

0

396.514

2,390,591

23,470,043

477.368.375

5.639.663

546,501,438

101,131,071

10,927,447

15.273.752

127,332,270

419,169,168

419,169,168

546.501.438

Form **990** (2017)

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

1	Cash-non-interest-bearing	6,799	1	6,649
2	Savings and temporary cash investments	9,631,289	2	13,297,305
3	Pledges and grants receivable, net		3	0
4	Accounts receivable, net	29,371,389	4	23,932,298

57,516,381

34,046,338

Beginning of year

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34

337.559

1.552.520

24,435,517

430.799.762

4.857.677

500.992.512

93,019,330

10,975,523

14.868.026

118,862,879

382,129,633

382,129,633

500.992.512

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

10a

10b

trustees, key employees, and highest compensated employees Complete Part Loans and other receivables from other disqualified persons (as defined under

II of Schedule L 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 Notes and loans receivable, net . .

Assets

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

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

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

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

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

Unsecured notes and loans payable to unrelated third parties .

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

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

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

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Page **12**

Νo

Nο

Form 990 (2017)

2a

2b

2c

3a

3b

Yes

Yes

2	Total expenses (must equal Part IX, column (A), line 25)	2	798,0
3	Revenue less expenses Subtract line 2 from line 1	3	20,6
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	382,:
5	Net unrealized gains (losses) on investments	5	14,0

Form 990 (2017)

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Reconcilliation of Net Assets

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Part XI

129,633 059.519 Donated services and use of facilities . . Investment expenses . 7 Prior period adjustments . 8 Other changes in net assets or fund balances (explain in Schedule O) . 9

2,337,848 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 419,169,168 Part XII

Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No

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

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

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

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

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

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

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

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

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

Consolidated basis

Consolidated basis

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

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☑ Both consolidated and separate basis

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 59-1830622

Name: CAPITAL HEALTH PLAN INC

Form 990 (2017) Form 990, Part III, Line 4a: 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 OUEST 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 134,300 PEOPLE, OVER 35% 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, SKIN AND WOUND CARE CENTER, INFUSION CLINIC, 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 IS THE ONLY HEALTH PLAN IN THE NATION TO HAVE "TOP TEN" COMMERCIAL MEMBER SATISFACTION RESULTS IN ALL 21 YEARS THE NCOA HAS CONDUCTED THEIR SATISFACTION SURVEYS THE FEDERAL GOVERNMENT (CMS) REPORTS THAT OVER THE PAST 10 YEARS CHP HAS THE HIGHEST AVERAGE MEDICARE MEMBER SATISFACTION IN THE NATION OUT OF OVER 600 PLANS THAT HOLD MEDICARE CONTRACTS 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 DIVIDENDDERIVED FROM THE ORGANIZATION'S ONGOING FOCUS ON EXCELLENT CLINICAL CARE AND SERVICE TO ITS MEMBERS 2017 ACCOMPLISHMENTS AND BENEFIT TO THE COMMUNITYHIGHLIGHTS OF CAPITAL HEALTH PLAN'S CONTRIBUTIONS TO THE HEALTH OF THE TALLAHASSEE AREA IN 2017 INCLUDE THE FOLLOWING AFFORDABILITYCAPITAL HEALTH PLAN'S COMMERCIAL PREMIUM YIELD INCREASED 3 8% FOR 2017 CHP HAS MAINTAINED THIRTEEN 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 27 YEARS, AND IN 2017 TOTALED 3 3% OF REVENUES REFLECTING CHP'S SUCCESS IN MAINTAINING OVER 35% 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 INITIATIVESIN ACCORDANCE WITH OUR COMMUNITY BENEFIT POLICY. THE FOLLOWING INITIATIVES WERE SUPPORTED IN 2017 ADDRESSING MARKET FAILURE/UNINSURED AND UNDERINSUREDSAFETY 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 OUALIFY 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 HEALTHCHP 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 19.000 CHILDREN ARE REGISTERED FOR THE PROGRAM IN LEON COUNTY AND THE ADJOINING RURAL COUNTIES OF JEFFERSON, GADSDEN, CALHOUN, WAKULLA AND LIBERTY COUNTY CLINICAL TRAININGCHP 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 2017

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

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

	any nours		and a director/trustee)					Organization	organizations	organization and	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
C DUBOSE AUSLEY	2 00	Х						21,500	0	0	
DIRECTOR	0 00										
THOMAS A BARRON SECRETARY	3 00	x		х				27,900	0	0	
	0 00 2 00										
LILLIE BOGAN DIRECTOR	0 00	X						27,100	0	0	
W KEN BOUTWELL JR	4 00	Х		x				45,300	0	0	
CHAIRMAN	0 00			^`				45,500	· ·		

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27,200

30,700

26,200

23,700

34,500

23,500

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DIRECTOR	
DIRECTOR	0 00
W KEN BOUTWELL JR	4 00
CHAIRMAN	0 00
DAVID K COBURN	3 00
TREASURER	0.00

TOM HERNDON

PATRICIA C HAYWARD

WINIFRED H SCHMELING

ISAAC MOORE MD

VICE CHAIRMAN

J BRIAN SHEEDY MD

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

and Independent Contractors

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

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

and Independent Contractors

ERIC SMITH

SR VP IS & CIO

ADEKUNLE OMOTAYO MD

MORITZ DEHLER MD

POLLY WHITE

CONTROLLER

PAUL BAWEK CPA

.......... MEDICAL DIRECTOR

ASSOCIATE MEDICAL DIRECTOR

SR VP QUALITY IMPRV/CLINIC OPER

	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PRAKASH PATEL MD DIRECTOR	2 00	×						0	2,321,275	33,260
ROBERT WALL	48 00 2 00							0	969,146	66,067
DIRECTOR	48 00	l						0	909,140	00,007
JOHN HOGAN PRESIDENT& CEO	50 00 0 00			х				926,558	0	190,414
SABIN BASS CPA SR VP FIN & CFO	50 00			х				466,313	0	131,112
			_	-	-	_				

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0

0

471,274

312,358

316,545

310,760

295,920

169,980

124,450

155,200

62,403

82,450

81,337

JOHN HOGAN			$_{x}$			926,558	
PRESIDENT& CEO	0 00						
SABIN BASS CPA	50 00						
		l I	X			466,313	
SR VP FIN & CFO	0 00						
NANCY VAN VESSEM MD	50 00						
				l v l		590,212	
СМО	0 00			^		330,212	

50 00

0 00 50 00

0 00 50 00

0 00 50 00

0 00 50 00

0 00

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

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

	for related 일 = 1 및 조 및 표 표 (W- 2/1099	(11, 2,4,000	(1) 2/4000							
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
TOM GLENNON	50 00				×			304,132	0	82,450
SR VP MARKETING/ADMIN SERVICES	0 00									
KATHLEEN JUGENHEIMER	50 00				x			216,372	0	63,736
COMPLIANCE OFFICER	0 00				``			210,0,2	J	
LISA RAWLINGS MD	50 00							300 367	0	72,731
MEDICAL DOCTOR		l	l	1	l	×	1	390,367	0	/2,/31

292,425

294,953

273,347

292,803

63,958

62,690

80,382

51,900

KATHLEEN JUGENHEIMER	50 00			νl		216 372	
COMPLIANCE OFFICER	0 00			^		216,372 390,367	
LISA RAWLINGS MD	50 00						
					X	390,367	
MEDICAL DOCTOR	0 00					, i	
KRISTA RANKIN MD	50 00						

0 00 50 00

0 00 50 00

0 00 50 00

0 00

......

and Independent Contractors

MEDICAL DOCTOR

MEDICAL DOCTOR

MEDICAL DOCTOR

MEDICAL DOCTOR

STEVEN CURRIEO MD

STEPHEN LAROSA MD

STANLEY GWOCK MD

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493318041628 OMB No 1545-0047

Open to Public

(Form 990)

▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** CAPITAL HEALTH PLAN INC 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par		Organizations Maintaining C	ollections of A	rt, Histori	ical T	reası	ires, or	Other	Similar A	ssets	(continued)	
3		the organization's acquisition, access (check all that apply)	ion, and other red	ords, check	any of	the fo	llowing th	nat are a	significant	use of it	s collection	
а		Public exhibition		d		Loan	or excha	nge prog	grams			
b		Scholarly research		е		Othe	r					
c		Preservation for future generations										
4	Provi Part :	de a description of the organization's o	collections and ex	olain how the	ey furt	her the	e organiza	ation's e	xempt purp	ose in		
5		ng the year, did the organization solicit s to be sold to raise funds rather than							nılar	□ Y	es 🗆 N	o
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		n Form 990), Part	: IV, lı	ne 9, or	reporte	ed an amo	unt on	Form 990,	Part
1a		e organization an agent, trustee, custo ded on Form 990, Part X?	dıan or other ınte	rmediary for	contri	bution	s or othe	r assets	not	□ Y	es 🗌 N	o
Ь	If "Ye	es," explain the arrangement in Part X	III and complete	the following	table				į.	Amount		_
С	Begir	nning balance						1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the year						1e				
f	Endır	ng balance						1f				
2 a	Dıd tl	he organization include an amount on	Form 990, Part X	line 21, for	escrov	v or cu	istodial a	ccount li	ability?	□ Y	es 🗆 N	0
b	If "Y∈	es," explain the arrangement in Part XI									Ц	
Pa	rt V	Endowment Funds. Complete									1	
4	D		(a)Current ye	ar (b) P	rior yea	ar	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four year	s back_
		ing of year balance										
		outions										
		vestment earnings, gains, and losses										
		or scholarships										
	and pr	expenditures for facilities ograms				_						
		istrative expenses										
g		year balance										
2		de the estimated percentage of the cu	rrent year end ba	lance (line 1	g, colu	mn (a)) held as	5				
а		d designated or quasi-endowment >										
b		anent endowment 🟲										
С	Temp	orarily restricted endowment >										
_		percentages on lines 2a, 2b, and 2c sh										
3а		here endowment funds not in the poss nization by	ession of the orga	anization tha	t are n	ield an	id adminis	stered fo	r the		Yes	No
	-	nrelated organizations								3	Ba(i)	
	(ii) r	elated organizations								3	a(ii)	
b	If "Y∈	es" on 3a(II), are the related organizati	ons listed as requ	ured on Sche	edule R	۱۶.				. [3b	
4	Desci	ribe in Part XIII the intended uses of the	ne organization's	endowment	funds							
Pa	rt VI	Land, Buildings, and Equipm							000 5		4.0	
	Descr	Complete if the organization and option of property (a) Cost or (investigation)	other basis (b	Cost or other					rm 990, Pa		ne 10. (d) Book valu	e
4 -	ا سدا				0 7	27 102				<u> </u>		227 102
	Land	· · · · · · · ·				27,102	-		14 121 105	<u> </u>		3,327,102
	Buildin	•			2/,2	45,942			14,121,185		13	1,124,757
		nold improvements			12.5	02 525			11 224 742	<u> </u>		440 777
		nent				83,525			11,234,748	<u> </u>	1	.,448,777
		lines to through to (Column (d) must	ogual Form 000	Dart V!		59,812			8,690,405	<u> </u>		569,407
Ota	II. Aad	lines 1a through 1e (Column (d) must	equal Form 990,	rart X, colui	mn (B)	, iine .	IO(C)).		-	1	23	,470,043

Schedule D (Form	· · · · · · · · · · · · · · · · · · ·			Pa
	restments—Other Securities. Complete if the organic Form 990, Part X, line 12.	anızatıoı	n ansv	wered "Yes" on Form 990, Part IV, line 11b.
	(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 deri (2) Closely-held (3)Other		·		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12)	•		
Part VIII In Co	vestments—Program Related. mplete if the organization answered 'Yes' on Form 9	90, Part	t IV, lı	ine 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book	value	(c) Method of valuation Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 13)			
Part IX Oth	ner Assets. Complete if the organization answered 'Yes' o (a) Description	on Form 9	990, Pa	art IV, line 11d See Form 990, Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col (B) line 15)			
	ner Liabilities. Complete if the organization answer e Form 990, Part X, line 25.	ed 'Yes'	on Fo	orm 990, Part IV, line 11e or 11f.
1.	(a) Description of liability		(b) B	Book value
(1) Federal incom DEFERRED COMP				3,233,864
POST RETIREMEN				12,039,888
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 25)	•		15,273,752
	certain tax positions In Part XIII, provide the text of the foo bility for uncertain tax positions under FIN 48 (ASC 740) Ch			,

Part XI

2

3

4

b

5

Part XIII

Schedule D (Form 990) 2017

819,850,179

-1,196,745

818,653,434

799,141,762

799,141,762

-1.130.496

798,011,266

2e

3

4c

1

2e

3

4c

5

126.418

-1.323.163

Page 4

а Net unrealized gains (losses) on investments h

Subtract line **2e** from line **1** 4

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . Add lines 4a and 4b

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII 1

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 2 а

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

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

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

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

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a 2h 2c

Explanation

4h

2a

2h

2c

2d

4a

4b

2d

126,418

-1,256,914

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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

Return Reference

<u> </u>	orm 990) 2017		Page 5
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLI	N: 934933180	041628
Schedule I (Form 990) Department of the Treasury	Ca ▶ Infor	2017 Open to Public Inspection							
Internal Revenue Service Name of the organization						Emplo	yer identific	ation number	
CAPITAL HEALTH PLAN INC						59-18	30622		
		and Assistance							
 Does the organization mai the selection criteria used Describe in Part IV the org 	to award the grants janization's procedui	or assistance? res for monitoring the u	se of grant funds in the U	nited States				✓ Yes	□ No
			ind Domestic Governme ditional space is needed	ents. Complete if the o	rganization answered "Yes	" on Form 990, I	Part IV, line	21, for any recip	ent
(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) Descri noncash as		(h) Purpose o or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of sect3 Enter total number of other		-					▶		15
For Paperwork Reduction Act Note				Cat No 50055			Scho	edule I (Form 990) 2017

Schedule I (Form 990) 2017 Part III Grants and Other Ass	sistance to	Domestic Individu	als. Complete if the org	anization answered "Yes	" on Form 990, Part IV, line 22	Page 2
Part III can be duplicat (a) Type of grant or assista	ated if addition			(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental 1	Information	on. Provide the inf	ormation required in	Part I, line 2; Part III	I, column (b); and any other ac	dditional information.
Return Reference	Explanatio	on				
Grantmaker's Description of How Grants are Used		EALTH PLAN MAINTAIN S AND ADVISORY COM		HE ORGANIZATIONS IT F	PROVIDES SUPPORT TO THROUGH	H MONITORING AND INVOLVEMENT ON BOARDS OF

Additional Data

ALZHEIMERS PROJECT INC

2619 CENTENNIAL BLVD 101 TALLAHASSEE, FL 32308

301 E THARPE ST TALLAHASSEE, FL 32303 AMERICAN CANCER SOCIETY

Software ID: 17005038 **Software Version:** 2017v2.2 **EIN:** 59-1830622 Name: CAPITAL HEALTH PLAN INC

59-3163907

13-1788491

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)						

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

501(C)3

501(C)3

t	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments
	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valu

9,700

6,800

tic Governments.		

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

WALK SPONSORSHIP

WALK SPONSORSHIP

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

SUPPORT

BIG BEND HOSPICE 1723 MAHAN CENTER BLVD TALLAHASSEE, FL 32308	59-2328806	501(C)3	23,700	O		COMMUNITY PROGRAMS
CAPITAL MEDICAL SOCIETY	23-7026264	501(C)3	40,000	0		GENERAL PROGRAM

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

1204 MICCOSUKEE RD TALLAHASSEE, FL 32308

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-6152180 501(C)3 102.500 FLORIDA STATE UNIVERSITY SUPPORT EDUCATION FND OF NURSES/ EVENT PO BOX 3062739

LEVENT SPONSORSHIP

25.000

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

501(C)3

PO BOX 3062739
TALLAHASSEE, FL 32306
FLORIDA TAXWATCH

106 N BRONOUGH ST TALLAHASSEE, FL 32301 59-1918055

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-2164894 501(C)3 13.250 FRIENDS OF OUR PARKS LEVENT SPONSORSHIP 912 MYERS PARK DR

PROGRAM FUNDING CLINICAL TRAINING

100,000

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

501(C)3

TALLAHASSEE, FL 32301
FSU COLLEGE OF MEDICINE

PO BOX 3062739 TALLAHASSEE, FL 32306 59-6152180

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

WALK SPONSORSHIP

GULF WINDS TRACK CLUB	59-1896178	501(C)3	18,000	0		WALK SPO
PO BOX 3447						
TALLAHASSEE, FL 32315						

13,000

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

501(C)3

MARCH OF DIMES 13-1846366

1990 VILLAGE GREEN WAY 3 TALLAHASSEE, FL 32308

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7422549 501(C)3 255.999 262.739 FMV MEDICAL SUPPORT STAFF NEIGHBORHOOD HEALTH IGENERAL PROGRAM SERVICES SUPPORT 438 W BREVARD ST TALLAHASSEE, FL 32301 TALLAHASSEE SENIOR 59-2040638 501(C)3 10.000 EVENT SPONSORSHIP CITIZENS 1400 N MONROF ST

TALLAHASSEE, FL 32303

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-1727645 501(C)3 20,000 EVENT SPONSORSHIP TMH FOUNDATION SUPPORT

1331 E SIXTH AVENUE TALLAHASSEE, FL 32303						
UNITED WAY OF THE BIG BEND 307 E 7TH AVE	59-6011150	501(C)3	128,338	0		GENERAL SU

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

TALLAHASSEE, FL 32303

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)3 1.085.868 13-4202729 IENCOURAGE YOUTH TO EXERCISE

WORLD CLASS SCHOOLS OF LEON

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

PO BOX 1639

TALLAHASSEE, FL 32302

990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel	efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9331	8041	628
Porcertain Officers, Directors, Trustes, Key Employees, and Highest Compensated Employees Compensated Employees Potential Empl	Sch	edule J	C	ompensat	ion Information	ОМ	B No	1545-0	0047
Attach to Form 990. Attach to Form 990 and its instructions is at more discussions and the properties of the properties	(For	ո 990)	For certain Offic	ers, Directors, 1	Frustees, Key Employees, and High	nest			
Attach to Form 990. Attach to Form 990 and its instructions is at more discussions and the properties of the properties			Complete if the or			line 23	20	117	7
Rame of the organization Regarding Compensation Sp-183622				► Attack	ı to Form 990.				
Part Questions Regarding Compensation Sp-1830622 Sp-183062 Sp-1830622 Sp-1830622 Sp-1830622 Sp-1830622 Sp-183062 Sp-1830622 Sp-1830622 Sp-1830622 Sp-1830622 Sp-183062 Sp-1830622 Sp-	•		▶ Information a						
Questions Regarding Compensation Section A, line 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	Nar	ne of the organiza							
Questions Regarding Compensation Yes No	CAP	ITAL HEALTH PLAN I	INC			59-1830622			
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items 990, Part VII, Section A, line 1a, and the organization of all of the expenses described below 2 ft. No. Complete Part III to provide any relevant information regarding these items 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reversible of Part III Section A, line 1a, did the organization pay or accrue any compensation or the rest earnings of II. No. No. 11 Yes, on line 5 and 55 Mescribe in Part III 7 No. No. 1971 No. 1974	Pa	rt I Questi	ons Regarding Compensa	ntion					
Section Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these terms								Yes	No
Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., p. maid, chauffeur, chef)	1a								
Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chaiffeur, chef)		First-class	s or charter travel		Housing allowance or residence for p	ersonal use			
Discretionary spending account		_	•	님	· ·				
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 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Prograding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III 3 Compensation committee 4 Compensation consultant 5 Compensation consultant 6 Compensation organization organizations 7 Approval by the board or compensation committee 9 Uring 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 or cannot be related organization. 9 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive				ts 📙					
or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization requires substantiation prior to rembursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III 3 Compensation committee 4 Independent compensation consultant 5 Compensation survey or study 6 Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 6 Participate in, or receive payment or change-of-control payment? 7 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 8 Receive a severance payment from, a supplemental nonqualified retirement plan? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 10 Participate in, or receive payment from, an equity-based compensation arrangement? 11 Pres' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 12 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of the payment of the payment or payment in the		☐ Discretion	nary spending account	Ц	Personal services (e g , maid, chauff	eur, cnet)			
directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III V Compensation committee Written employment contract Compensation committee V Independent compensation consultant V Compensation survey or study V Independent compensations V Approval by the board or compensation committee V Independent compensations V Approval by the board or compensation or a related organization V P P P P P P P P P	b					ent or reimbursement	1 b		
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organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Written employment contract 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 or a related organization or a related organization or a receive payment from, a supplemental nonqualified retirement plan? 4b No Participate in, or receive payment from, an equity-based compensation arrangement? 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		directors, truste	ees, officers, including the CEO/	Executive Directo	r, regarding the items checked in line	1a ²			
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During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a No Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 No 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?			•		· · · · · · · · · · · · · · · · · · ·	ion committee			
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c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? 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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III For persons listed on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III No Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	b	Participate in, o	r receive payment from, a supp	lemental nonqua	lified retirement plan?		4b		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? The organization? The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? The organization? Any related organization? Any related organization? 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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III For persons listed on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III For persons listed on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III For persons listed on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III For persons listed on Form 990, Part VII,	С				_		4c		No
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For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? a The organization? b Any related organization? 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 6a No b Any related organization? for Persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 No 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
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compensation contingent on the net earnings of a The organization? Any related organization? 6a No b Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? 9 No		If "Yes," on line	5a or 5b, describe in Part III						
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For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? No No	b						6b		No
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subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe In Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? 9 No	7						7		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? 9 No	8	subject to the in				scribe	_		
	9	If "Yes" on line	8, dıd the organızatıon also follo	ow the rebuttable	presumption procedure described in F	Regulations section	8		No
								<u> </u>	

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 of	compensation fro	m the organization	on row (1) and fro	m related organiza	tions described i	n the	
instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total							
(A) Name and Title	(B) Break	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other deferred	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
	-						

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

Software ID: 17005038

Software Version: 2017v2.2

EIN: 59-1830622

Name: CAPITAL HEALTH PLAN INC

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

	-,	rait II - Officers, Di	rectors, rrustees, k	ey Employees, and I	ngnest compensate	u Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
MEDICAL DIRECTOR	(ı) (ıı)	270,842	41,516 		122,400	32,800	467,558 	
1ERIC SMITH	(1)	300,850	144,350	26,074	104,400	20,050	595,724	120,000
SR VP IS & CIO	(11)							
2 JOHN HOGAN PRESIDENT& CEO	(ı) (ıı)	649,888	276,670		170,400	20,014	1,116,972	230,000
3KATHLEEN JUGENHEIMER COMPLIANCE OFFICER	(1)	160,776	42,175	13,421	43,965	19,771	280,108	30,000
	(II) (I)	234,013	39,350	10.063	32.400	31,558	356,383	
MEDICAL DOCTOR	(11)			19,062	32,400 	31,330		
MEDICAL DOCTOR	(ı)	390,367			32,400	40,331	463,098 	
6MORITZ DEHLER MD	(II) (I)	283,012	33,533		32,400	30,003	378,948	
ASSOCIATE MEDICAL DIRECTOR	(11)							
7 NANCY VAN VESSEM MD CMO	(1)	397,746	192,466		146,400	23,580	760,192	160,000
	(II)	218,317						
CONTROLLER	(ı) (ıı)	210,317	56,233 	21,370	56,400 	24,937	377,257 	40,000
SR VP QUALITY	(ı)	231,539	70,291	8,930	62,400	20,050	393,210	50,000
·	(II) (I)							
	(11)	554,477	1,700,000	66,798	18,000	15,260	2,354,535	
DIRECTOR	(ı) (ıı)	309,653	 642,000	17,493	 50,583	 15,484	1,035,213	
12SABIN BASS CPA SR VP FIN & CFO	(1)	315,906	144,350	6,057	104,400	26,712	597,425	120,000
	(11)							
MEDICAL DOCTOR	(ı)	260,458	26,325 	6,020	32,400	19,500	344,703 	
	(1)	248,164	24,183	1,000	50,400	29,982	353,729	
15STEVEN CURRIEO MD	(II)	260 721						
MEDICAL DOCTOR	(ı) (ıı)	260,721	32,232	2,000	32,400	30,290	357,643 	
16TOM GLENNON SR VP MARKETING/ADMIN	(1)	233,841	70,291		62,400	20,050	386,582	50,000
SERVICES	(11)							

efile GRAPHI	C print - DO NO	T PROCES	S As Fi	led Data -					DI	.N: 93	4933	180	41628
Schedule L (Form 990 or 990	Complete	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	nswered "Yes c, or Form 99 h to Form 99	Interested Persons es" on Form 990, Part IV, lines 25a, 25b, 2 990-EZ, Part V, line 38a or 40b. 90 or Form 990-EZ. 990 or 990-EZ) and its instructions is at						1B No 2(
Department of the Trea Internal Revenue Servi	asurv .	ormation abo	out Schedu	ile L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ıs is	at		pen		ublic
Name of the org CAPITAL HEALTH P								•	-	entifica	ition r	umb	er
Part I Exce	ss Benefit Trar	sactions (s	ection 501(c)(3), section !	501(c)(4), and	501(c)(29) o			0622 s onlv)				
Comp	lete if the organiza	tion answered								ne 40b			
1 (a) Name of disquali	fied person	(b)	Relationship be		lified person a	nd (escript				rected?
					organization		-	ur	ansact	ION	-	es	No
							_						
							+						
Con repo (a) Name of	ans to and/or I nplete if the organ orted an amount o (b) Relationship with organization	zation answer n Form 990, F (c) Purpose	red "Yes" or Part X, line 5 (d) Loan I	n Form 990-EZ, 5, 6, or 22	(e)Original principal amount	(f)Balance due	90, Par (g) defa	In	(Appro boa	h) ved by rd or	(janiza i)Writ jreem	ten:
			То	From	1	Yes	No	Yes	No	Yes		No	
Total					\$								
	nts or Assistar					line 27							
	ested person (b		between n and the	(c) Amount		(d) Type	of assis	stanc	ce	(e) Pui	rpose (of assi	stance
									-+				
									\dashv				
	luction Act Notice of					at No. 500564				l (Form			

Complete if the organization a	nswered "Yes" on Forn	n 990, Part IV, line 28a	a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz	f ation's
	organization			rever	iues ²
				Yes	No
(1) JESSICA HOGAN	FAMILY MEMBER	127,869	EMPLOYMENT		No
(2) MAUREEN BURNS	FAMILY MEMBER	135,831	EMPLOYMENT		No

(1) JESSICA HOGAN	FAMILY MEMBER	127,869	EMPLOYMENT	No
(2) MAUREEN BURNS	FAMILY MEMBER	135,831	EMPLOYMENT	No
(3) AUSLEY MCMULLEN LAW FIRM	DIRECTOR	588,494	PREMIUM REVENUE	No

Explanation

Schedule I (Form 990 or 990-FZ) 2017

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

Return Reference

Supplemental Information

Part V

efile GRAPH	C print - DO I	NOT PROCESS	As Filed Data -		DLN:	93493318041628
SCHEDUL (Form 990 or EZ)	990- easury ► 1	Complete to pro Form 990 o	vide information for r 990-EZ or to provi ▶ Attach to Forn	990 or 990-EZ) and its instru	ions on on.	OMB No 1545-0047 2017 Open to Public Inspection
Internal Revenue Ser Name of the org CAPITAL HEALTH P					Employer identi 59-1830622	fication number
Return Reference Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing	BERSHIP THE S NOT LESS THE NTATIVES OF E CROSS AND BLORE EMPLOYEE	ORGANIZATION'S (HAN FIFTY-ONE (5' BLUE CROSS AND I LUE SHIELD OF FLO ES OF BLUE CROS	CORPORATE MEMB 1%) OF THE CORPO BLUE SHIELD OF FL DRIDA, INC MAY BI S AND BLUE SHIELD	Explanation RTICLE 3, SECTION 1, SUBSEIT OF SHALL CONSIST OF SHALL BEATE MEMBERSHIP SHALL BORIDA, INC , AND SUCH REPITED IRECTORS, OFFICERS, CONTROPORT OF SUBSEIT O	TWENTY-SEVEN (E COMPRISED OF RESENTATIVES O DRPORATE MEMB E THAN FORTY-N	27) MEMBER F REPRESE IF BLUE IERS AND INE PERC
Body	O SUCH MEMBI CERPT FROM C ERS BY FIFTY- AND PRIVILEGE O BE ELECTED	ERSHIP BY A FIFTY CAPITAL HEALTH P ONE (51%) MAJOR E TO ELECT THE B OR APPOINTED TO	/-ONE PERCENT (51 LAN BY-LAWS-ARTI ITY VOTE, THE COR OARD OF DIRECTOR	(%) MAJORITY VOTE OF THE CLE 3, SECTION 2, SUBSECTI RPORATE MEMBERSHIP SHAL RS CORPORATE MEMBERS ID, IF NOMINATED AND ELEC	BOARD OF DIREC ION B - CORPORA LL HAVE THE RIGH SHALL HAVE THE	TORS EX TE MEMB HT, DUTY E RIGHT T

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

Return Explanation

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

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 SIG N A CONFLICT OF INTEREST DISCLOSURE STATEMENT

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE IS RESPONSIBLE FOR DETERMINING THE COMPENSA TION OF THE PRESIDENT AND CEO COMPENSATION IS BASED ON A NUMBER OF FACTORS INCLUDING PERF ORMANCE REVIEWS AGAINST DEFINED GOALS AND OBJECTIVES, AND COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATION S THE DELIBERATIONS, AND ULTIMATELY DECISIONS, REGARDING COMPENSATION ARE CONTEMPORANEOUS LY DOCUMENTED IN THE MINUTES OF COMMITTEE AND BOARD MEETINGS THE COMPENSATION COMMITTEE I S COMPRISED EXCLUSIVELY OF INDEPENDENT DIRECTORS MAKING COMPENSATION DECISIONS FOR THE PRE SIDENT AND CEO

D - 4....

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 R EASONABLENESS OF COMPENSATION FOR SENIOR MANAGEMENT AND OTHER DISQUALIFIED PERSONS, EVALUA TING SENIOR MANAGERS AND OTHER DISQUALIFIED PERSONS' COMPENSATION PLANS, POLICIES AND PROG RAMS, REVIEWING BENEFIT PLANS FOR SENIOR MANAGERS AND OTHER DISQUALIFIED PERSONS AND VERIF YING THAT COMPENSATION INFORMATION IS APPROPRIATELY AND FULLY DISCLOSED COMMITTEE MEMBERSH IP INCLUDES ONLY INDEPENDENT DIRECTORS, HAVING NO CONFLICT OF INTEREST WITH THE COMPENSATI ON ARRANGEMENTS AND SUCH INDEPENDENCE AND ABSENCE OF CONFLICTS WILL BE ASSESSED AT EACH ME ETING PRIOR TO CONDUCTING BUSINESS

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 STATUT ORY FILING FINANCIAL DOCUMENTS ARE AVAILABLE THROUGH THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONER'S WEBSITE

Return Explanation Reference Other = \$2337848 Changes In Net Assets

Or Fund Balances -Other Increases

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318041628 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. Open to Public ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** CAPITAL HEALTH PLAN INC. 59-1830622 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (c) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity or foreign country) 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. (d) (a) (b) (c) (e) (g) Public charity status Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)BLUE CROSS AND BLUE SHIELD OF FL HEALTH INSURANCE FL 501(C)(4) 4800 DEERWOOD CAMPUS JACKSONVILLE, FL 32246 59-2015694

/->		1 (6)	1 (-) 1	(4)	1 (-)	1 (6)	1 (-)	1 4	LX	1 7.5	1	/=1		(1.)
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(relat unrelated excluded fro tax under sections 51 514)	ed, total incom		Disprop alloca	h) ortionate ations?	(i) Code V- amount ii 20 of Schedule (Form 10	n box f : K-1 065)	(j) Genera mana partn	alor Pe ging o er?	(k) ercenta wnersh
								Yes	No			Yes	No	
									-					
									1					
									+	 	-	-+		
													- 1	
IV Identification of Related Orga because it had one or more relati	anizations Taxable as a Co	orporation a corporatio	or Trus	t Complet	e if the orga the tax year	nızatıon ans	wered "Yes	" on F	orm 9	90, Part	: IV,	line 3	34	
IV Identification of Related Organ because it had one or more related (a) Name, address, and EIN of related organization	anizations Taxable as a Correct organizations treated as (b) Primary activity	a corporation do do (state	(c) Legal omicile or foreign	st during t	(d) ect controlling	(e) Type of entity C corp, S corp, or trust)	wered "Yes (f) Share of total Income	Share	orm 9 (g) e of end year assets	-of- F	(h) Percent	ı tage	Sect (13)	contro
because it had one or more relations (a) Name, address, and EIN of related organization	ted organizations treated as (b) Primary activity	a corporation do do (state	on or tru: (c) Legal comicile or foreign buntry)	st during t	the tax year (d) ect controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) e of end year	-of- F	(h) Percent owners	l tage ship	Sect (13)	-
because it had one or more relations (a) Name, address, and EIN of	ed organizations treated as (b)	a corporation do do (state	(c) Legal omicile or foreign	st during t	the tax year (d) ect controlling entity ((e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end year	-of- F	(h) Percent	l tage ship	Sect (13)	contro entity?
because it had one or more relation (a) Name, address, and EIN of related organization FCO PROPERTY OWNERS ASSOCIATION ENTERVILLE PLACE ASSEE, FL 32308	ted organizations treated as (b) Primary activity	a corporation do do (state	on or tru: (c) Legal comicile or foreign buntry)	st during t	the tax year (d) ect controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) e of end year	-of- F	(h) Percent owners	l tage ship	Sect (13)	contro entity?
because it had one or more relate (a) Name, address, and EIN of related organization CO PROPERTY OWNERS ASSOCIATION NTERVILLE PLACE ASSEE, FL 32308	ted organizations treated as (b) Primary activity	a corporation do do (state	on or tru: (c) Legal comicile or foreign buntry)	st during t	the tax year (d) ect controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) e of end year	-of- F	(h) Percent owners	l tage ship	Sect (13)	contreentity?
because it had one or more relate (a) Name, address, and EIN of related organization FCO PROPERTY OWNERS ASSOCIATION NTERVILLE PLACE ASSEE, FL 32308	ted organizations treated as (b) Primary activity	a corporation do do (state	on or tru: (c) Legal comicile or foreign buntry)	st during t	the tax year (d) ect controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) e of end year	-of- F	(h) Percent owners	l tage ship	Sect (13)	contreentity?
because it had one or more relation (a) Name, address, and EIN of related organization FCO PROPERTY OWNERS ASSOCIATION ENTERVILLE PLACE ASSEE, FL 32308	ted organizations treated as (b) Primary activity	a corporation do do (state	on or tru: (c) Legal comicile or foreign buntry)	st during t	the tax year (d) ect controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) e of end year	-of- F	(h) Percent owners	l tage ship	Sect (13)	contro entity?
because it had one or more relation (a) Name, address, and EIN of related organization FCO PROPERTY OWNERS ASSOCIATION ENTERVILLE PLACE ASSEE, FL 32308	ted organizations treated as (b) Primary activity	a corporation do do (state	on or tru: (c) Legal comicile or foreign buntry)	st during t	the tax year (d) ect controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) e of end year	-of- F	(h) Percent owners	l tage ship	Sect (13)	contro entity?
because it had one or more relation (a) Name, address, and EIN of related organization FCO PROPERTY OWNERS ASSOCIATION ENTERVILLE PLACE ASSEE, FL 32308	ted organizations treated as (b) Primary activity	a corporation do do (state	on or tru: (c) Legal comicile or foreign buntry)	st during t	the tax year (d) ect controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) e of end year	-of- F	(h) Percent owners	l tage ship	Sect (13)	contreentity?
because it had one or more relation (a) Name, address, and EIN of related organization FCO PROPERTY OWNERS ASSOCIATION ENTERVILLE PLACE ASSEE, FL 32308	ted organizations treated as (b) Primary activity	a corporation do do (state	on or tru: (c) Legal comicile or foreign buntry)	st during t	the tax year (d) ect controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of total	Share	(g) e of end year	-of- F	(h) Percent owners	l tage ship	Sect (13)	contr entity 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) . . .

(a)

Name of related organization

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

Reimbursement paid by related organization(s) for expenses

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g	\Box	No
h Purchase of assets from related organization(s)	1h		No

Page 3

No

No

No

No

No

1m

1n

10

1r

1s

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

Yes Yes 1q

С	Gift, grant, or capital contribution from related organization(s)	110	NO
d	Loans or loan guarantees to or for related organization(s)	1d	No
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1 i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	No

(b)

Transaction

type (a-s)

(c)

Amount involved

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion for certain investment partiterships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	Schedule R (Form 990) 2017												0) 2017

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