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Department of the

Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

2019

DLN: 93493316044350 OMB No. 1545-0047

Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

		e 2019 c	l .	ning 01-01-2019 , and ending 12	-31-20	019		
		pplicable:	C Name of organization	g , and enamg			er identifi	ication number
		change	CAPITAL HEALTH PLAN INC			59-183	0622	
	me cha	-	Doing business as				0022	
	tial ret	urn n/terminated						
		return	Number and street (or P.O. box if m	ail is not delivered to street address) Room	/suite	E Telephor	ne number	
□ Арі	olicatio	on pending	2140 CENTERVILLE PLACE			(850) 3	83-3333	
			City or town, state or province, cour TALLAHASSEE, FL 32308	try, and ZIP or foreign postal code				
			TALLAHASSEE, FL 32306			G Gross re	ceipts \$ 1,	.127,752,363
			F Name and address of principa	l officer:	Н	(a) Is this a group re	turn for	
			2140 CENTERVILLE PLACE			subordinates?	_	□Yes ☑No
			TALLAHASSEE, FL 32308		H	(b) Are all subordinal included?	ies	☐ Yes ☐No
I Tax	-exen	npt status:	☐ 501(c)(3) ☑ 501(c)(4) ◄	(insert no.) \Box 4947(a)(1) or \Box 527		If "No," attach a	list. (see	instructions)
J W	ebsit	e:▶ WW	/W.CAPITALHEALTH.COM		⊣ н	(c) Group exemption	number	>
							T	
K Forn	n of or	ganization	: 🗹 Corporation 🗌 Trust 🔲 Asso	ciation Other ►	LY	ear of formation: 1978	M State of	of legal domicile: FL
De	-4.1	Cum						
Fa	rti 1 P		mary scribe the organization's mission o	r most significant activities:				
a.		SEE STATI		Those significant activities.				
ညိ	_							
le (_							
Ver	_	Charlette	:-	continued its operations or disposed o	.	H 250/ -5:4		
Governance				continued its operations or disposed o	r more	than 25% or its net a	ssets.	12
			•	the governing body (Part VI, line 1b)			4	9
es			-	lendar year 2019 (Part V, line 2a)			5	495
¥			, ,	essary)			6	133
Activities &			•	VIII, column (C), line 12			7a	0
•			lated business taxable income from				7a 7b	
	ь	Net unie	lated business taxable income from	11 FOITH 990-1, IIIIe 39		Prior Year		Current Veer
		C t ilt	dana and amounts (Dant) (III - 11)		}	Prior fear	_	Current Year
ã.			cions and grants (Part VIII, line 1h)		-	064 204	240	0
Ravenue		-	service revenue (Part VIII, line 2g)		•	861,304,		896,927,008
Ŗ.			ent income (Part VIII, column (A), I	•		14,753,		20,230,035
			venue (Part VIII, column (A), lines			815,		815,482
				st equal Part VIII, column (A), line 12)		876,873,	_	917,972,525
			nd similar amounts paid (Part IX, c			1,866,		3,781,289
			,	olumn (A), line 4)		766,607,		782,656,019
8		-		nefits (Part IX, column (A), lines 5-10)	51,796,	317	53,039,711
eus	16 a	Professio	onal fundraising fees (Part IX, colur	nn (A), line 11e)				0
Expenses	Ь	Total fundr	raising expenses (Part IX, column (D), I	ine 25) ▶0				
ш	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		31,564,	476	26,673,758
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)		851,835,	390	866,150,777
	19	Revenue	less expenses. Subtract line 18 fro	om line 12		25,038,	083	51,821,748
 € &						Beginning of Current Y	'ear	End of Year
Net Assets or Fund Balances	20	T-4-1	ata (Dart V. III 46)		}	FF3 F35	625	637.346.433
Ass I Ba			ets (Part X, line 16)		-	552,535,		637,246,193
E E			ilities (Part X, line 26)		-	124,012,		120,277,270
			ts or fund balances. Subtract line 2	21 from line 20		428,522,	327	516,968,923
	rt II		ature Block	ined this return, including accompanyi	na sch	adulas and statement		the best of my
				. Declaration of preparer (other than o				
any k								
		*****	*			2020 11 11		
C:		Signati	ure of officer			2020-11-11 Date		
Sign Here		L' CARTH	C DASC CDA EVE ETAL A CEO					
			C BASS CPA EVP FIN & CFO r print name and title					
		17	rint/Type preparer's name	Preparer's signature	Date		PTIN	
Daia	1	[, . / p = p : -p a : o : o : i a : i o			Check 🔲 if	•	
Paid		\r -	irm's name	1	1	self-employed Firm's EIN ►		
Prep		;; -						
Use	υn	יע	ïrm's address ▶			Phone no.		
	_							
May t	he IR:	S discuss	this return with the preparer show	vn above? (see instructions)			$\Box_{\mathbf{v}}$	′es 🗌 No

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)					Page 2
Pa	rt III 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 o	or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe the	ese new services on So	hedule O.			
3	Did the organization	cease conducting, or r	nake significant	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	to report the amount of	argest program services, as mea grants and allocations to others	
4a	(Code:) (Expenses \$	833,274,212	including grants of \$	3,781,289) (Revenue \$	917,972,525)
	See Additional Data					
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4d	Other program servi	ices (Describe in Sched	lule O.)			
	(Expenses \$	inc	cluding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses ►	833,274,2	12		
						Form 990 (2019)

Form	990 (2019)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	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	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			

business, investment, and program service activities outside the United States, or aggregate foreign investments

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,"

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

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

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

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14b

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18

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20a

20b

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Yes

Form **990** (2019)

Nο

Νo

Nο

No

Nο

Nο

Nο

orm	990 (2019)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part II	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	· · ·		
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
1~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1,090		Yes	No
	Enter the number reported in box 3 or Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Yes	

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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 2a	495		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
b	If "Yes," enter the name of the foreign country: ►	BAR).		
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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organic solicit any contributions that were not tax deductible as charitable contributions?			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi not tax deductible?	fts were 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an provided to the payor?	d services 7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?	ed to file 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 required?	9 as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 1098-C?	a Form 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?			
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a	'	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
122	against amounts due or received from them.)	1? 12 a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	124		
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	· · 13a		
	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			
	Enter the amount of reserves on hand			N.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of			
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income If "Yes," complete Form 4720, Schedule O.	? · · 16		No

01111	330 (2	o1),			rage (
Pai	rt 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. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines ✓
Se	ction	A. Governing Body and Management			
				Yes	No
1a		the number of voting members of the governing body at the end of the tax year 12			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r 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, director, trustee, or key employee?	2		No
3		e organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	e organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	e organization have members or stockholders?	6	Yes	
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b	Yes	
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by llowing:			
а	The g	overning body?	8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?	8 b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization'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		
				Yes	No
		e organization have local chapters, branches, or affiliates?	10a		No
	and bi	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	form?		11a	Yes	
		ibe in Schedule O the process, if any, used by the organization to review this Form 990			
		e organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	conflic		12b	Yes	
С	~ 1	e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in fulle O how this was done	12c	Yes	
13		e organization have a written whistleblower policy?	13	Yes	
14		e organization have a written document retention and destruction policy?	14	Yes	
15		e process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
		rganization's CEO, Executive Director, or top management official	15a	Yes	
b		officers or key employees of the organization	15b	Yes	
		" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	taxabl	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	in join	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?			1
		· · · · · · · · · · · · · · · · · · ·	16b		
<u>Se</u> 17		C. Disclosure de states with which a copy of this Form 990 is required to be filed▶			
18	Sectio	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
		wn website \square Another's website $ ot ot ot ot other (explain in Schedule 0)$			
19	Descri	ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest, and financial statements available to the public during the tax year.			
20	State	the name, address, and telephone number of the person who possesses the organization's books and records: IN C BASS CPA 1545 RAYMOND DIEHL ROAD TALLAHASSEE, FL 32308 (850) 383-3333			
			F	orm 99	0 (2019

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. Sie instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Form 990 (2019)	tore Trustee	- Kov	Emp	Jov			Hia	hest Compe	neate	d Employees	(cont	inuad)	Page 8
Part VII Section A. Officers, Direct (A)	(B)	Key i	<u>Emp</u> i	loye (C)		<u>, and</u>	Higi	(D)	nsate	1	(conu	<u>(F</u>)	<u> </u>
(A) Name and title	Average hours per week (list any hours for related	than o	one bo	lo no oox, u an of tor/t	unles unles fficer trust		rson a	Reportab compensate from the organizati	ation ne tion	(E) Reportable compensatior from related organizations (W-2/1099-	le Estima ion amount c ed compen ons from		ated of other sation the
	organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensat employee	Former	MISC)		MISC)		relat organiza	:ed
1			a a			sated							
See Additional Data Table				igspace	igspace	igspace	\perp						
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			+	+	+	+	+			 	+		
1b Sub-Total						<u> </u>	-		П_		Τ'_		
c Total from continuation sheets to Pad Total (add lines 1b and 1c)	art VII, Section	1 A				>	_	5,837,6	557	4,262,76	59		2,321,889
Total number of individuals (including of reportable compensation from the or	g but not limited	d to thos				e) who	o rec	:eived more th	nan \$10	00,000			
												Yes	No
Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>						loyee,		ighest comper	nsated	employee on	3		No
For any individual listed on line 1a, is organization and related organizations individual										n the	4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization?						,		_	or indi	vidual for	5		No
Section B. Independent Contractor					_								
Complete this table for your five higher from the organization. Report compen											mpens	sation 	
Name a	(A) and business addre	ess							Desc	(B) ription of services		(C Comper	
FALLAHASSEE MEMORIAL HEALTHCAREINC		<u></u>						HEAL	LTH CAR				,606,857
1300 MICCOSUKEE RD TALLAHASSEE, FL 32308													
PRIME THERAPEUTICS								PHAR	RMACY F	?BM		141	,267,773
1305 CORPORATE CENTER DR EAGAN, MN 55121													- 250
TALLAHASSEE MEDICAL CENTER 2626 CAPITAL MEDICAL BLVD								HEAL	LTH CAR	ξ Ε		β1	,950,360
TALLAHASSEE, FL 32308 SHANDS TEACHING HOSPITAL								HEAT	LTH CAR			25	,490,309
SHANDS TEACHING HOSPITAL 1600 SW ARCHER ROAD									.IH Uni	₹E			,490,565
GAINESVILLE, FL 32608 ANESTHESIOLOGY ASSOC OF TALLAHASSEE								HEA!	LTH CAR	DE .		19	,985,522
2173 CENTERVILLE PLACE A TALLAHASSEE, FL 32308									.III G				,505,522
2 Total number of independent contractors compensation from the organization ▶ 2		c not lim	ited t	to th	nose	listed	abo	ve) who receiv	ved mo	ore than \$100,00	00 of		
										•		Form 00	<u>n (2010)</u>

Part \		Statement Check if Scheo			a respo	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 campa	igns		1a	l		revenue		312 - 314
Similar Amounts	ь	Membership dues	5.		1 b					
	С	Fundraising even	ts .		1c					
olle. illar A	d	Related organizat	tions	;	1d					
n E	е	Government grants	(cont	tributions)	1e					
and Other Sirr	f	All other contributio	ns, g	ifts, grants,						
je je		above			1f					
Other	g	Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g					
and	h	1 Total. Add lines :	1a-11	f	. <u>-</u>	•				
						Business Code	0	T		
	2a	PREMIUMS AND COPA	AYME	NTS			896,927,008	896,927,008		
- 1						621400				
Ken	b									
æ										
ĂĊ.	C									
<u> </u>	d									
Program Service Revenue										
3	e									
_	f	All other program	serv	ice revenue						
	g	Total. Add lines 2	2a-2	f	. ▶	896,927,008	L	L		L
		nvestment income						14,890,903		
		imilar amounts) . ncome from invest		t of tax-exe		ond proceeds				
						_	0			
				(i) Rea	al	(ii) Personal				
	6a -	Gross rents	6a		339,278	3				
		Less: rental								
	expenses 6b 477,275 c Rental income				5					
		or (loss)	6с	-	1 37,997	,				
	d	Net rental income	or ((loss)			-137,997			-137,99
				(i) Secur	ities	(ii) Other	_			
		7a Gross amount from sales of assets other than inventory			247,549	1,90	06			
	_	Less: cost or other basis and sales expenses	7b	207,	906,879	3,44	4			
	c	Gain or (loss)	7с	5,	340,670	-1,53	8			
		Net gain or (loss)					5,339,132	5,339,132		
Other Revenue		Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on I	of	8a					
Re	b	Less: direct expen	ses		8b					
her		Net income or (los			ing eve	ents				
	0-	Gross income from	aami	ing activition						
ا ا		See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b					
	С	Net income or (los	s) fr	om gaming	activiti	ies 🕨	0			
1	10a	Gross sales of inve	entor	y, less						
ا ا	. – 4	returns and allowa	nces	5	10a	2,345,719	9			
	b	Less: cost of good	s sol	d	10 b	1,392,240				
-	С	Net income or (los			invent		953,479	953,479		
}	11a	Miscellaneo	us R	evenue		Business Code	\dashv			
	b						+			
	-									
	c									
	-									
	d	All other revenue								
		Total. Add lines 1				•	_			
	12	Total revenue. S	ee in	structions			0			
						· •	917,972,525	918,110,522		-137,99 Form 990 (2019

	1 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omnlete all columns	All other organization	ns must complete colu	ımn (A)
	Check if Schedule O contains a response or note to an		_	ins mast complete cold	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,781,289	3,781,289		·
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, lines 15 and 16.	0			
4	Benefits paid to or for members	782,656,019	782,656,019		
5	Compensation of current officers, directors, trustees, and key employees	4,203,438	1,256,446	2,946,992	
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	32,840,608	22,831,830	10,008,778	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,825,426	2,652,857	1,172,569	
9	Other employee benefits	9,901,693	6,620,912	3,280,781	
10	Payroll taxes	2,268,546	1,455,163	813,383	
11	Fees for services (non-employees):				
ā	Management	0			
Ŀ	Legal	201,478		201,478	
c	Accounting	1,791,715		1,791,715	_
c	l Lobbying	120,205	120,205		_
•	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	144,851		144,851	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,911,624	378,304	3,533,320	
12	Advertising and promotion	247,369	11,073	236,296	
13	Office expenses	4,643,174	2,043,562	2,599,612	
14	Information technology	2,937,370	1,124,514	1,812,856	
	Royalties	0			
16	Occupancy	3,458,544	2,426,632	1,031,912	
17	Travel	12,724	1,997	10,727	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	203,206	73,838	129,368	
20	Interest	182,318		182,318	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,231,749	805,976	425,773	
23	Insurance	782,034	363,426	418,608	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a MISCELLANEOUS EXPENSE	3,682,588	1,547,360	2,135,228	
	b CLINICAL SUPPLIES	3,122,809	3,122,809		
	С				
	d				
	e All other expenses	0			
	Total functional expenses. Add lines 1 through 24e	866,150,777	833,274,212	32,876,565	0
	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).				

Form 990 (2019)

1

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Assets

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31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30

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

10a

10b

key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net

Inventories for sale or use Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 . . .

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 . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

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

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

	(A) Beginning of year		(B) End of year
nterest-bearing	6,890	1	-

79.942.601

33,177,726

Page **11**

.030

9,122,744

535.886

3,052,476

46,764,875

543,587,110

6,465,622

637,246,193

94,374,213

13.143.368

12,759,689

120.277.270

516,968,923

516,968,923

637,246,193

Form 990 (2019)

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483.672

2,556,923

27,739,412

5,690,175

552,535,625

97,951,153

12.360.501

13,701,144

124.012.798

428,522,827

428,522,827

552,535,625

486,040,394

- Cash-non-ii 7,619,101 Savings and temporary cash investments .
- 3 3 Pledges and grants receivable, net . . . 22.399.058 Accounts receivable, net 4
- 27,710,450 Loans and other payables to any current or former officer, director, trustee,

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

Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

No

Form 990 (2019)

3h

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 59-1830622

Name: CAPITAL HEALTH PLAN INC

Form 990 (2019)

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 BASE OF 133,100 PEOPLE; OVER 35% OF THE AREA'S POPULATION. THE HEALTH PLAN HAS DEVELOPED A HIGH QUALITY DELIVERY SYSTEM THAT INCLUDES OVER 500 AREA PHYSICIANS, MORE THAN 90% OF THE MEDICAL COMMUNITY. THE CORE OF THIS DELIVERY SYSTEM IS CHP'S EMPLOYED CLINICAL STAFF, A GROUP OF 33 PHYSICIANS AND 8 OPTOMETRISTS WHO PRACTICE IN THREE 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, DIGITAL X-RAY AND MAMMOGRAPHY SERVICES. 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 23 YEARS THE NCOA HAS CONDUCTED THEIR SATISFACTION SURVEYS. 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, 2019 ACCOMPLISHMENTS AND BENEFIT TO THE COMMUNITYHIGHLIGHTS OF CAPITAL HEALTH PLAN'S CONTRIBUTIONS TO THE HEALTH OF THE TALLAHASSEE AREA IN 2019 INCLUDE THE FOLLOWING: AFFORDABILITYCAPITAL HEALTH PLAN'S COMMERCIAL PREMIUM YIELD INCREASED 4.5% FOR 2019. CHP HAS MAINTAINED FIFTEEN 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 29 YEARS, AND IN 2019 TOTALED 3.5% 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 2019: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 MEDICAL CENTER 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 19,100 CHILDREN ARE REGISTERED FOR THE PROGRAM IN LEON COUNTY AND THE ADJOINING RURAL COUNTIES OF JEFFERSON, GADSDEN, CALHOUN, WAKULLA AND LIBERTY CLINICAL TRAININGWITH THE CONTINUAL AGING OF OUR POPULATION AND THE GROWING SHORTAGE OF GENERAL INTERNAL MEDICINE PHYSICIANS PROVIDING PRIMARY CARE SERVICES IN OUR AREA, CHP HAS ACTIVELY WORKED WITH FLORIDA STATE UNIVERSITY'S COLLEGE OF MEDICINE TO ESTABLISH AN ENDOWMENT FUND INVESTMENT. THIS INVESTMENT IS INTENDED TO PROVIDE MUCH NEEDED SCHOLARSHIP SUPPORT TO MEDICAL STUDENTS COMMITTED TO BECOMING GENERAL INTERNAL MEDICINE PHSICIANS OR GERIATRICIANS PRACTICING IN OUTPATIENT SETTINGS IN LEON AND ADJOINING COUNTIES OF JEFFERSON, GADSDEN, CALHOUN, WAKULLA AND LIBERTY.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 2019.

(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,

and Independent Contractors

SR. VP. IS & CIO

ADEKUNLE OMOTAYO MD

MEDICAL DIRECTOR

DIRECTOR

SR. VP. QUALITY IMPRV/CLINIC OPER

SR. VP. MARKETING/ADMIN SERVICES

TIMOTHY CRONIN

POLLY WHITE

TOM GLENNON

LISA RAWLINGS MD

MEDICAL DOCTOR

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ROBERT WALL	2.00	X						0	2,801,518	51,553
DIRECTOR	48.00							Ţ	_,,	
JOHN HOGAN	50.00			x				972,278	0	299,858
PRESIDENT& CEO	0.00									
ELANA SCHRADER MD DIRECTOR	2.00 	Х						0	901,664	360,354
	1 48.001		ı	1	1	1	1			

190,063

182,232

213,073

36,215

164,682

164,133

70,503

0

0

0

0

0

0

559.587

485,943

387,235

341,181

326,264

405,876

PRESIDENT& CEO	0.00					
ELANA SCHRADER MD	2.00	v			0	901
DIRECTOR	48.00	Χ			0	901
SABIN BASS CPA	50.00		Х		503,207	
EVP FIN & CFO	0.00		^		303,207	
ERIC SMITH	50.00					

0.00

0.00

48.00 50.00

0.00

0.00

0.00

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

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

and Independent Contractors

STANLEY GWOCK MD

W KEN BOUTWELL JR

WINIFRED H SCHMELING

CHAIRMAN

VICE CHAIRMAN

TOM HERNDON

DIRECTOR

KATHLEEN JUGENHEIMER

COMPLIANCE OFFICER

MEDICAL DOCTOR

	any hours	and	a dir	recto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PAUL BAWEK CPA CONTROLLER	50.00							319,300	0	132,233
MORITZ DEHLER MD ASSOCIATE MEDICAL DIRECTOR	50.00							344,202	0	65,822
HENRY GUNTER MD MEDICAL DOCTOR	50.00							302,067	0	83,949
	I 50.00	I	I	1	1	1	l	l l		

86,465

65,155

52,328

103,271

0

0

0

0

0

0

312,782

226,713

49,600

44,800

31,800

ASSOCIATE MEDICAL DIRECTOR	0.00				3,2.2	-	
HENRY GUNTER MD	50.00				302,067	0	
MEDICAL DOCTOR	0.00				302,007	3	
STEPHEN LAROSA MD	50.00				287,515	0	
MEDICAL DOCTOR	0.00				207,313	0	
STEVEN CURRIEO MD	50.00				306,094	0	
MEDICAL DOCTOR	0.00				300,094	0	

0.00

0.00

0.00 4.00

3.00

2.00

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 person is both an officer compensation from the from related

0

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

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
THOMAS A BARRON SECRETARY	3.00	Х		х				30,000	0	0
LILLIE BOGAN DIRECTOR	2.00	х						29,000	0	0
DAVID K COBURN TREASURER	3.00	Х		x				29,000	0	0
ISAAC MOORE MD	2.00	×						27 800	0	0

		X	l		29.000	
DIRECTOR	0.00					
DAVID K COBURN	3.00	.,				
TREASURER	0.00	Х	X		29,000	
ISAAC MOORE MD	2.00	v			27,800	
DIRECTOR	0.00	^			27,800	

2.00

0.00 2.00

0.00 2.00

0.00 2.00

0.00

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Χ

Χ

25,000

23,000

23,000

4,000

0

0

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and Independent Contractors

J BRIAN SHEEDY MD

C DUBOSE AUSLEY

PATRICIA C HAYWARD

KATHLEEN MEARS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316044350

OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019 Open to Public

Department of the Treasury

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

interr	nal Revenue Service	<u>1990</u> for instructions a	nd the latest infor	mation.	In	spection
	nme of the organization PITAL HEALTH PLAN INC			Employer id	entification	number
				59-1830622		
Pā	ort I Organizations Maintaining Donor Advis Complete if the organization answered "Ye			r Accounts.		
	Complete if the organization answered Te	(a) Donor advi		(b) Fund	ds and other	accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex] Yes □ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for	any other purpose c	be used only fo onferring impe	rmissible] Yes □ No
Pa	rt II Conservation Easements.					
	Complete if the organization answered "Ye					
1	Purpose(s) of conservation easements held by the organ	` —				
	Preservation of land for public use (e.g., recreation	n or education)	Preservation of an	historically imp	portant land a	area
	Protection of natural habitat		Preservation of a c	ertified historic	: structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation co	ntribution in the for		ation at the End o	of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified historic	c structure included in (a	1)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and n	ot on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished	d, or terminated by t	the organization	n during the	
4	Number of states where property subject to conservation	n easement is located >				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, ir s?	ispection, handling o	of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violatio	ns, and enforcing co	nservation eas	ements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, a	nd enforcing conserv	/ation easemen	nts during the	e year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?			70(h)(4)(B)(i)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organiza			and	
Pai	the organization's accounting for conservation easement III Organizations Maintaining Collections	of Art, Historical Tr	easures, or Other	er Similar A	ssets.	
1 a	Complete if the organization answered "Ye If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for	.6 (ASC 958), not to repo	ort in its revenue sta			
b	provide, in Part XIII, the text of the footnote to its finan If the organization elected, as permitted under SFAS 11	.6 (ASC 958), to report in	n its revenue statem			
-	historical treasures, or other similar assets held for publ following amounts relating to these items:	, ,				
	(i) Revenue included on Form 990, Part VIII, line 1					
(ii) Assets included in Form 990, Part X \dots			> \$ _		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	116 (ASC 958) relating to	o these items:			
а	Revenue included on Form 990, Part VIII, line 1			> \$_		
b	Assets included in Form 990, Part X			▶\$		

d Equipment

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

Sch	edule D (Form 990) 2019								Page 2		
Pai	rt III Organizations Maintaining C	Collections of Art,	Histori	cal Tre	asures, o	r Other	Similar As	sets (continued)		
3	Using the organization's acquisition, access items (check all that apply):	sion, and other records	s, check	any of th	e following t	that are a	significant u	ise of its	s collection		
а	Public exhibition		d		oan or exch	ange prog	ırams				
b	Scholarly research		е		Other						
С	Preservation for future generations										
4	Provide a description of the organization's Part XIII.	collections and explair	how the	ey furthe	r the organiz	zation's ex	kempt purpo	se in			
5	During the year, did the organization solici assets to be sold to raise funds rather than							□ Ye	es 🗆 No		
Pa	Escrow and Custodial Arrange Complete if the organization are X, line 21.		orm 990	, Part I\	V, line 9, o	r reporte	ed an amou	ınt on I	Form 990, Part		
1 a	Is the organization an agent, trustee, custo included on Form 990, Part X?							□ Ye	es 🗌 No		
b	If "Yes," explain the arrangement in Part X	TII and complete the f	ollowing	table:			Δ	mount			
c	, ·	•	_			1c		mount			
d						1d					
е	readitions daring and year to the terms					1e					
f	- · ·					1f		-			
2a						eccount lia	hility?		es 🗆 No		
b								_	- III		
	art V Endowment Funds.	III. Check here if the	ехріапац	IOII IIAS D	een provide	u III Part /	<u> </u>				
	Complete if the organization ar	nswered "Yes" on Fo	rm 990	, Part I\	V, line 10.						
	•	(a) Current year		rior year		ears back	(d) Three yea	ars back	(e) Four years back		
1 a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	irrent year end balanc	e (line 1	g, columi	n (a)) held a	ıs:					
а	Board designated or quasi-endowment ▶										
b	Permanent endowment ►										
c	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.									
3а	organization by:	_	ation tha	t are held	d and admin	istered fo	r the	_	Yes No		
	(i) unrelated organizations								a(i)		
L	(ii) related organizations			ماريات ٢٦					a(ii)		
ь 4	 If "Yes" on 3a(ii), are the related organizated Describe in Part XIII the intended uses of the second of the second or the second	•							3b		
	art VI Land, Buildings, and Equipm		>vviiieiit	unus.							
ı e	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.										
	Description of property (a) Cost or	other basis (b) Cos		basis (oth			lepreciation		(d) Book value		
	(invest	tment)									
1 a	Land			8,327,	102				8,327,102		
b	Buildings			50,592,	.099		16,349,289		34,242,810		
	Leasehold improvements										

11,339,690

9,683,710

3,551,719

46,764,875

643,244

7,787,971

9,040,466

	Form 990) 2019				Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, I	Dart T\/	ina 111	See Form 990	Part Y line 12
	(a) Description of security or category	(b)		(c) Metho	d of valuation:
	(including name of security)	Book value		Cost or end-of	-year market value
(1) Financia	l derivatives				
(2) Closely- (3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.				
	Complete if the organization answered 'Yes' on Form 990, I (a) Description of investment	Part IV, I	ine 110	(b) Book value	(c) Method of valuation:
	(a) Sestingtion of investment			(B) Book value	Cost or end-of-year market value
(1)					value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		<u> </u>		
	Complete if the organization answered 'Yes' on Form 990, P	art IV, li	ne 11d	. See Form 990, Pa	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
					•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	art IV. li	ne 11e	or 11f.See Form	990, Part X, line 25.
1.	(a) Description of liability	,			(b) Book value
(1) Federal (3)	income taxes				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	e to the o	rganizat	tion's financial state	ments that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740). Check				_

Schedule D (Form 990) 2019

2

b

Page 4

936.960.801

17,602,890

919,357,911

-1,385,386

917,972,525

867,398,166

867,398,166

-1.247.389

866,150,777

3

а Net unrealized gains (losses) on investments h

Other (Describe in Part XIII.) 4

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

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 .

Other (Describe in Part XIII.) Add lines 4a and 4b .

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 1

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: а

Other (Describe in Part XIII.)

Add lines 2a through 2d . .

3

4

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 . . .

Other (Describe in Part XIII.)

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

4b

2a

2b

2c 2d

2a

2h

2c

2d

4a

4b

144.851 -1,392,240

17,602,890

144,851

-1.530.237

2e

3

4c

1

4c

2e 3

Add lines **4a** and **4b**

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

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

> Return Reference Explanation Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Part XIII Supplemental Inform	mation (continued)	Page 5
Return Reference	Explanation	
		Schedule D (Form 990) 2019

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

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

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

OMB No. 1545-0047

DLN: 93493316044350

Department of the Treasury Internal Revenue Service		► Go to <u>ww</u>	► Attach to Form w.irs.gov/Form990 for		on.		Inspection
lame of the organization	NC					Employer identif	ication number
CAPITAL HEALTH PLAN II	INC .					59-1830622	
Part I General :	Information on Grants	and Assistance					
the selection criter	tion maintain records to sub ria used to award the grants	or assistance?			for the grants or assistant	ce, and	☑ Yes ☐ N
_	/ the organization's procedu I Other Assistance to Don	_	_		rganization answered "Yes	on Form 990 Part IV lir	ne 21 for any recipient
that receive	ed more than \$5,000. Part I	I can be duplicated if ad	ditional space is needed.	The order of the order		011 1 01111 330, 1 are 10, 111	- Ic 21, for any recipient
(a) Name and addre organization or government	ess of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
(2)							
(3)							
(4)							
[5)							
(6)							
7)							
(8)							
(9)							
(10)							
[11)							
12)							
2 Enter total number	r of section 501(c)(3) and g	overnment organization:	s listed in the line 1 table				14
3 Enter total number	r of other organizations liste	ed in the line 1 table .	<u>.</u> .			. <u>−</u>	0
or Paperwork Reduction	Act Notice, see the Instruction	ons for Form 990.		Cat. No. 50055	5P	Sc	chedule I (Form 990) 2019

Schedule I (Form 990) 2019		Daniel Tariffail		-1-t- :6 tl			F	000 Part IV 15- 22		Page 2
Part III Grants and Other A Part III can be duplic				piete if the org	anizatior	n answered "Yes"	on For	m 990, Part IV, line 22.		
(a) Type of grant or assista	(a) Type of grant or assistance (b) Number of recipients					(d) Amoun		(e) Method of valuation FMV, appraisal, oth		(f) Description of noncash assistance
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
Part IV Supplemental	Information	on. Provide the i	nformation	n required in	Part I,	line 2; Part III,	colum	n (b); and any other	addition	al information.
Return Reference	Explanation	on								
Grantmaker's Description of How Grants are Used		EALTH PLAN MAINTA S AND ADVISORY C			HE ORGA	ANIZATIONS IT P	ROVIDE	S SUPPORT TO THROUG	H MONITO	DRING AND INVOLVEMENT ON BOARDS OF

Additional Data

ALZHEIMERS PROJECT INC

2851 REMINGTON GREEN CIR TALLAHASSEE, FL 32308

301 E THARPE ST TALLAHASSEE, FL 32303 AMERICAN HEART

ASSOCIATION

Software ID: 19009920
Software Version: 2019v5.0
EIN: 59-1830622
Name: CAPITAL HEALTH PLAN INC

59-3163907

13-5613797

(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)	ĺ
						ĺ

12,400

9.800

501 (c)(3)

501 (c)(3)

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 value (d) Amount of cash (e) Amount of non- (f) Method of value (d) Amount of cash (e) Amount of non- (f) Method of value (d) Amount of cash (e) Amount of non- (f) Method of value (d) Amount of cash (e) Amount of non- (f) Method of value (d) Amount of cash (e) Amount of non- (f) Method of value (d) Amount of cash (e) Amount of non- (f) Method of value (d) Amount of cash (e) Amount of non- (f) Method of value (d) Amount of cash (e) Amount of non- (f) Method of value (d) Amount of cash (e) Amount of c

(g) Description of non-cash assistance

(h) Purpose of grant 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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

SUPPORT

BIG BEND HOSPICE 1723 MAHAN CENTER BLVD TALLAHASSEE, FL 32308	59-2328806	501 (c)(3)	12,450	0		COMMUNITY PROGRAMS
CAPITAL MEDICAL SOCIETY	23-7026264	501 (c)(3)	35,000	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 if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government FLORIDA STATE UNIVERSITY 59-6152180 501 (c)(3) 2,000,000 SUPPORT EDUCATION TUDENTS

FND 325 W COLLEGE AVE TALLAHASSEE, FL 32301				OF MED STU

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

FLORIDA TAXWATCH

59-1918055 25.000l **IEVENT SPONSORSHIP** 501 (c)(3) 106 N BRONOUGH ST TALLAHASSEE, FL 32301

(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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-2259497 501 (c)(3) 25.000 FOUNDATION FOR HEALTHY THEALTHY LIVING FLORID INITIATIVE 1430 PIEDMONT DRIVE EAST

IEVENT SPONSORSHIP

TALLAHASSEE, FL 32308 FRIENDS OF OUR PARKS 59-2164894 501 (c)(3) 8.250

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

1201 MYERS PARK DR TALLAHASSEE, FL 32301

(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 if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-1846366 501 (c)(3) 11.660 MARCH OF DIMES WALK SPONSORSHIP 1990 VILLAGE GREEN WAY 3

1990 VILLAGE GREEN WAY 3
TALLAHASSEE, FL 32308

NEIGHBORHOOD MEDICAL 23-7422549 501 (c)(3) 256,000 200,612 FMV MEDICAL SUPPORT STAFF GENERAL PROGRAM SUPPORT
438 W BREVARD ST

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

TALLAHASSEE, FL 32301

(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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-2040638 501 (c)(3) 15.000l TALLAHASSEE SENIOR IEVENT SPONSORSHIP CITIZENS

1400 N MONROF ST TALLAHASSEE, FL 32303

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

TALLAHASSEE, FL 32303

TMH FOUNDATION 59-1727645 501 (c)(3) 15.000l IEVENT SPONSORSHIP 1331 E SIXTH AVENUE

(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, non-cash assistance or assistance organization grant cash or government assistance other) UNITED WAY OF THE BIG 59-6011150 501 (c)(3) 107,263 GENERAL PROGRAM DEND CURRORT

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

PO BOX 1639

TALLAHASSEE, FL 32302

307 E 7TH AVE TALLAHASSEE, FL 32303						SUPPORT
WORLD CLASS SCHOOLS OF LEON	13-4202729	501 (c)(3)	1,026,200	0		ENCOURAGE YOUTH TO EXERCISE

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	L6044	350			
Sch	nedule J	Co	mpensati	ion Information	01	MB No.	1545-0	0047			
(For	m 990)	For certain Officer		rustees, Key Employees, and Higl	hest						
		► Complete if the orga	Compensa Inization answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2019					
Б			▶ Attach	to Form 990. instructions and the latest inforn		Open (
•	tment of the Treasury al Revenue Service	P do to <u>www.ns.gov</u>	<u>/101111990</u> 101	mistractions and the latest inform	lation.		ectio				
	ne of the organiza				Employer identifica	tion nu	ımber				
					59-1830622						
Pa	rt I Questi	ons Regarding Compensati	ion				l				
1 a				the following to or for a person listed y relevant information regarding thes			Yes	No			
		,									
		s or charter travel companions	H	Housing allowance or residence for p Payments for business use of person							
	_	nification and gross-up payments		Health or social club dues or initiation							
		nary spending account		Personal services (e.g., maid, chauf	feur, chef)						
	T66 +1 1			£-11							
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b					
2				or allowing expenses incurred by all		2					
	directors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked on Lin	ela?						
3		if any, of the following the filing of EO/Executive Director. Check all		ed to establish the compensation of th	ne						
				CEO/Executive Director, but explain in	n Part III.						
	✓ Compensa	ation committee		Written employment contract							
		ent compensation consultant	<u>~</u>	Compensation survey or study							
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensat	tion committee						
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a						
а	Receive a sever	ance payment or change-of-contr	ol payment? .			4a		No			
b	Participate in, o	r receive payment from, a supple	mental nonquali	ified retirement plan?		4b		No			
С			,	nsation arrangement?		4c		No			
	ir res to any c	or lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	1111.						
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.							
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any							
а	The organization	1?				5a		No			
b		anization?				5b		No			
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any							
а	-	1?				6a		No			
b						6 b		No			
7	•	6a or 6b, describe in Part III.	A line to distri	the organization provide any nonfixed							
7				rt III		7		No			
8	subject to the in	nitial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 				Ne			
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		No			
For F		iction Act Notice, see the Inst			0053T Schedule J		1 990)	2019			

Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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



Software ID: 19009920

Software Version: 2019v5.0

EIN: 59-1830622

Name: CAPITAL HEALTH PLAN INC

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

Form 990, Schedule	J,	Part II - Officers, Di	rectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MIS	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)(i)-(D)	column (B) reported as deferred on prior Form 990
1ADEKUNLE OMOTAYO MD MEDICAL DIRECTOR	(i)	340,569	46,666		179,299	33,774	600,308	
	(ii)							
1ELANA SCHRADER MD DIRECTOR	(i)							
	(ii)	372,786	525,653	3,225	344,347	16,007	1,262,018	
2 ERIC SMITH SR. VP. IS & CIO	(i)	326,123	147,286	12,534	160,299	21,933	668,175	100,620
SK. VP. 15 & CIO	(ii)							
3HENRY GUNTER MD MEDICAL DOCTOR	(i)	221,751	43,400	36,916	52,600	31,349	386,016	
MEDICAL DOCTOR	(ii)							
4 JOHN HOGAN PRESIDENT& CEO	(i)	689,422	282,856		277,950	21,908	1,272,136	192,856
PRESIDENTA CEO	(ii)							
5 KATHLEEN JUGENHEIMER COMPLIANCE OFFICER	(i)	168,567	45,155	12,991	81,506	21,765	329,984	25,155
COMPLIANCE OFFICER	(ii)							
6 LISA RAWLINGS MD MEDICAL DOCTOR	(i)	405,876			33,600	36,903	476,379	
MEDICAL DOCTOR	(ii)							
7MORITZ DEHLER MD ASSOCIATE MEDICAL	(i)	298,006	46,196		33,600	32,222	410,024	
DIRECTOR	(ii)							
8PAUL BAWEK CPA CONTROLLER	(i)	236,869	60,206	22,225	105,998	26,235	451,533	33,540
CONTROLLER	(ii)							
9POLLY WHITE SR. VP. QUALITY	(i)	254,335	81,923	4,923	142,200	22,482	505,863	41,923
TMDD) (/CLTNTC ODED	(ii)							
10ROBERT WALL DIRECTOR	(i)							
DIRECTOR	(ii)	140,536	236,000	2,424,982	42,910	8,643	2,853,071	
11SABIN BASS CPA EVP FIN & CFO	(i)	341,283	147,286	14,638	160,299	29,764	693,270	100,620
EVP FIN & CFO	(ii)							
12STANLEY GWOCK MD MEDICAL DOCTOR	(i)	271,684	19,890	21,208	33,600	18,728	365,110	
MEDICAL DOCTOR	(ii)							
13STEPHEN LAROSA MD	(i)	260,243	22,711	4,561	52,600	33,865	373,980	
MEDICAL DOCTOR	(ii)							
14STEVEN CURRIEO MD	(i)	273,393	29,705	2,996	33,600	31,555	371,249	
MEDICAL DOCTOR	(ii)							
15TIMOTHY CRONIN	(i)							
DIRECTOR	(ii)	251,519	307,401	 667	19,000	 17,215	595,802	
16TOM GLENNON	(i)	244,341	81,923	007	142,200	21,933	490,397	41,923
SR. VP. MARKETING/ADMIN SERVICES	(ii)							
	(°')							L

efile GRAPHI	C print - DO NO	T PROCES	S As F	iled Data -					DL	.N: 93	4933	1604	4350
Schedule L		Tran	sactio	ns with li	ntereste	d Persor	าร			01	4B No.	1545-	0047
(Form 990 or 990	-EZ) ► Comple	te if the orga	anization a	answered "Yes 8c, or Form 99	s" on Form 9 00-EZ, Part V	90, Part IV, li , line 38a or 4	ines 2	5a, 2	25b, 26	5,	20	19	9
Department of the Trea		Go to <u>www.ii</u>		ch to Form 99 [.] <u>rm990</u> for inst			forma	tion.		(Open t Insp		
Name of the org CAPITAL HEALTH P								nplo	•	entifica	tion n	umbe	r
	ss Benefit Tran)(29)	orgar	nization				
	Name of disquali			Relationship be	<u>, </u>	<u> </u>			escript			Corre	ected?
				(organization		_	tr	ansacti	on	Ye	es	No
4958 3 Enter the ar	mount of tax incur mount of tax, if an ans to and/or I nplete if the organ orted an amount o	y, on line 2, a From Interization answer	ested Perested "Yes" of Part X, line	rsons. on Form 990-EZ 5, 6, or 22	organization .	88a, or Form 99	90, Pa	: :	line 26	\$ —— \$ ——		anizat) Writi	
	with organization			anization?	principal amount	due			Appro boa			agreement?	
			То	From			Yes	No	Yes	No	Yes	N	No
	nts or Assistar	rce Benefit	ina Inter		► \$ ne								
	nplete if the orga		_			line 27.							
(a) Name of inter) Relationship erested perso organizat	n and the	(c) Amount	of assistance	(d) Type	of assi	stanc	e	(e) Pu	rpose o	f assis	tance
									_				
For Daperwork Ped	uction Act Notice,	saa tha Instru	ctions for E	orm 990 or 990-1	F7 C-	at. No. 50056A		C-L	andula '	/For	990 or	000 5	7) 201

	person and the organization	transaction		organiz rever	
				Yes	No
(1) JESSICA HOGAN	FAMILY MEMBER	143,079	EMPLOYMENT		No
(2) MAUREEN BURNS	FAMILY MEMBER	144,091	EMPLOYMENT		No
(3) AUSLEY MCMULLEN LAW FIRM	DIRECTOR	632,619	PREMIUM REVENUE		No

Part V Supplemental Information

Explanation

Schedule I. (Form 990 or 990-F7) 2019

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

Return Reference

efile GRAPH	IC print	- DO NOT PROCESS	As Filed Data -		DLN:	93493316044350		
SCHEDULE O (Form 990 or 990- EZ) Supplement Complete to prov Form 990 o			al Information vide information for r 990-EZ or to prov ▶ Attach to Form vww.irs.gov/Form9	ons on n.	OMB No. 1545-0047 2019 Open to Public Inspection			
Namel Bድtherofg CAPITAL HEALTH P	LAN INC				Employer identi 59-1830622	fication number		
990 Schedule	e O, Sup	plemental Information	n					
Return Reference				Explanation				
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	BERSHI S. NOT NTATIVI CROSS /OR EMI ENT (49 O SUCH CERPT ERS. BY AND PR O BE EL	P. THE ORGANIZATION'S LESS THAN FIFTY-ONE (5) ES OF BLUE CROSS AND I AND BLUE SHIELD OF FLO PLOYEES OF BLUE CROSS (5) OF THE CORPORATE IN MEMBERSHIP BY A FIFTY FROM CAPITAL HEALTH FOR FIFTY-ONE (51%) MAJOREWILLEGE TO ELECT THE B	CORPORATE MEMB 1%) OF THE CORPO BLUE SHIELD OF FL DRIDA, INC MAY B S AND BLUE SHIELD MEMBERSHIP SHALL Y-ONE PERCENT (5' PLAN BY-LAWS-ARTI RITY VOTE, THE COF OARD OF DIRECTO O COMMITTEES, AN	RTICLE 3, SECTION 1, SUBSECTION 1, SUBSECTION 1, SUBSECTION 1, SUBSECTION 1, SUBSECTION 1, SUBSECTION 2, SUBSECTIO	IWENTY-SEVEN (E COMPRISED OF RESENTATIVES OF DREORATE MEME E THAN FORTY-N WHO HAVE BEEN BOARD OF DIRECT ON B - CORPORA L HAVE THE RIGI SHALL HAVE THE	27) MEMBER F REPRESE DF BLUE BERS AND IINE PERC N INVITED T CTORS. EX NTE MEMB HT, DUTY E RIGHT T		

Return

Shareholders

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

Explanation

Return Explanation

Form 990,
Part VI, Line
11b: Form
990 Review
Process

THE RETURN IS DRAFTED AND REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE. IT IS THEN SENT
TO THE BOARD OF DIRECTORS WITH SUFFICIENT TIME TO REVIEW PRIOR TO FILING.

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

Explanation

Explanation of Monitoring and Enforcement of Conflicts

Return

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.

Return Reference	Explanation
Part VI, Line 15b: Compensation Review and Approval Process for	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	·
Form 990,	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. STATUT
Part VI, Line	ORY FILING FINANCIAL DOCUMENTS ARE AVAILABLE THROUGH THE NATIONAL ASSOCIATION OF INSURANCE
19: Other	COMMISSIONER'S WEBSITE.
Organization	
Documents	
Publicly	
Available	

Explanation

Return Explanation
Reference

Other	NET CHANGE TO POST RETIREMENT SERVICE OBLIGATION = \$3222008
Changes In	
Net Assets	
Or Fund	
Balances -	
Other	
Increases	

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2019

DLN: 93493316044350 OMB No. 1545-0047

> Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization 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) (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling 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. (a) (d) (b) (c) (g) Exempt Code section Public charity status Name, address, and EIN of related organization Primary activity Legal domicile (state 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) lnα No 4800 DEERWOOD CAMPUS JACKSONVILLE, FL 32246 59-2015694

(a) Name, address, and EIN related organization	l of	Primary activity do	(c) Legal omicile (state or oreign ountry)	(d) Direct controlling entity	(e) Predomin income(rel unrelate excluded f tax und sections 5 514)	ated, toted, from er 512-	(f) Share of tal income	(g) Share of end-of-year assets	(l Disprop alloca		Code amour 20 Sched	(i) e V-UBI nt in box 0 of dule K-1 n 1065)	(j Gener mana partr	al or ging	(k) Percentage ownership
					514)				Yes	No		•	Yes	No	
										1					
Part IV Identification of Related Orga because it had one or more relate							tion ans	wered "Yes	s" on F	orm 9	990, F	Part IV,	line	34	
Part IV Identification of Related Orga because it had one or more relate (a) Name, address, and EIN of related organization		a corporation (c) Leg domi (state or	or trusi jal icile foreign	t during th		r. (e)	f entity S corp,	wered "Yes (f) Share of total income	Share	(g) e of end year assets		Part IV, (h) Percen owner) tage	Sec (13	(i) tion 512(l) controlle entity?
because it had one or more relate (a) Name, address, and EIN of related organization	ed organizations treated as (b)	a corporation (c) Leg domi	or trust) al cile foreign try)	t during th	(d) tt controlling	r. (e) Type of (C corp.)	f entity S corp, cust)	(f) Share of total	Share	(g) e of end year		(h) Percen) tage ship	Sec (13	tion 512(l) controlle
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated as (b) Primary activity	a corporation (c) Leg domi (state or count	or trust) al cile foreign try)	t during th	(d) tt controlling	Type of (C corp.)	f entity S corp, cust)	(f) Share of total	Share	(g) e of end year		(h) Percen owner) tage ship	Sec (13	tion 512(l) controlle entity? es No
because it had one or more relate (a) Name, address, and EIN of related organization 1) CHEFCO PROPERTY OWNERS ASSOCIATION 140 CENTERVILLE PLACE ALLAHASSEE, FL 32308	ed organizations treated as (b) Primary activity	a corporation (c) Leg domi (state or count	or trust) al cile foreign try)	t during th	(d) tt controlling	Type of (C corp.)	f entity S corp, cust)	(f) Share of total	Share	(g) e of end year		(h) Percen owner) tage ship	Sec (13	tion 512(l) controlle entity? es No
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because it had one or more relate (a) Name, address, and EIN of related organization 1)CHEFCO PROPERTY OWNERS ASSOCIATION 140 CENTERVILLE PLACE ALLAHASSEE, FL 32308	ed organizations treated as (b) Primary activity	a corporation (c) Leg domi (state or count	or trust) al cile foreign try)	t during th	(d) tt controlling	Type of (C corp.)	f entity S corp, cust)	(f) Share of total	Share	(g) e of end year		(h) Percen owner) tage ship	Sec (13	tion 512(l) controlle entity? es No
Decause it had one or more relate (a) Name, address, and EIN of related organization 1)CHEFCO PROPERTY OWNERS ASSOCIATION 140 CENTERVILLE PLACE ALLAHASSEE, FL 32308	ed organizations treated as (b) Primary activity	a corporation (c) Leg domi (state or count	or trust) al cile foreign try)	t during th	(d) tt controlling	Type of (C corp, to or true	f entity S corp, cust)	(f) Share of total	Share	(g) e of end year		(h) Percen owner) tage ship	Sec (13	tion 512(l) controlle entity? es No
because it had one or more relate (a) Name, address, and EIN of related organization 1) CHEFCO PROPERTY OWNERS ASSOCIATION 140 CENTERVILLE PLACE ALLAHASSEE, FL 32308	ed organizations treated as (b) Primary activity	a corporation (c) Leg domi (state or count	or trust) al cile foreign try)	t during th	(d) tt controlling	Type of (C corp, to or true	f entity S corp, cust)	(f) Share of total	Share	(g) e of end year		(h) Percen owner) tage ship	Sec (13	tion 512(l) controlle entity? es No
because it had one or more relate (a) Name, address, and EIN of related organization 1) CHEFCO PROPERTY OWNERS ASSOCIATION 140 CENTERVILLE PLACE ALLAHASSEE, FL 32308	ed organizations treated as (b) Primary activity	a corporation (c) Leg domi (state or count	or trust) al cile foreign try)	t during th	(d) tt controlling	Type of (C corp, to or true	f entity S corp, cust)	(f) Share of total	Share	(g) e of end year		(h) Percen owner) tage ship	Sec (13	tion 512(l) controlle entity? es No

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

Pe	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 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		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		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
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1 s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining an	nount ir	nvolved	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1							Schedul	e R (Forn	199	0) 2019

Schedule R (Form 990) 2019							
Part VII	Supplemental Info	Supplemental Information					
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).					
Retu	ırn Reference	Explanation					