

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

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

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

**C** Name of organization: Western Health Advantage  
% STEPHANIE MADSEN  
Doing business as:  
Number and street (or P O box if mail is not delivered to street address): 2349 Gateway Oaks Drive No 100 Room/suite:  
City or town, state or province, country, and ZIP or foreign postal code: Sacramento, CA 95833

**D** Employer identification number: 68-0393304  
**E** Telephone number: (916) 563-3188  
**G** Gross receipts \$ 729,805,871

**F** Name and address of principal officer:  
GARRY MAISEL  
2349 Gateway Oaks Drive No 100  
Sacramento, CA 95833

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ www.westernhealth.com

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1995

**M** State of legal domicile: CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
IMPROVING THE HEALTH AND WELFARE OF THE COMMUNITIES SERVED BY PROVIDING HEALTH BENEFIT COVERAGE AND FURTHERING MISSIONS OF THE ORGANIZATION'S EXEMPT ORGANIZATION MEMBERS

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	7
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	7
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	254
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	330,750
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-470,815

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	664,944,132	725,800,608
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	155,576	280,627
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,955	6,961
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	665,101,663	726,088,196
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,218,135	1,390,716
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,104,148	24,187,894
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	643,265,271	701,075,478
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	663,587,554	726,654,088
<b>19</b> Revenue less expenses Subtract line 18 from line 12	1,514,109	-565,892

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	83,478,356	73,914,138
<b>21</b> Total liabilities (Part X, line 26)	74,667,918	65,366,721
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	8,810,438	8,547,417

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: RITA RUECKER CFO  
Date: 2018-03-02  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Valerie J Ball  
Preparer's signature: Valerie J Ball  
Date: 2018-03-06  
Check  if self-employed  
PTIN: P00178114  
Firm's name: ▶ KPMG LLP  
Firm's address: ▶ 3975 Freedom Circle Dr Suite 100  
Santa Clara, CA 95054  
Firm's EIN: ▶  
Phone no: (408) 367-5764

**Part III Statement of Program Service Accomplishments**

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

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

TO PROMOTE THE HEALTH OF THE RESIDENTS OF CALIFORNIA AND TO SERVE THE COMMUNITY INTERESTS OF THE RESIDENTS OF CALIFORNIA BY OPERATION OF A HEALTH MAINTENANCE ORGANIZATION ADDITIONAL INFORMATION SUPPORT OF MEMBER HEALTH SYSTEMS THE ORGANIZATION IS COMMUNITY CONTROLLED BY TWO TAX-EXEMPT HEALTH SYSTEMS THE ORGANIZATION IS CONTROLLED BY ITS MEMBER HEALTH SYSTEMS, BOTH OF WHICH ARE TAX EXEMPT UNDER 501(C)(3) THE MEMBER HEALTH SYSTEMS CONTROL THE APPOINTMENT OF 6 OUT OF 7 MEMBERS TO THE BOARD OF DIRECTORS OF THE ORGANIZATION, WITH THE SEVENTH MEMBER BEING ELECTED BY A MAJORITY OF THE OTHER DIRECTORS CHARITY TO THE COMMUNITY IN PARTNERSHIP WITH MEMBER HEALTH SYSTEMS, THE MEMBER HEALTH SYSTEMS, COMPOSED OF NETWORKS OF HOSPITALS AND PHYSICIAN GROUPS, ARE SUBJECT TO REQUIREMENTS THAT THEY PERFORM COMMUNITY HEALTH NEEDS ASSESSMENTS AND TO DEVELOP PLANS TO SERVE THE COMMUNITY ON A PER-HOSPITAL BASIS THE MEMBER HEALTH SYSTEMS ADVANCE THEIR CHARITABLE MISSIONS BY PROVIDING FINANCIAL ASSISTANC

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 713,493,056 including grants of \$ 0 ) (Revenue \$ 725,475,306 )  
See Additional Data






**4b** (Code ) (Expenses \$ 1,390,716 including grants of \$ 1,390,716 ) (Revenue \$ 0 )  
See Additional Data

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

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 0 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 714,883,772

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records; STEPHANIE MADSEN 2349 GATEWAY OAKS DRIVE SUITE 100 Sacramento, CA 95833 (916) 563-3193

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 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 persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tammy Wilcox Chairman of the Board	1 00 ..... 0 00	X		X				0	0	0
(2) Elnora Cameron Vice Chair & Secy of the Board	1 00 ..... 0 00	X		X				0	0	0
(3) Gary Passama thru 62117 Director	1 00 ..... 0 00	X						0	0	0
(4) DR Shanaz Khambatta Director	1 00 ..... 0 00	X						0	0	0
(5) Ann Madden-Rice thru 62117 Director	1 00 ..... 0 00	X						0	0	0
(6) Maureen McKennan thru 62117 Vice Chairman	1 00 ..... 0 00	X						0	0	0
(7) DR Alvin Sockolov MD Director	1 00 ..... 0 00	X						0	0	0
(8) Laurie Harting Director	1 00 ..... 0 00	X						0	0	0
(9) Kevin Klockenga Director	1 00 ..... 0 00	X						0	0	0
(10) DR MICHAEL HOOPER Board Member (thru 6/21/17)	1 00 ..... 0 00	X						0	0	0
(11) B Konard Jones Director	1 00 ..... 0 00	X						0	0	0
(12) Garry Maisel President & CEO	40 00 ..... 0 00			X				944,786	0	106,922
(13) Marianne Ruecker Treasurer & CFO	40 00 ..... 0 00			X				439,524	0	55,922
(14) William Figenshu Chief Sales Officer	40 00 ..... 0 00				X			337,331	0	55,409
(15) Donald Hufford Chief Medical Officer	40 00 ..... 0 00				X			430,546	0	67,092
(16) Rebecca Downing Chief Legal Officer	40 00 ..... 0 00				X			293,339	0	52,774
(17) Frederick Heron Chief Mktg & Brand Officer	32 00 ..... 0 00				X			240,396	0	48,050

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) Glenn Hamburg Chief Client Services Officer	40 0				X			263,694	0	26,968	
(19) Ali Darugar Chief Information Officer	40 0				X			249,746	0	54,045	
(20) Elizabeth Hargett Sales Director	40 0					X		196,195	0	33,722	
(21) Mary Ingram Actuarial Services Director	40 0					X		187,146	0	30,057	
(22) Christopher Paul Senior Benefit Consultant	40 0					X		183,381	0	24,180	
(23) Keith Howes Human Resources Director	40 0					X		218,140	0	25,059	
(24) GARY PLUNDO MEDICAL DIRECTOR	40 0					X		174,589	0	19,503	
<b>1b Sub-Total</b>											
<b>1c Total from continuation sheets to Part VII, Section A</b>											
<b>1d Total (add lines 1b and 1c)</b>								4,158,813	0		599,703

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 38**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE REGENTS OF THE UNIVERSITY OF CA, ONE SHIELDS AVENUE DAVIS, CA 95616	MEDICAL SERVICES	134,963,884
DIGNITY HOSPITAL, 1090 GOLD CENTER DRIVE STE 300 RANCHO CORDOVA, CA 95670	MEDICAL SERVICES	123,200,583
EXPRESS SCRIPTS INC, ONE EXPRESS WAY ST LOUIS, MO 63121	PHARMACY BENEFITS	76,324,499
HILL PHYSICIANS MEDICAL GROUP, 2409 CAMINO RAMON SAN RAMON, CA 94583	MEDICAL SERVICES	67,933,529
NORTH BAY HEALTHCARE GROUP, 1200 B GALE WILSON BLVD FAIRFIELD, CA 94533	MEDICAL SERVICES	52,815,975

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 106**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		0			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> PREMIUMS EARNED	524114	725,450,574	725,450,574		
	<b>b</b> PPO PREMIUM REVENUE	524298	325,302		325,302	
	<b>c</b> ADMINISTRATIVE INCOME	524292	24,732	24,732		
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		725,800,608				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		203,903		198,455	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)	0	0		
	<b>d</b> Net rental income or (loss) . . . . .		0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	3,794,399			
		<b>c</b> Gain or (loss)	3,717,675			
	<b>d</b> Net gain or (loss) . . . . .		76,724		76,724	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		0		
		<b>b</b> Less direct expenses . . . . .		0		
		<b>c</b> Net income or (loss) from fundraising events . . . . .		0		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		0		
<b>b</b> Less direct expenses . . . . .			0			
<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0			
	<b>b</b> Less cost of goods sold . . . . .		0			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue	Business Code					
<b>11a</b> MISCELLANEOUS REVENUE	900009	6,961		6,961		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		6,961				
<b>12 Total revenue.</b> See Instructions . . . . .		726,088,196	725,475,306	330,750	282,140	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,390,716	1,390,716		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,622,146	1,773,953	1,848,193	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	16,037,166	13,144,875	2,892,291	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	451,153	355,062	96,091	
<b>9</b> Other employee benefits	2,695,970	2,066,999	628,971	
<b>10</b> Payroll taxes	1,381,459	1,106,835	274,624	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	22,234,999	21,503,396	731,603	
<b>b</b> Legal	193,327		193,327	
<b>c</b> Accounting	317,302		317,302	
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	654,625,395	654,625,395		
<b>12</b> Advertising and promotion	1,995,169	1,995,169		
<b>13</b> Office expenses	3,557,329	1,304,561	2,252,768	
<b>14</b> Information technology	4,079,116	3,976,654	102,462	
<b>15</b> Royalties	0			
<b>16</b> Occupancy	1,102,459	286,639	815,820	
<b>17</b> Travel	273,650	166,093	107,557	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	1,237,009	600,511	636,498	
<b>20</b> Interest	362,789		362,789	
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	1,362,286	1,199,169	163,117	
<b>23</b> Insurance	346,903		346,903	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> AFFORDABLE CARE ACT FEES	7,066,325	7,066,325		
<b>b</b> PPO ADMIN EXPENSES	1,427,533	1,427,533		
<b>c</b> TAXES	660,396	660,396		
<b>d</b> DMHC FEES	233,491	233,491		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	726,654,088	714,883,772	11,770,316	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	46,454,266	<b>1</b>	38,476,534
	<b>2</b> Savings and temporary cash investments . . . . .	5,076,177	<b>2</b>	4,969,133
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	1,194,054	<b>4</b>	3,300,171
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	109,962	<b>8</b>	115,853
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,277,121	<b>9</b>	1,501,189
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	11,307,742		
	<b>b</b> Less accumulated depreciation	5,994,576		
	<b>11</b> Investments—publicly traded securities . . . . .	6,165,509	<b>11</b>	7,093,678
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	16,176,218	<b>15</b>	13,144,414
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	83,478,356	<b>16</b>	73,914,138	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	10,143,632	<b>17</b>	8,691,040
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	18,821,369	<b>19</b>	17,348,404
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	45,702,917	<b>25</b>	39,327,277
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	74,667,918	<b>26</b>	65,366,721
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	8,810,438	<b>27</b>	8,547,417
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	8,810,438	<b>33</b>	8,547,417
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	83,478,356	<b>34</b>	73,914,138

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	726,088,196
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	726,654,088
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-565,892
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	8,810,438
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	302,871
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,547,417

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?                      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p><b>b</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</p>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 68-0393304

**Name:** Western Health Advantage

Form 990 (2016)

## Form 990, Part III, Line 4a:

PUBLIC BENEFIT HEALTH COVERAGE THE ORGANIZATION PROMOTES THE COMMON GOOD AND GENERAL WELFARE OF THE COMMUNITY BY OFFERING HEALTH BENEFIT COVERAGE TO THE PUBLIC THROUGH MULTIPLE, EASILY ACCESSIBLE CHANNELS THE ORGANIZATION SERVES INDIVIDUALS, FAMILIES AND SMALL EMPLOYER GROUPS, AND SOME LARGE EMPLOYER GROUPS, THE MAJORITY OF WHOM ARE THE EMPLOYEES AND DEPENDENTS OF ITS TWO MEMBERS, DIGNITY HEALTH AND NORTHBAY HEALTHCARE GROUP (COLLECTIVELY "MEMBER HEALTH SYSTEMS") AND GOVERNMENTAL ENTITIES, INCLUDING THE UNIVERSITY OF CALIFORNIA, SEVERAL SCHOOL DISTRICTS AND CITIES, WATER DISTRICTS, FIRE DISTRICTS, CONSERVATION DISTRICTS AND OTHER SUCH GOVERNMENTAL ENTITIES EMPLOYEES AND DEPENDENTS OF THE ORGANIZATION'S TWO MEMBER HEALTH SYSTEMS, WHICH ENGAGE IN TAX-EXEMPT AND CHARITABLE PURPOSES, COMPRISE 21% OF ALL OF THE ORGANIZATION'S ENROLLEES GOVERNMENTAL ENTITIES' EMPLOYEES AND DEPENDENTS COMPRISE AN ADDITIONAL 28% OF ALL OF THE ORGANIZATION'S ENROLLEES ALL ENROLLEES ARE ENTITLED TO RECEIVE THE FULL RANGE OF BENEFITS DEFINED BY THE STATE AND FEDERAL GOVERNMENT AS "BASIC HEALTH CARE SERVICES" ESSENTIAL HEALTH BENEFITS" THE ORGANIZATION PROVIDES COVERAGE OF PREEXISTING CONDITIONS AND HIGH-RISK INDIVIDUALS WITHOUT A PRICE DIFFERENTIAL AND WITHOUT REGARD TO AGE (FOR INDIVIDUALS YOUNGER THAN 65), INCOME, OR EMPLOYMENT STATUS THE ORGANIZATION'S PREMIUMS ARE KEPT LOW IN ORDER TO MAKE ITS COVERAGE MORE AFFORDABLE FOR MEMBERS OF THE PUBLIC, INDIVIDUALS ENROLLED THROUGH COVERED CALIFORNIA AND THROUGH EMPLOYER GROUPS THE ORGANIZATION DOES NOT DECLINE COVERAGE TO ANY INDIVIDUAL OF THE PUBLIC BASED ON HEALTH CONDITION, NOR DOES THE ORGANIZATION DISCRIMINATE ON THE BASIS OF RACE, ETHNICITY, COUNTRY OF ORIGIN, SEX, GENDER, OR GENDER IDENTITY OR EXPRESSION ALL MEMBERS OF THE PUBLIC MAY PURCHASE HEALTH COVERAGE FROM THE ORGANIZATION, WHICH BENEFITS THE COMMUNITY AS A WHOLE MORE SPECIFICALLY, THE ORGANIZATION BENEFITS THE COMMUNITY AND PROMOTES SOCIAL WELFARE BY REASON OF (1) ENROLLMENT THAT IS OPEN TO INDIVIDUALS AND SMALL GROUPS, (2) SERVING LOW INCOME, HIGH RISK, MEDICALLY UNDERSERVED, OR ELDERLY PERSONS, AND (3) HAVING HMO PREMIUMS ON A COMMUNITY-RATED BASIS COVERAGE TO INDIVIDUALS THE ORGANIZATION'S COMMITMENT TO ENSURING THAT HEALTH COVERAGE IS AVAILABLE TO THE ENTIRE COMMUNITY IS SHOWN BY ITS MARKETING/COMMUNITY RELATIONS BUDGET AND MARKETING MATERIALS THE ORGANIZATION HEAVILY FOCUSES ON EXPANDING ITS HEALTH CARE OFFERINGS IN THE INDIVIDUAL MARKET SUBSTANTIALLY ALL OF THE ORGANIZATION'S MARKETING BUDGET AND MARKETING PERSONNEL ARE DEVOTED TO PROMOTING COVERAGE THROUGH COVERED CALIFORNIA AND OTHER OFFERINGS OF INDIVIDUAL COVERAGE THE ORGANIZATION COMMUNICATES WITH ITS MEMBERS AND PROVIDERS THROUGH QUARTERLY PRINTED PUBLICATIONS ADVANTAGE MAGAZINE IS A QUARTERLY MAGAZINE AIMED AT PROMOTING HEALTHY LIFESTYLES AND ASSISTING MEMBERS TO TAKE ADVANTAGE OF THEIR HEALTH BENEFITS COVERAGE PROVIDER INSIDER IS AN INFORMATIONAL MAGAZINE FOR PROVIDERS ALSO SENT EVERY THREE MONTHS THE ORGANIZATION'S SERVICE AREA INCLUDES A NUMBER OF COUNTIES THAT HAVE A SIGNIFICANT NUMBER OF UNINSURED INDIVIDUALS THE SOCIAL WELFARE PURPOSE OF THE ORGANIZATION IS DEMONSTRATED BY THE FACT THAT IT OPERATES IN A SERVICE AREA THAT INCLUDES MEDICALLY UNDERSERVED, LOW INCOME, RURAL AND HIGH RISK PERSONS THE ORGANIZATION'S SERVICE AREA INCLUDES BOTH MEDICALLY UNDERSERVED POPULATIONS ("MUPS") AND MEDICALLY UNDERSERVED AREAS ("MUAS") MUAS AND MUPS ARE AREAS OR POPULATIONS DESIGNATED BY THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION ("HRSA") AS HAVING TOO FEW PRIMARY CARE PROVIDERS, HIGH INFANT MORTALITY, HIGH POVERTY AND/OR A HIGH ELDERLY POPULATION WHA WELLNESS PROGRAMS WHA PROVIDES WELLNESS RESOURCES AND SUPPORT FOR INDIVIDUAL AND EMPLOYER/BROKER-DRIVEN WELLNESS INITIATIVES, WHOSE OVERALL GOAL IS TO REDUCE HEALTHCARE COSTS FOR SOCIETY WHA'S WELLNESS MANAGER WORKS CLOSELY WITH LARGE EMPLOYER GROUPS, PARTICULARLY MUNICIPALITIES AND SCHOOL DISTRICTS, TO HELP DEVELOP WELLNESS PROGRAMS DESIGNED TO IMPROVE THE HEALTH OF WHA'S MEMBERS WHA'S WELLNESS MANAGER ALSO WORKS WITH SMALL COMPANIES UPON REQUEST WELLNESS PRESENTATIONS PROGRAMS ARE TAILORED TO EACH EMPLOYER GROUPS' NEEDS, WITH AN EMPHASIS ON MODIFYING HEALTH BEHAVIOR, PREVENTING ILLNESS, AND FACILITATING ACCESS TO HEALTH RESOURCES THIS IS DONE BY CONDUCTING EDUCATIONAL SEMINARS, GETTING INVOLVED IN EMPLOYER-SPONSORED WELLNESS CAMPAIGNS AND CHALLENGES, PROMOTING ONLINE WELLNESS RESOURCES, AND PARTICIPATING IN HEALTH FAIRS WELLNESS PROGRAMS FOR INDIVIDUALS OUR ONLINE WELLNESS PROGRAM REACHES INDIVIDUALS BY OFFERING HEALTH ASSESSMENTS AND TRACKING TOOLS THE MAIN PURPOSE OF OUR WELLNESS PROGRAM IS TO EDUCATE OUR MEMBERS ON HEALTHY LIVING AND PUT THEM IN TOUCH WITH TOOLS AND RESOURCES THAT WILL HELP THEM TO IMPROVE THEIR HEALTH MEMBERS CAN ACCESS HEALTH RESOURCES THROUGH THE WESTERN HEALTH ADVANTAGE WEBSITE WELLNESS PROGRAMS FOR THE COMMUNITY WHA'S WELLNESS INITIATIVES REACH BEYOND WHA'S BASE OF APPROXIMATELY 135,000 MEMBERS EDUCATIONAL SEMINARS AND PROGRAMS AT THE EMPLOYER-GROUP LEVEL ARE OFFERED TO ALL EMPLOYEES REGARDLESS OF HEALTH PLAN AFFILIATION HEALTH RESOURCES AND INFORMATION ARE FREELY GIVEN AT HEALTH EVENTS, AND WHA'S WELLNESS MANAGER APPEARS REGULARLY IN MEDIA DRIVEN CAMPAIGNS, INCLUDING GIVING INTERVIEWS ON LOCAL TELEVISION NEWS PROGRAMS SEEN THROUGHOUT NORTHERN CALIFORNIA, PROMOTING HEALTHY EATING AND ACTIVITY THUS, WHA'S WELLNESS INITIATIVES REACH POTENTIALLY MILLIONS OF PEOPLE IN THE NORTHERN CALIFORNIA REGION WHAFIT WHAFIT IS WHA'S OWN HEALTH AND WELLNESS PROGRAM, FORMED IN 2013, TO PROMOTE THE HEALTH AND WELL-BEING OF WHA'S APPROXIMATELY 240 EMPLOYEES PROMOTING POSITIVE BEHAVIOR CHANGES AMONG WHA'S EMPLOYEES BENEFITS THE COMMUNITY, AS THESE EMPLOYEES ARE MEMBERS OF THE COMMUNITY THAT WHA SERVES WHA STANDS FOR NOT ONLY WESTERN HEALTH ADVANTAGE, BUT IN THIS CONTEXT, WELLNESS, HEALTH AND ACTION WHA AND THE AMERICAN HEART ASSOCIATION ADDITIONALLY, WHA'S WELLNESS MANAGER LEADS A COORDINATED "WORKPLACE ACHIEVEMENT INDEX" WELLNESS PROGRAM WITH THE AMERICAN HEART ASSOCIATION (AHA), WHICH BRINGS THE AHA'S VAST RESOURCES ON HEART-HEALTHY LIVING TO MANY WORKSITES IN THE REGION THROUGH THIS PROGRAM THE AHA AND WHA HELP CREATE HEALTHY WORK ENVIRONMENTS, WHICH INCREASES PRODUCTIVITY, REDUCES ABSENTEEISM (DUE TO FEWER HEALTH PROBLEMS EXPERIENCED BY EMPLOYEES), AND LOWERS TURNOVER

**Form 990, Part III, Line 4b:**

COMMUNITY OUTREACH AND SUPPORT THE ORGANIZATION SUPPORTS MEMBER HEALTH SYSTEMS' MISSIONS THROUGH CHARITABLE GRANTS THE ORGANIZATION PROVIDES BENEFITS TO THE COMMUNITY BEYOND HEALTH CARE BENEFITS THROUGH FUNDING PROGRAMS FOR THE PROMOTION OF HEALTH AND OTHER CHARITABLE PURPOSES, INCLUDING SUPPORT FOR THE CHARITABLE ACTIVITIES OF THE MEMBER HEALTH SYSTEMS FOR FISCAL YEAR 2016-2017, THE ORGANIZATION BUDGETED OVER \$1,000,000 TO SUPPORT CHARITABLE PROGRAMS WHICH BENEFIT THE COMMUNITY SERVED BY THE ORGANIZATION, INCLUDING (1) A \$100,000 GRANT TO THE AMERICAN HEART ASSOCIATION FOR A COMMUNITY HEALTH AWARENESS PROGRAM, (2) A \$100,000 GRANT TO THE CROCKER ART MUSEUM FOR OUTREACH AND EDUCATION PROGRAMS, AND (3) SPONSORSHIP OF HEALTHY KIDS DAY, WHICH IS INTENDED TO INCREASE AWARENESS OF HEALTHY LIFESTYLES FOR CHILDREN AND OFFERS FREE HEALTH, DENTAL AND VISION SCREENING FOR CHILDREN, AND FREE FLU SHOTS FOR MEMBERS OF ALL AGES WHA SUPPORTS LOCAL COMMUNITIES BENEFITING THE COMMUNITY IS AT THE CORE OF WHA'S BEING AND SO WE SUPPORT THE COMMUNITIES WHERE WE LIVE AND WORK WHA HAS BEEN CONNECTING OUR SERVICES WITH THE NEEDS OF AREA RESIDENTS FOR MANY YEARS AND FOR ONE REASON - TO KEEP THEM, THEIR FAMILY, AND THEIR NEIGHBORS HEALTHY IT IS OUR SINGULAR MISSION, AND BY WORKING TOGETHER, WE CAN CONTINUE TO MAKE OUR COMMUNITY A HEALTHIER PLACE TO LIVE, NOW AND INTO THE FUTURE WHA STRIVES TO STRENGTHEN THE FABRIC OF NEIGHBORHOODS AND IMPROVE AND ENRICH THE LIVES OF COMMUNITY MEMBERS BY SUPPORTING WORTHY LOCAL ORGANIZATIONS AS A LOCAL ORGANIZATION, ALMOST ALL OF OUR ECONOMIC IMPACT IS FELT IN THE GREATER SACRAMENTO AREA, FROM SALARIES TO PURCHASING TO CHARITABLE GIVING, WHA SUPPORTS PROGRAMS OR ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALING AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS BY SUPPORTING LOCAL ORGANIZATIONS IN PARTICULAR, WHA IS COMMITTED TO THE FOLLOWING ACTIVITIES HEALTH, AND WELLNESS NUTRITION, HEALTHY FAMILIES AND WELL-BEING ARE ALL CENTRAL TO OUR MISSION, ARTS, A HEALTHY COMMUNITY NOURISHES THE BODY, MIND AND SOUL, LOCAL SAFETY NET, SUPPORT FOR THE MOST VULNERABLE, AT-RISK MEMBERS OF OUR COMMUNITY REINFORCES OUR COMMITMENT TO IMPROVING THE REGION, CIVIC LEADERSHIP, AS A LOCAL COMPANY, WE HAVE A VESTED INTEREST IN BUILDING THE CAPACITY OF OUR COMMUNITY RELATIONS WHA IS A PARTNER TO THE COMMUNITIES WE SERVE, COMMUNITY RELATIONS DEVELOPS AND IMPLEMENTS OUTREACH PROGRAMS, INCLUDING SOCIAL AND COMMUNITY AWARENESS INCENTIVES EACH YEAR, WHA PROVIDES FINANCIAL ASSISTANCE FOR A VARIETY OF CULTURAL AND COMMUNITY EVENTS, AS WELL AS HEALTH AND HUMAN SERVICES ORGANIZATIONS EVENTS CONTRIBUTION OF WHA EMPLOYEES TO WHA'S COMMUNITY WHA EMPLOYEES EXEMPLIFY OUR ORGANIZATION'S OBJECTIVES AND PHILOSOPHY OF "GIVING BACK" TO THOSE WE SERVE EACH YEAR, THEY DONATE MORE THAN 2,000 VOLUNTEER HOURS SERVING ON BOARDS, WORKING IN SCHOOLS AND SUPPORTING LOCAL NON-PROFIT ORGANIZATIONS IN A WIDE VARIETY OF WAYS WHA'S MISSION IS TO IMPROVE AND ENRICH THE LIVES OF COMMUNITY MEMBERS BY SUPPORTING LOCAL ORGANIZATIONS THROUGHOUT THE YEAR WHA ANNOUNCES GIVING OPPORTUNITIES THAT HAVE A POSITIVE IMPACT ON THE HEALTH AND WELLBEING OF THE COMMUNITY IN SUPPORT OF THIS MISSION, WHA ENCOURAGES EMPLOYEE PARTICIPATION, WHETHER THROUGH FINANCIAL DONATIONS, VOLUNTEER EFFORTS OR COMMUNITY ACTIVITIES LIKE WEEKEND FUN RUNS AND AN ANNUAL BIKE TREK WITH SUPERVISOR APPROVAL, EMPLOYEES CAN ALSO ATTEND EVENTS THAT MAY OCCUR DURING REGULAR WORK HOURS DOLLARS FOR DO-ERS WESTERN HEALTH ADVANTAGES DOLLARS FOR DO-ERS PROGRAM WILL DONATE UP TO \$100 PER YEAR TO A SELECTED CHARITY ON BEHALF OF THE EMPLOYEES WHO HAVE CONFIRMED THEIR VOLUNTEERISM OF 20 OR MORE HOURS WITH THE ORGANIZATION WHA EMPLOYEE MATCHING CHARITABLE CONTRIBUTIONS WHA MATCHES EMPLOYEE CHARITABLE DONATIONS DOLLAR FOR-DOLLAR, UP TO \$250 PER FISCAL YEAR PER EMPLOYEE EMPLOYEES CAN GIVE VIA PAYROLL DEDUCTIONS OR ONE-TIME CASH DONATIONS DONATIONS MUST BE MADE TO QUALIFIED NONPROFIT ORGANIZATIONS WHA OFFERS EMPLOYEES 8 HOURS OF PAID TIME-OFF EACH YEAR TO VOLUNTEER AT THE ORGANIZATION OF THEIR CHOICE IN ADDITION, EMPLOYEES ARE GIVEN THE OPPORTUNITY TO PARTICIPATE IN 8 HOURS OF VOLUNTEER ACTIVITIES AT WESTERN HEALTH ADVANTAGE SPONSORED EVENTS WHA CEO INVOLVEMENT IN THE COMMUNITY THE PRESIDENT AND CEO OF WHA, GARRY MAISEL, SUPPORTS VARIOUS COMMUNITY CHARITIES AND CAUSES, IN ADDITION TO IMPROVING HEALTHCARE FOR THE COMMUNITY AS AN ACTIVE BOARD MEMBER OF WHA

---

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Western Health Advantage

**Employer identification number**  
68-0393304

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

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

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		411,600	193,895	217,705
<b>d</b> Equipment . . . . .		9,281,484	5,062,243	4,219,241
<b>e</b> Other . . . . .		1,614,658	738,438	876,220
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,313,166



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

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

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

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

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

(a) Description	(b) Book value
(1) AFFORDABLE CARE ACT RECEIVABLE	3,460,018
(2) INTEREST RECEIVABLE	40,548
(3) INCOME TAX RECEIVABLE	216,468
(4) PHARMACY REBATE RECEIVABLE	4,360,369
(5) UC RISK ADJUSTMENT RECEIVABLE	154,572
(6) OTHER RECEIVABLES	462,188
(7) ADDTL CAPITATION CENTER REC	2,666,681
(8) PREMIUM STABILIZATION REC	1,783,570
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	13,144,414

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
IBNR	9,903,801
CLAIMS PAYABLE	7,293,322
MEDICAL COST PAYABLE	7,855,413
CAPITATION PAYABLE	2,989,604
INTEREST PAYABLE	180,066
NOTES PAYABLE TO SPONSORS	11,105,071
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	39,327,277

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 68-0393304

**Name:** Western Health Advantage

## Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) AFFORDABLE CARE ACT RECEIVABLE	3,460,018
(2) INTEREST RECEIVABLE	40,548
(3) INCOME TAX RECEIVABLE	216,468
(4) PHARMACY REBATE RECEIVABLE	4,360,369
(5) UC RISK ADJUSTMENT RECEIVABLE	154,572
(6) OTHER RECEIVABLES	462,188
(7) ADDTL CAPITATION CENTER REC	2,666,681
(8) PREMIUM STABILIZATION REC	1,783,570

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>THE COMPANY FOLLOWS THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10, INCOME TAXES - OVERALL. THIS PRONOUNCEMENT PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION EXPECTED TO BE TAKEN IN A TAX RETURN. IT ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. THE COMPANY FILES TAX RETURNS IN THE UNITED STATES AND CALIFORNIA. ALL TAX PERIODS BEGINNING WITH THE TAX YEAR ENDED DECEMBER 31, 2013 AND THEREAFTER ARE OPEN TO EXAMINATION FOR U.S. PURPOSES, AND ALL TAX PERIODS BEGINNING WITH THE TAX PERIOD ENDED DECEMBER 31, 2012 AND THEREAFTER ARE OPEN TO EXAMINATION FOR CALIFORNIA PURPOSES. THE COMPANY IS CURRENTLY NOT UNDER EXAMINATION BY THE IRS OR OTHER TAX AUTHORITIES. SIGNIFICANT JUDGMENT IS REQUIRED IN APPLYING THE PRINCIPLES OF ASC SUBTOPIC 740-10. THE CALCULATION OF THE PROVISION FOR INCOME TAXES INVOLVES DEALING WITH UNCERTAINTIES IN THE APPLICATION OF COMPLEX TAX LAWS AND REGULATIONS. IN DETERMINING THE ADEQUACY OF THE PROVISION FOR INCOME TAXES, THE COMPANY REGULARLY ASSESSES THE POTENTIAL SETTLEMENT OUTCOMES RESULTING FROM INCOME TAX EXAMINATIONS. HOWEVER, THE FINAL OUTCOME OF THE TAX EXAMINATIONS, INCLUDING THE TOTAL AMOUNT PAYABLE OR THE TIMING OF ANY SUCH PAYMENTS UPON RESOLUTION OF THESE ISSUES, CANNOT BE PREDICTED WITH CERTAINTY. IN ADDITION, THE COMPANY CANNOT BE CERTAIN THAT SUCH AMOUNT WILL NOT BE MATERIALLY DIFFERENT THAN THAT WHICH IS REFLECTED IN THE COMPANY'S HISTORICAL INCOME TAX PROVISIONS AND ACCRUALS. SHOULD THE IRS OR OTHER TAX AUTHORITIES ASSESS ADDITIONAL TAXES AS A RESULT OF A FUTURE EXAMINATION, THE COMPANY MAY BE REQUIRED TO RECORD CHARGES TO OPERATIONS IN FUTURE PERIODS THAT COULD HAVE A MATERIAL IMPACT ON THE RESULTS OF OPERATIONS, FINANCIAL POSITION, OR CASH FLOWS IN THE APPLICABLE PERIOD OR PERIODS.</p>

**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
Western Health Advantage

**Employer identification number**  
68-0393304

**Part I**

**General Information on Grants and Assistance**

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

**Part II**

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

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

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_ 27
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_ 4

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

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

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION'S MANAGEMENT TEAM EVALUATES POTENTIAL DONATIONS TO OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THE OUTSIDE ORGANIZATION ALIGNS WITH THE ORGANIZATION'S MISSION GRANT RECIPIENTS ARE TYPICALLY WELL-KNOWN ORGANIZATIONS WITH A STRONG REPUTATION FOR DOING GOOD WITHIN THE COMMUNITY GRANTS ARE MADE FOR GENERAL SUPPORT OR SPECIFIC PROJECTS THAT FURTHER THE OUTSIDE ORGANIZATION'S MISSION OF BENEFITING THE COMMUNITY GRANTS ARE MADE AFTER REVIEW OF A WRITTEN APPLICATION, REVIEWED BY THE GRANT COMMITTEE AND WRITTEN AGREEMENT WITH WHA

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 68-0393304  
**Name:** Western Health Advantage

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACADEMY OF FRIENDS 650 Fifth Street Suite 408 San Francisco, CA 94107	94-3064135	501(c)(3)	25,000				AIDS Research
ALF Exemplary Leaders 1601 Response Road Suite 350 SACRAMENTO, CA 95815	91-1792774	501(c)(3)	25,000				Leadership Education

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 Greenville Ave Dallas, TX 952314596	13-5613797	501(c)(3)	100,000				Health Initiative
B Street Theater Mainstage 2711 B Street SACRAMENTO, CA 95816	95-4047805	501(c)(3)	68,000				Theatre Arts Ed



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BREATHE CALIFORNIA 909 12th Street SACRAMENTO, CA 95814	94-1641240	501(c)(3)	15,000				Health Education
CALIFORNIA ASIAN PACIFIC 2331 Alhambra BlvdSte 100 Sacramento, CA 95817	68-0423644	501(c)(6)	15,000				Asian Pacific Chamber

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CRISTO REY HIGH SCHOOL 8475 Jackson Road SACRAMENTO, CA 95826	41-2191660	501(c)(3)	26,000				Workplace Assistance
CROCKER ART MUSEUM 216 O Street SACRAMENTO, CA 95814	94-2552486	501(c)(3)	100,000				Arts Education

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIGNITY HEALTH 185 Berry St Ste 300 San Francisco, CA 94107	94-1196203	501(c)(3)	7,500				Womens Health
Select Sacramento 400 Capitol Mall Suite 2500 Sacramento, CA 95814	46-5517841	501(c)(3)	6,500				Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOWNTOWN SACRAMENTO 980 9th Street Suite 400 Sacramento, CA 95814	68-0270320	501(c)(6)	15,000				Community Support
EL DIA DE LOS MUERTOS PETALUMA 35 Liberty Street Petaluma, CA 95609	47-4289029	501(c)(3)	10,000				Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIFTS TO SHARE INC 915 I STREET 3RD FLOOR Sacramento, CA 95841	94-2985546	501(C)(3)	18,500				Children's Arts
Sacramento Food Bank 3333 Third Ave Sacramento, CA 95817	94-3315566	501(c)(3)	5,020				Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOOD FOR FAMILIES PO Box 15618 Sacramento, CA 95852	68-0195082	501(C)(3)	10,000				Food Bank support
GREATER SACRAMENTO AREA 400 Capitol Mall Suite 2500 Sacramento, CA 95814	46-5517841	501(c)(3)	100,000				Civic Leadership

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARIN GENERAL HOSPITAL FOUNDATION 100B Drakes Landing Road Suite 25 Greenbrae, CA 94904	94-6127213	501(c)(3)	16,000				Hospital support
MERCY FOUNDATION 3400 Data Drive Rancho Cordova, CA 95670	23-7072762	501(c)(3)	40,000				Health Neurological

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MERISTEM 9200 Fair Oaks Blvd Fair Oaks, CA 95628	47-1411177	501(c)(3)	30,000				serves young adults
MONDAVI CENTER UC DAVIS One Shields Ave Davis, CA 95616	94-6036494	Government	112,500				Arts Sponsorship



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHBAY HEALTHCARE FOUNDATION 4500 Business Center Drive Fairfield, CA 94534	94-2995085	501(c)(3)	20,000				community support
RUN TO FEED THE HUNGRY 3333 Third Ave Sacramento, CA 95817	94-3315566	501(c)(3)	60,000				emergency goods

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SACRAMENTO BALLET ASSOCIATION 2420 N Street Suite 100 Sacramento, CA 95816	94-1674349	501(c)(3)	43,350				arts education
SACRAMENTO METROPOLITAN One Capitol Mall Suite 700 Sacramento, CA 95814	94-0824600	501(c)(6)	43,350				community support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOIL BORN FARM URBAN PO Box 661175 SACRAMENTO, CA 95866	20-0774693	501(c)(3)	25,000				community support
ST HOPE ACADEMY PO Box 5447 Sacramento, CA 95817	68-0193050	501(c)(3)	10,000				education support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Sac State University Fdn 6000 J Street Sacramento, CA 95819	94-3001359	501(c)(3)	10,000				Education Support
UCD NURSING SCHOOL One Shields Ave Davis, CA 95616	94-6081352	501(c)(3)	83,333				Nursing

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VALLEY VISION 2320 Broadway Sacramento, CA 95818	94-3214572	501(c)(3)	30,000				Community Support
WEAVE INC 1900 K Street SACRAMENTO, CA 95811	94-2493158	501(c)(3)	35,000				Crisis Intervention

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOODLAND HEALTHCARE FOUNDATION 1321 Cottonwood Street Suite 207 Woodland, CA 95695	94-1196203	501(c)(3)	20,000				Donation to Imaging and Surgical Services Campaign
Additional Grants 5000 or less 2349 Gateway Oaks Drive No 100 Sacramento, CA 95833							Various Purposes

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

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**

**2015**  
**Open to Public Inspection**

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

Name of the organization Western Health Advantage	Employer identification number 68-0393304
--	--

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b Yes									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	No								
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	4a	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	5a	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	6a	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

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



**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Question 1a	THE ORGANIZATION PAID \$180 EACH FOR YEARLY HEALTH CLUB DUES FOR TWO OFFICERS, FIVE KEY EMPLOYEES, AND TWO HIGHEST COMPENSATED EMPLOYEES LISTED ON FORM 990 PART VII. THESE AMOUNTS HAVE BEEN INCLUDED AS NONTAXABLE BENEFITS IN SCHEDULE J, PART II, COLUMN D.
Schedule J, Part I, Question 4b	THE ORGANIZATION HAS A 457(F) PLAN WHEREBY PARTICIPANTS VEST AFTER 5 YEARS, WITH IMMEDIATE VESTING UPON DEATH, DISABILITY, OR INVOLUNTARY TERMINATION WITHOUT CAUSE.
Schedule J, Part I, Question 7	Bonuses/incentives are based on an individual's performance and are discretionary based on meeting established goals.



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

**Supplemental Information to Form 990 or 990-EZ**  
 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
 ▶ Attach to Form 990 or 990-EZ.  
 ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 Western Health Advantage

**Employer identification number**  
 68-0393304

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, Line 4	The following significant changes were made to the bylaws during the tax year - Special Meetings of Members may be called by any 1 Member - Clarifying the treatment of a corporate member who is terminated for failure to be a network provider retains all rights and obligations for a 5-year period after the vote to terminate other than the right to appoint any Directors, termination to be rescinded if the terminated member enters into a provider agreement on terms and conditions required by WHA (unless the member was terminated on other grounds as well) within the 5-year period - Restoring language that defines quorum as either a majority of directors or the presence of at least one director representing each Member - Adding language that interested directors and common directors are not included in all members - Clarifying that the Vice Chair shall be a Director - Amending Compensation Committee to strengthen the safe harbor for WHAs compensation decisions - Restoring Unanimous Written Consent provision for Committees - Restoring Quorum and Voting provision for Committees - Requires a corporate member who is withdrawing from membership to notify the corporation in addition to notifying the other corporate members - Clarification that the officers, directors and committee members appointed by a terminated corporate member are automatically removed from their positions - Authorizes use of electronic transmission for unanimous written consent -Deletion of the indemnification provision which requires Corporate Members to indemnify and hold the other Corporate Members and WHA harmless for or claims, expenses, liabilities and attorneys fees for acts and omissions unrelated to WHA - Clarifies that only members may revise the bylaws Form 990, Part VI, Section A, Line 6 DIGNITY HEALTH AND NORTHBAY HEALTHCARE GROUP ARE MEMBERS OF WESTERN HEALTH ADVANTAGE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7A	DIGNITY HEALTH AND NORTHBAY HEALTHCARE GROUP HAVE RIGHTS TO ELECT AND REMOVE MOST BOARD MEMBERS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7B	DIGNITY HEALTH AND NORTHBAY HEALTHCARE GROUP RETAIN THE APPROVAL RIGHTS AFFORDED MEMBERS FOR CERTAIN SIGNIFICANT TRANSACTIONS (E G CHANGE IN BYLAWS)

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11	THE BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFORE THE RETURN IS FILED THE ORGANIZATION'S CFO AND FINANCE DIRECTOR WORK CLOSELY WITH AN OUTSIDE ACCOUNTING FIRM TO PREPARE AND REVIEW THE RETURN A COMPLETE COPY OF FORM 990 IS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, Line 12C	ON AN ANNUAL BASIS, THE ORGANIZATION DISTRIBUTES CONFLICT OF INTEREST QUESTIONNAIRES WHICH THE BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES COMPLETE AND RETURN THE CHIEF LEGAL OFFICER OF THE ORGANIZATION REVIEWS THE RETURNED FORMS FOR COMPLIANCE IF A CONFLICT IS REPORTED IT WOULD BE HANDLED IN ACCORDANCE WITH THE CONFLICTS OF INTEREST POLICY, WHICH REQUIRES INDIVIDUALS WITH A POTENTIAL CONFLICT TO RECUSE THEMSELVES FROM THE BOARD'S DELIBERATIONS ON THE ISSUE OF CONFLICT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, Line 15	THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF THE CHIEF LEVEL EXECUTIVES AFTER RECEIVING A REPORT FROM AN INDEPENDENT CONSULTANT ADVISING AS TO THE LEVEL OF SALARIES FOR SIMILAR POSITIONS A WRITTEN POLICY AND PROCEDURES REQUIRES THAT THE BOARD DETERMINE THAT COMPENSATION IS REASONABLE TO THE ORGANIZATION BASED UPON INFORMATION SUFFICIENT TO DETERMINE WHETHER THE VALUE OF SERVICES IS THE AMOUNT THAT WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES, WHETHER TAXABLE OR TAX EXEMPT UNDER LIKE CIRCUMSTANCES RELEVANT INFORMATION INCLUDES, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE APPLICABLE TAX EXEMPT ORGANIZATION, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE DISQUALIFIED PERSON THE BOARD MUST ALSO MAKE A FINDING THAT COMPENSATION TO THE CEO AND CFO IS JUST AND REASONABLE ANY MEMBERS OF THE BOARD WHO HAVE A CONFLICT CANNOT BE INCLUDED IN THE DECISION MAKING PROCESS



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION CAPITATION TOTAL FEES 506464787

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION CLAIMS EXPENSE TOTAL FEES 142129985

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL ADMIN TOTAL FEES 6030623

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Western Health Advantage

**Employer identification number**

68-0393304

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> WESTERN HEALTH ADVANTAGE COMMUNITY 2349 GATEWAY OAKS FRNE SUITE 100 SACRAMENTO, CA 95833 87-0748090	Inactive	CA	NA	C CORP	0	0	100 000 %		No

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

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

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

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

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

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

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

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



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

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

**Return Reference****Explanation**