

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
COMMUNITY HEALTH CHOICE INC
% BRIAN MAUDE CFO
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2636 SOUTH LOOP WEST Suite 700
City or town, state or province, country, and ZIP or foreign postal code
HOUSTON, TX 77054

D Employer identification number
76-0495152

E Telephone number
(713) 295-2222

G Gross receipts \$ 1,128,716,711

F Name and address of principal officer
KENNETH W JANDA
2636 SOUTH LOOP WEST STE 700
HOUSTON, TX 77054

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: ▶ [https //www.chchealth.org](https://www.chchealth.org)

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1996

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE OPERATION OF A MEDICAID/CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) HEALTH MAINTENANCE ORGANIZATION PROVIDING PRE-PAID MEDICAL & DENTAL CARE (SEE SCH O, GENERAL STMT 1)

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

3 Number of voting members of the governing body (Part VI, line 1a)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	547
6 Total number of volunteers (estimate if necessary)	7
7a Total unrelated business revenue from Part VIII, column (C), line 12	334,801
7b Net unrelated business taxable income from Form 990-T, line 34	-506,192

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	850,625,457	1,126,912,764
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	836,833	1,803,947
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	851,462,290	1,128,716,711
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,521	920,823
14 Benefits paid to or for members (Part IX, column (A), line 4)	771,434,924	1,029,052,828
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,585,265	36,299,601
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50,181,666	82,539,114
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	850,227,376	1,148,812,366
19 Revenue less expenses Subtract line 18 from line 12	1,234,914	-20,095,655
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	239,892,454	305,073,571
21 Total liabilities (Part X, line 26)	138,300,153	223,576,925
22 Net assets or fund balances Subtract line 21 from line 20	101,592,301	81,496,646

Part II Signature Block

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

Sign Here

Signature of officer
Date 2017-11-14
RICHARD LEE SR VP - FINANCE
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name DEBRA C COOK
Preparer's signature DEBRA C COOK
Date 2017-11-14
Check if self-employed PTIN P00031689
Firm's name ▶ KPMG LLP
Firm's EIN ▶
Firm's address ▶ 210 Park Ave Suite 2650
Oklahoma City, OK 73102
Phone no (405) 239-6411

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O, GENERAL STATEMENT 2

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,127,232,749 including grants of \$ 920,823) (Revenue \$ 1,126,912,764)
See Additional Data

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

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

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

4e Total program service expenses ▶ 1,127,232,749

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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 (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Changes to governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committees), 9 (Officer/director/trustee/employee).

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 (Local chapters), 10b (Policies for chapters), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure of interests), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15a/b (Compensation review), 16a (Investment/arrangements), 16b (Participation policy).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (States for Form 990), 18 (Public inspection methods), 19 (Governing documents availability), 20 (Person with books/records).

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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
See Additional Data Table											
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								0	4,351,433	362,673	

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 ▶ 108

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O GENERAL STATEMENT 1,		457,934,086

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 ▶ 657

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			0			
Program Service Revenue			Business Code				
	2a NET PREMIUM REVENUE		524114	1,126,577,963	1,126,577,963		
	b SENDERO PROGRAM FEES		524298	228,800		228,800	
	c TX HEALTH 3-SHARE PROGRAM FEES		524298	60,000		60,000	
	d OTHER TPA REVENUE		524298	46,001		46,001	
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,126,912,764				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,803,947	1,803,947		
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			0		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses		b	0				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
11a Miscellaneous Revenue		Business Code					
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				0			
12 Total revenue. See Instructions				1,128,716,711	1,128,381,910	334,801	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	917,923	917,923		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	2,900	2,900		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	1,029,052,828	1,029,052,828		
5 Compensation of current officers, directors, trustees, and key employees.	3,907,503	781,501	3,126,002	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	24,112,252	19,252,363	4,859,889	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,244,239	1,795,391	448,848	
9 Other employee benefits.	4,192,426	3,353,941	838,485	
10 Payroll taxes.	1,843,181	1,316,266	526,915	
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	561,996	449,597	112,399	
c Accounting.	323,571	258,857	64,714	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	26,643,590	22,107,151	4,536,439	0
12 Advertising and promotion.	360,067	288,054	72,013	
13 Office expenses.	6,230,150	4,984,120	1,246,030	
14 Information technology.	4,561,252	3,649,002	912,250	
15 Royalties.	0			
16 Occupancy.	1,561,840	1,249,472	312,368	
17 Travel.	441,950	353,560	88,390	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	0			
23 Insurance.	86,202	68,962	17,240	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES & LICENSES	21,220,476	16,976,381	4,244,095	0
b CMS USER FEES	10,577,011	10,577,011	0	0
c PROVIDER INCENTIVES	7,798,204	7,798,204	0	0
d REINSURANCE PREMIUM - STAR	1,435,745	1,435,745	0	0
e All other expenses	737,060	563,520	173,540	
25 Total functional expenses. Add lines 1 through 24e.	1,148,812,366	1,127,232,749	21,579,617	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	70,175,501	1	177,452,323
	2 Savings and temporary cash investments	68,212,282	2	93,020,687
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	15,500,388	4	15,857,261
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 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	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	0	10a	0
	b Less accumulated depreciation	0	10b	0
	10c	0	10c	0
	11 Investments—publicly traded securities	79,998,751	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	6,005,532	15	18,743,300	
16 Total assets. Add lines 1 through 15 (must equal line 34)	239,892,454	16	305,073,571	
Liabilities	17 Accounts payable and accrued expenses	9,641,940	17	19,430,947
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 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	128,658,213	25	204,145,978
	26 Total liabilities. Add lines 17 through 25	138,300,153	26	223,576,925
Net Assets or Fund Balances	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. Unrestricted net assets	101,592,301	27	81,496,646
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	101,592,301	33	81,496,646
	34 Total liabilities and net assets/fund balances	239,892,454	34	305,073,571

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,128,716,711
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,148,812,366
3	Revenue less expenses Subtract line 2 from line 1	3	-20,095,655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,592,301
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	81,496,646

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

Additional Data

Software ID:

Software Version:

EIN: 76-0495152

Name: COMMUNITY HEALTH CHOICE INC

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O, GENERAL STATEMENT 3

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICKI KEISER CHAIRMAN OF THE BOARD	8 0 0 0	X		X				0	0	0
RAYMOND J KHOURY VICE CHAIRMAN OF THE BOARD	8 0 0 0	X		X				0	0	0
JOSE GARCIA JR SECRETARY OF THE BOARD	4 0 0 0	X		X				0	0	0
DAISY A STINER BOARD MEMBER	2 0 0 0	X						0	0	0
ELANA M MARKS BOARD MEMBER	4 0 0 0	X						0	0	0
VIVIAN HO BOARD MEMBER	2 0 0 0	X						0	0	0
STEPHEN MCKERNAN BOARD MEMBER	2 0 0 0	X						0	0	0
CHARLES A MOORE BOARD MEMBER THRU 01/16	8 0 0 0	X						0	0	0
KENNETH JANDA PRESIDENT/CEO	40 0 0 0			X				0	502,474	21,901
RICHARD LEE SR VP - FINANCE	40 0 0 0			X				0	232,845	30,655

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
FRED BUCKWOLD SR MEDICAL DIRECTOR	40 0 0 0				X			0	329,371	28,615	
ALFONSO RUBIO SR VP-INFORMATION TECHNOLOGY	40 0 0 0				X			0	259,936	32,028	
TANYA NGUYEN VP - OPERATIONS	40 0 0 0				X			0	188,877	9,031	
KAREN LOVE EXECUTIVE VICE PRESIDENT	40 0 0 0				X			0	275,957	32,918	
DAISY MORALES VP - SALES & MARKETING	40 0 0 0				X			0	195,102	16,523	
CHARLOTTE WOODS VP - ADMINISTRATION	40 0 0 0				X			0	160,053	7,712	
PAMELA HELLSTROM VP - QUALITY MANAGEMENT	40 0 0 0				X			0	180,282	15,210	
JEFFREY ALLEN VP - NETWORK MANAGEMENT	40 0 0 0				X			0	230,375	18,595	
OLUBURMI OTUYELU VP - COMPLIANCE & RISK MGMT	40 0 0 0				X			0	182,821	21,595	
SAIRA SHAH VP - ADMIN & LEGAL AFFAIRS	40 0 0 0				X			0	201,635	24,638	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA FULLER ASSOCIATE MEDICAL DIRECTOR	40 0 0 0				X			0	235,902	11,724
VALERIE BAHAR ASSOCIATE MEDICAL DIRECTOR	40 0 0 0				X			0	223,607	18,751
THOMAS NGUYEN DIRECTOR MANAGED CARE SYSTEMS	40 0 0 0				X			0	194,648	23,723
ANDREA HENRY DIRECTOR - PHARMACY ANALYTICS	40 0 0 0					X		0	183,345	16,500
JANET WOODSON DIRECTOR - UTILIZATION MGMT	40 0 0 0					X		0	148,978	8,978
JOHN COAKLEY DIRECTOR - INFORMATION SYSTEMS	40 0 0 0					X		0	136,615	16,099
TRACY MADDOX DIRECTOR - QUALITY & OUTCOMES	40 0 0 0					X		0	152,318	479
CLAUDIA MEADOWS DIRECTOR - CONTRACTING	40 0 0 0					X		0	136,292	6,998

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY HEALTH CHOICE INC

Employer identification number
76-0495152

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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 |
|----------------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				

Part VII Investments—Other Securities. Complete if the 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)		
Total. (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)		
Total. (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) REINSURANCE RECOVERABLE	11,325,260
(2) ACCRUED INTEREST RECEIVABLE	7,418,040
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	18,743,300

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
MEDICAL CLAIMS PAYABLE	106,068,827
PROVIDER INCENTIVE PAYABLE	5,659,348
DEFERRED PREMIUM REVENUE	12,696,454
AMOUNTS DUE TO DISTRICT	9,352,365
AFFORDABLE CARE ACT LIABILITIES	70,368,984
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	204,145,978

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.

1	Total revenue, gains, and other support per audited financial statements		1	1,128,716,711
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,128,716,711
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	1,128,716,711

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.

1	Total expenses and losses per audited financial statements		1	1,149,162,451
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	350,085	
e	Add lines 2a through 2d		2e	350,085
3	Subtract line 2e from line 1		3	1,148,812,366
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	1,148,812,366

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: 76-0495152

Name: COMMUNITY HEALTH CHOICE INC

Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION 1	RECLASS OF CHANGE IN NON-ADMITTED ASSETS \$350,085

**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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
COMMUNITY HEALTH CHOICE INC

Employer identification number
76-0495152

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 ▶ _____ 32

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 1

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
SUPPLEMENTAL INFORMATION 1	SCHEDULE I, PART I, LINE 2 AS PART OF ITS CHARITABLE PURPOSE, COMMUNITY HEALTH CHOICE, INC MAKES GRANTS TO COMMUNITY-BASED ORGANIZATIONS AND INITIATIVES THAT ARE COMPATIBLE WITH CHCS MISSION TO IMPROVE THE HEALTH OF UNDERSERVED RESIDENTS OF SOUTHEAST TEXAS GRANTS ARE AVAILABLE TO PUBLIC CHARITY ORGANIZATIONS EXPANDING ACCESS TO HEALTH CARE OR EDUCATING THE COMMUNITY ABOUT IMPROVING HEALTH AND/OR REDUCING POVERTY THROUGH EDUCATION CHCS BOARD APPOINTS A COMMUNITY BENEFIT COMMITTEE TO EVALUATE PROPOSALS FOR COMMUNITY BENEFIT PROGRAM FUNDING AND MAKES FUNDING RECOMMENDATIONS FOR APPROVAL BY THE BOARD OF DIRECTORS CHC REQUESTS A REPORT FROM THE GRANTEE REGARDING THE USE OF THE FUNDS AND THE RESULTS ACHIEVED SIX MONTHS AND TWELVE MONTHS AFTER THE GRANT HAS BEEN EXPENDED

Additional Data

Software ID:
Software Version:
EIN: 76-0495152
Name: COMMUNITY HEALTH CHOICE INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRIS COUNTY PUBLIC HEALTH & ENVIRONMENTAL SVCS 1001 PRESTON ST STE 800 HOUSTON, TX 77002	76-0454414	GOVT	100,000				ZIKA
ACCESS HEALTH 400 AUSTIN ST RICHMOND, TX 77469	74-1951476	501(C)(3)	54,000				HEALTH CLINIC EXPANSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES FOUNDATION 5420 DASHWOOD DR STE 301 HOUSTON, TX 77081	13-1846366	501(C)(3)	55,500				PREMATURE BIRTH PREVENTION
CHRIST CLINIC 5504 1ST STREET KATY, TX 77493	90-0789318	501(c)(3)	26,250				AFTER HOURS URGENT CARE SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC HEALTH COALITION 2626 SOUTH LOOP WEST STE 650 R HOUSTON, TX 77054	76-0609180	501(C)(3)	81,500				HIRING FIRST EXECUTIVE DIRECTOR
ASIAN AMERICAN HEALTH COALITION OF GREATER HOUSTON 7001 CORPORATE DR STE 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	57,000				EXPAND CLINIC SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 77223	76-0442781	501(C)(3)	56,000				EXPAND CLINIC SERVICES
HEALTHCARE FOR THE HOMELESS - HOUSTON 2505 FANNIN ST HOUSTON, TX 77002	76-0647934	501(C)(3)	55,000				ESTABLISH CLINIC SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRING BRANCH COMMUNITY HEALTH CENTER 800 WEST SAM HOUSTON PARKWAY SOUTH HOUSTON, TX 77042	30-0198705	501(C)(3)	27,500				EXPAND CLINIC SERVICES
HOUSTON COUNCIL ON ALCOHOLISM AND DRUG ABUSE 303 JACKSON HILL ST HOUSTON, TX 77007	74-1173235	501(C)(3)	28,000				TRAINING FOR PREGNANT WOMEN WITH SUBSTANCE ABUSE ISSUES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTER BITES 535 PORTWALL HOUSTON, TX 77029	47-4070026	501(C)(3)	32,000				NUTRITION PROGRAM IN LOW-INCOME SCHOOLS
CAN DO HOUSTON 2617C WEST HOLCOMBE BLVD STE 596 HOUSTON, TX 77025	26-3554461	501(C)(3)	10,000				POSITIVE PARENTING PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF SOUTHEAST TEXAS 2780 EASTEX FWY BEAUMONT, TX 77703	74-1900345	501(C)(3)	15,000				ON-GOING GRIEF SUPPORT SERVICES TO CHILDREN
CHILDREN AT RISK INC 2900 WESLAYAN ST STE 400 HOUSTON, TX 77027	76-0360533	501(C)(3)	10,000				PARENTING CLASSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLABORATIVE FOR CHILDREN 1111 NORTH LOOP WEST STE 600 HOUSTON, TX 77008	76-0228065	501(C)(3)	10,000				SUPPORT EARLY EDUCATION/DAY CARE/PARENTING
EPIPHANY COMMUNITY HEALTH OUTREACH SERVICES 9600 S GESSNER BLDG E HOUSTON, TX 77071	76-0645238	501(C)(3)	21,750				APPLICATION ASSISTANCE FOR MEDICAID, CHIP, MARKETPLACE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICES OF GREATER HOUSTON 3120 SOUTHWEST FWY STE 215 HOUSTON, TX 77098	74-1152613	501(C)(3)	25,000				BEHAVIORAL HEALTH PROGRAM FOR ADOLESCENTS (AND PARENTS)
NORTHWEST ASSISTANCE MINISTRIES 15555 KUYKENDAHL RD HOUSTON, TX 77090	76-0088702	501(C)(3)	25,000				CASE MANAGEMENT FOR PEDIATRIC PRACTICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROUNITAS INC 4802 LOCKWOOD DR HOUSTON, TX 77026	47-1573396	501(C)(3)	15,000				PROVIDE MULTI-FACETED NAVIGATION SERVICES TO STUDENTS
SAN JOSE CLINIC 2615 FANNIN ST HOUSTON, TX 77002	76-0373703	501(C)(3)	25,000				EXPAND CLINIC SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPINDLETOP CENTER 655 SOUTH 8TH ST BEAUMONT, TX 77701	74-1684198	GOV'T	30,000				PRIMARY CARE/MENTAL HEALTH COMBINATION CLINIC
TOMAGWA MINISTRIES INC 455 SCHOOL ST 30 TOMBALL, TX 77375	76-0280324	501(C)(3)	25,000				SUPPORT FOR CHARITY CLINIC EXPANSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HOUSTON FOUNDATION 4543 POST OAK PLACE 250 HOUSTON, TX 77027	76-6041411	501(C)(3)	20,000				OBESITY REDUCTION PROGRAM FOR CHILDREN
HOUSTON COMMUNITY HEALTH CENTERS INC 424 HAHLO ST HOUSTON, TX 77020	76-0622208	501(C)(3)	35,500				EXPAND BEHAVIORAL HEALTH SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JESSE TREE INC PO BOX 575 GALVESTON, TX 77553	76-0518766	501(C)(3)	15,000				SENIOR WELLNESS AND NUTRITION PROGRAM
FAST FORWARD ANALYTICS LLC 2600 QUENBY ST HOUSTON, TX 77005	81-1082870		10,000				JOB SKILLS ASSESSMENT/MATCHING TOOL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRIS COUNTY HOSPITAL DISTRICT FOUNDATION PO BOX 301168 HOUSTON, TX 77230	76-0408224	501(C)(3)	10,000				14TH ANNUAL TEXAS MED RUN SPONSORSHIP
JUNIOR ACHIEVEMENT OF SOUTHEAST TEXAS INC 2115 EAST GOVERNORS CIRCLE HOUSTON, TX 77092	74-1153957	501(C)(3)	10,000				JA INSPIRE PROGRAM SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR PUBLIC POLICY PRIORITIES 7020 EASY WIND DR STE 200 AUSTIN, TX 78752	74-2898197	501(C)(3)	7,500				DARE TEXAS SUMMITT AND LEGACY LUNCHEON SPONSORSHIPS
CHINESE COMMUNITY CENTER 3318 SAINT MARE EGLISE LN SPRING, TX 77388	76-0067885	501(C)(3)	7,500				CARE SCHOOL SUPPLY DRIVE & NEW HORIZONS EXPANSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HOUSTON'S FUTURE 701 AVENIDA DE LAS AMERICAS 900 HOUSTON, TX 77010	76-0386539	501(C)(3)	6,500				FUTURE LEADERSHIP LUNCHEON & DINNER EVENT SPONSORSHIPS
CULTURE OF HEALTH - ADVANCING TOGETHER 530 N ELDER GROVE DR PEARLAND, TX 77584	47-3990099	501(C)(3)	6,000				HEALTH INFORMATION BOOKLET DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ROSE 12700 N FEATHERWOOD STE 260 HOUSTON, TX 77034	76-0193812	501(C)(3)	5,423				BREAST CANCER AWARENESS

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.**

Name of the organization COMMUNITY HEALTH CHOICE INC	Employer identification number 76-0495152
---------------------------------------------------------	----------------------------------------------

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</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 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									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</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									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c 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.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 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	No								
8 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								
9 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
PART I, LINE 3	COMPENSATION FOR KENNETH W JANDA IS DETERMINED THROUGH NEGOTIATIONS WITH THE HARRIS COUNTY HOSPITAL DISTRICT (HCHD), A RELATED ORGANIZATION, AND IS THEN SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS OF HCHD. FOR ALL OTHER EXECUTIVES, COMPENSATION IS DETERMINED BY THE BOARD OF HCHD UTILIZING MARKET SURVEYS FOR EXECUTIVES IN SIMILAR ORGANIZATIONS AND IN SIMILAR POSITIONS. MARKET ADJUSTMENTS ARE MADE ANNUALLY TO ACCOUNT FOR ANY CHANGES IN COMPENSATION.

Additional Data

Software ID:
Software Version:
EIN: 76-0495152
Name: COMMUNITY HEALTH CHOICE INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KENNETH JANDA PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	454,831	47,643	0	13,250	8,651	524,375	0
1 FRED BUCKWOLD SR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	296,697	32,674	0	13,250	15,365	357,986	0
2 ALFONSO RUBIO SR VP-INFORMATION TECHNOLOGY	(i)	0	0	0	0	0	0	0
	(ii)	235,039	24,897	0	12,135	19,893	291,964	0
3 RICHARD LEE SR VP - FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	209,681	23,164	0	10,829	19,826	263,500	0
4 TANYA NGUYEN VP - OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	170,090	18,787	0	0	9,031	197,908	0
5 KAREN LOVE EXECUTIVE VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	250,841	25,116	0	13,109	19,809	308,875	0
6 DAISY MORALES VP - SALES & MARKETING	(i)	0	0	0	0	0	0	0
	(ii)	177,496	17,606	0	8,820	7,703	211,625	0
7 CHARLOTTE WOODS VP - ADMINISTRATION	(i)	0	0	0	0	0	0	0
	(ii)	144,244	15,809	0	0	7,712	167,765	0
8 PAMELA HELLSTROM VP - QUALITY MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	162,575	17,707	0	7,559	7,651	195,492	0
9 JEFFREY ALLEN VP - NETWORK MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	210,393	19,982	0	10,647	7,948	248,970	0
10 LUBURMI OTUYELU VP - COMPLIANCE & RISK MGMT	(i)	0	0	0	0	0	0	0
	(ii)	164,958	17,863	0	8,614	12,981	204,416	0
11 SAIRA SHAH VP - ADMIN & LEGAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	181,097	20,538	0	9,427	15,211	226,273	0
12 LISA FULLER ASSOCIATE MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	218,674	17,228	0	11,026	698	247,626	0
13 VALERIE BAHAR ASSOCIATE MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	223,607	0	0	11,117	7,634	242,358	0
14 THOMAS NGUYEN DIRECTOR MANAGED CARE SYSTEMS	(i)	0	0	0	0	0	0	0
	(ii)	175,343	19,305	0	8,870	14,853	218,371	0
15 ANDREA HENRY DIRECTOR - PHARMACY ANALYTICS	(i)	0	0	0	0	0	0	0
	(ii)	164,479	18,866	0	0	16,500	199,845	0
16 JANET WOODSON DIRECTOR - UTILIZATION MGMT	(i)	0	0	0	0	0	0	0
	(ii)	134,292	14,686	0	1,303	7,675	157,956	0
17 JOHN COAKLEY DIRECTOR - INFORMATION SYSTEMS	(i)	0	0	0	0	0	0	0
	(ii)	122,921	13,694	0	0	16,099	152,714	0
18 TRACY MADDOX DIRECTOR - QUALITY & OUTCOMES	(i)	0	0	0	0	0	0	0
	(ii)	137,692	14,626	0	0	479	152,797	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY HEALTH CHOICE INC

Employer identification number

76-0495152

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 1	FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION THE OPERATION OF A MEDICA ID/CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) HEALTH MAINTENANCE ORGANIZATION PROVIDING PR E-PAID MEDICAL & DENTAL CARE TO ITS APPROXIMATELY 242,432 MEDICAID, 27,666 CHIP AND 3,748 CHIP PERINATAL MEMBERS WITHIN A PRIMARY SERVICE AREA OF HARRIS AND CONTIGUOUS COUNTIES IN THE STATE OF TEXAS

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 2	FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION COMMUNITY HEALTH CHOICE 'S MISSION IS TO IMPROVE THE HEALTH OF THE UNDERSERVED RESIDENTS OF SOUTHEAST TEXAS BY PROVIDING ACCESS TO COORDINATED, HIGH QUALITY, AFFORDABLE, HEALTHCARE SERVICES OUR MISSION IS ACHIEVED THROUGH 1) COMMUNITY COLLABORATING WITH COMMUNITY-BASED PROVIDERS & ORGANIZATIONS TO IMPROVE ACCESS, QUALITY, COORDINATION AND COST-EFFECTIVENESS OF SERVICES 2) HEALTH DEVELOPING PROGRAMS TO ESTABLISH MEDICAL HOMES, MANAGE HEALTH CONDITIONS, AND PROMOTE WELLNESS AND PREVENTIVE CARE 3) CHOICE ENCOURAGING PERSONAL ACCOUNTABILITY AND EDUCATED CHOICES FOR INDIVIDUAL AND FAMILY HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 3	FORM 990, PART III, LINE 4A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS THE OPERATION OF A HEALTH MAINTENANCE ORGANIZATION PROVIDING PRE-PAID MEDICAL & DENTAL CARE TO ITS APPROXIMATELY 242,432 MEDICAID, 27,666 CHIP AND 3,748 CHIP PERINATAL MEMBERS WITHIN A PRIMARY SERVICE AREA OF HARRIS AND CONTIGUOUS COUNTIES IN THE STATE OF TEXAS Community Health Choice, Inc also issues health policies for nine southeast Texas counties in the Federally-Facilitated Healthcare Insurance Marketplace for the State of Texas Part of CHC's mission is to serve the uninsured population in Southeast Texas Texas has the largest number of residents without medical coverage in the entire country One of CHC's marketing goals is to provide coverage to the parents of the children enrolled in CHC's CHIP programs through Marketplace policies The Healthcare Insurance Marketplace had 81,315 covered lives as of December 31, 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 4	FORM 990, PART V, LINE 2A NUMBER OF EMPLOYEES THE NUMBER OF EMPLOYEES REPORTED IN PART V, LINE 2A IS 547 THE SALARIES REFLECTED ON FORM 990, PART IX, LINES 5 AND 7 WERE ALLOCATED TO CHC BY THE HARRIS COUNTY HOSPITAL DISTRICT (HCHD) (FEIN 76-0408224) AND THEY ARE REFLECTED ON THE FORM W-3, TRANSMITTAL OF WAGE AND TAX STATEMENTS, OF HCHD CHC REIMBURSED HCHD FOR THE SALARIES, AND ALL OTHER EXPENSES INCURRED ON BEHALF OF CHC

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 5	FORM 990, PART VI, LINE 2 FAMILY OR BUSINESS RELATIONSHIP CHC IS AWARE OF THE FAMILY RELATIONSHIP BETWEEN THE FOLLOWING KEY EMPLOYEES THOMAS NGUYEN AND TANYA NGUYEN

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 6	FORM 990, PART VI, SECTION A, LINE 7A & 7B HARRIS COUNTY HOSPITAL DISTRICT (HCHD) HAS CERTAIN ENUMERATED RESERVED POWERS OVER THE GOVERNING BOARD OF COMMUNITY HEALTH CHOICE, INC (CHC) THE GOVERNING BODY IS PROHIBITED FROM TAKING FINAL ACTION ON THE FOLLOWING WITHOUT THE APPROVAL BY RESOLUTION OF THE HCHD BOARD OF MANAGERS 1 ADOPTION, AMENDMENT, OR REVOCATION OF THE BYLAWS OF CHC, 2 ADOPTION, AMENDMENT, OR REVOCATION OF THE ARTICLES OF INCORPORATION OF CHC, 3 APPOINTMENT OR REMOVAL OF DIRECTORS OF CHC, 4 ADOPTION, AMENDMENT, OR REVOCATION OF CHC'S PURCHASING MANUAL, 5 ADOPTION, AMENDMENT, OR REVOCATION OF CHC'S PERSONNEL POLICIES, 6 ADOPTION, AMENDMENT, OR REVOCATION OF CHC'S FINANCIAL POLICIES, 7 ADOPTION OF CHC'S ANNUAL OPERATING AND CAPITAL BUDGETS, 8 ANY DEVIATION OF 10% OR MORE FROM CHC'S ANNUAL OPERATING BUDGET OR \$50,000 FROM CHC'S ANNUAL CAPITAL BUDGET, 9 ANY TRANSACTION INVOLVING REAL PROPERTY, 10 ANY MORTGAGE, ENCUMBRANCE, OR DEBT OF CHC IN EXCESS OF \$50,000, 11 THE SALE OR OTHER DISPOSITION OF PROPERTY OF ANY KIND EXCEEDING \$25,000, 12 THE PURCHASE OR ACQUISITION OF PROPERTY OF ANY KIND BY CHC EXCEEDING \$200,000 AND NOT INCLUDED IN AND APPROVED BY HCHD'S BOARD OF MANAGERS AS PART OF CHC'S ANNUAL OPERATING AND CAPITAL BUDGETS, 13 ALL PAYMENTS OTHER THAN PURCHASES, INCLUDING GUARANTEES AND GRANTS, THAT ARE NOT INCLUDED IN AND APPROVED BY HCHD'S BOARD OF MANAGERS AS PART OF CHC'S ANNUAL OPERATING AND CAPITAL BUDGETS, 14 ANY ACTION TO AMEND OR ENLARGE THE SERVICE AREA OF CHC'S CERTIFICATE OF AUTHORITY TO DO BUSINESS AS A HEALTH MAINTENANCE ORGANIZATION IN THE STATE OF TEXAS, 15 ANY MERGER, AFFILIATION, DISSOLUTION, OR OTHER DISPOSITION OF CHC

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 7	FORM 990, PART VI, SECTION A, LINE 8B COMMUNITY HEALTH CHOICE, INC DOES NOT HAVE COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY THEREFORE, NO DOCUMENTATION OF COMMITTEE MEETINGS WAS REQUIRED

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 8	FORM 990, PART VI, SECTION B, LINE 11B THE ORGANIZATION ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF THE FORM 990 TO PREPARE THE FORM MANAGEMENT, INCLUDING CERTAIN OFFICERS, WORKS DILIGENTLY TO HELP COMPLETE THE FORM 990 AND ATTACHED SCHEDULES IN A THOROUGH MANNER ONCE PREPARED, IT IS REVIEWED BY THE ORGANIZATION'S CONTROLLER AND THEN AGAIN BY THE CHIEF FINANCIAL OFFICER A COPY OF THE RETURN IS THEN MAILED OR EMAILED TO THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 9	FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION REQUIRES OFFICERS AND KEY EMPLOYEES TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS IN ANNUAL STATEMENTS THE VICE PRESIDENT FOR COMPLIANCE OF THE ORGANIZATION THEN REVIEWS THE ANNUAL STATEMENTS BEFORE SENDING TO THE HARRIS COUNTY HOSPITAL DISTRICT CORPORATE COMPLIANCE DEPARTMENT FOR FURTHER REVIEW OF THE ANNUAL CONFLICT OF INTEREST STATEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 10	FORM 990, PART VI, SECTION B, LINE 15A & 15B THE COMPENSATION OF THE PRESIDENT/CEO OF THE ORGANIZATION IS REVIEWED BY THE BOARD OF DIRECTORS OF HCHD THE COMPENSATION OF ALL OTHER EMPLOYEES IS SUBJECT TO THE GUIDELINES AND MERIT RAISE PROCESSING OF THE HARRIS COUNTY HOSPITAL DISTRICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 11	FORM 990, PART VI, SECTION C, LINE 19 AS A SUBSIDIARY OF THE HARRIS COUNTY HOSPITAL DISTRICT (A SUBSIDIARY OF HARRIS COUNTY, TEXAS), ALL DOCUMENTS AND POLICIES ARE PART OF THE PUBLIC RECORD AND ARE THEREFORE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
GENERAL STATEMENT 12	FORM 990, PART VII, SECTION B INDEPENDENT CONTRACTORS NAVITUS HEALTH SOLUTIONS PHARMACY B ENEFITS \$162,844,606 2601 WEST BELTLINE HWY , STE 600 MADISON, WI 53713 TEXAS CHILDREN'S HOSPITAL CONTRACT HOSPITAL SVCS \$106,434,919 6621 FANNIN ST HOUSTON, TX 77030 MEMORIAL HERMANN HEALTH SYSTEM CONTRACT HOSPITAL SVCS \$105,889,474 929 GESSNER DR , STE 2600 HOUSTON , TX 77024 UTMB GALVESTON HOSPITAL CONTRACT HOSPITAL SVCS \$ 49,077,670 301 UNIVERSITY BLVD GALVESTON, TX 77555 HOUSTON METHODIST CONTRACT HOSPITAL SVCS \$ 33,687,417 6565 FANNIN ST HOUSTON, TX 77030 ===== TOTAL \$457,934,086

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY HEALTH CHOICE INC

Employer identification number

76-0495152

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HARRIS COUNTY HOSPITAL DISTRICT 2525 HOLLY HALL HOUSTON, TX 77054 74-1536936	HEALTH CARE	TX			NA		No

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

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

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

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

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

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

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**