

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  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

- 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  
% MARK VAN ELDEN - CONTROLLER  
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 \$ 834,206,714

**F** Name and address of principal officer  
Kenneth W Janda  
2636 South Loop West Suite 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 AND HEALTH INSURANCE EXCHANGE PROVIDING PRE-PAID MEDICAL & DENTAL CARE

**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 2017 (Part V, line 2a)	821
<b>6</b> Total number of volunteers (estimate if necessary)	7
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	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)	1,126,912,764	832,533,744
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,803,947	1,672,970
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,128,716,711	834,206,714
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	920,823	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,029,052,828	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,299,601	32,493,236
<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)	82,539,114	825,060,021
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,148,812,366	857,553,257
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-20,095,655	-23,346,543

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	305,073,571	259,721,828
<b>21</b> Total liabilities (Part X, line 26)	223,576,925	204,384,776
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	81,496,646	55,337,052

## 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: 2018-11-15  
BRIAN MAUDE CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Amanda Maya  
Preparer's signature: Amanda Maya  
Date: \_\_\_\_\_  
Check  if self-employed PTIN: P01067777  
Firm's name: BKD LLP  
Firm's address: 2700 Post Oak Blvd Ste 1500  
Houston, TX 77056  
Firm's EIN: \_\_\_\_\_  
Phone no: (713) 499-4600

**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

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

**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 \$ 832,329,404 including grants of \$ ) (Revenue \$ 832,533,744 )  
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 ▶ 832,329,404

**Part IV Checklist of Required Schedules**

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

**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>		No
<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>	Yes	
<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 [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, deductible contributions, and nonprofit health insurance issuers.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Significant changes), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect), 7b (Governance decisions), 8 (Meetings/actions), 8a (Governing body), 8b (Committee), 9 (Officer/director/trustee).

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/procedures), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest), 12b (Disclosure of interests), 12c (Compliance monitoring), 13 (Whistleblower policy), 14 (Document retention), 15a (CEO compensation), 15b (Other officers), 16a (Investment/venture), 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 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> Net Premium Revenue		524114	825,055,103	825,055,103		
	<b>b</b> OTHER REVENUE		900099	7,478,641	7,478,641		
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			832,533,744				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,672,970		1,672,970	
	<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					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .			0		
	<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 . . . . .	<b>b</b>	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 . . . . .		<b>b</b>	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 . . . . .	<b>b</b>	0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
<b>11a</b> Miscellaneous Revenue		Business Code					
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See Instructions . . . . .			834,206,714	832,533,744		1,672,970	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<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.	2,007,800	1,606,240	401,560	
<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.	23,302,350	18,641,880	4,660,470	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,086,023	868,819	217,204	
<b>9</b> Other employee benefits.	4,384,664	3,507,732	876,932	
<b>10</b> Payroll taxes.	1,712,399	1,369,919	342,480	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	172,963		172,963	
<b>c</b> Accounting.	296,618		296,618	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	190,250		190,250	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,610,749	18,726,973	3,883,776	
<b>12</b> Advertising and promotion.	275,457		275,457	
<b>13</b> Office expenses.	4,484,385		4,484,385	
<b>14</b> Information technology.	2,476,333		2,476,333	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	1,640,017		1,640,017	
<b>17</b> Travel.	146,343		146,343	
<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.	124,825		124,825	
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	0			
<b>23</b> Insurance.	89,030		89,030	
<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> Medical Claims Expense	734,525,645	734,525,645		
<b>b</b> CMS User Fees	21,297,293	21,297,293		
<b>c</b> PREMIUM & MAINTENANCE TAXES	15,119,886	15,119,886		
<b>d</b> COMMISSIONS EXPENSE	8,308,580	8,308,580		
<b>e</b> All other expenses	13,301,647	8,356,437	4,945,210	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	857,553,257	832,329,404	25,223,853	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 . . . . .	177,452,323	<b>1</b>	3,636,325
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	225,515,899
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	15,419,231	<b>4</b>	8,823,852
	<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 . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	<b>b</b> Less accumulated depreciation	0	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	93,020,687	<b>12</b>	8,093,212
	<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 . . . . .	19,181,330	<b>15</b>	13,652,540
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	305,073,571	<b>16</b>	259,721,828	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	19,430,947	<b>17</b>	13,275,319
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<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	204,145,978	<b>25</b>	191,109,457
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	223,576,925	<b>26</b>	204,384,776
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	45,500,000
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	81,496,646	<b>32</b>	9,837,052
	<b>33 Total net assets or fund balances . . . . .</b>	81,496,646	<b>33</b>	55,337,052
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	305,073,571	<b>34</b>	259,721,828

**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>	834,206,714
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	857,553,257
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-23,346,543
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	81,496,646
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-298,894
<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>	-2,514,157
<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>	55,337,052

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input 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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<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	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>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		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 76-0495152

**Name:** Community Health Choice Inc

Form 990 (2017)

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

THE OPERATION OF A HEALTH MAINTENANCE ORGANIZATION PROVIDING PRE-PAID MEDICAL & DENTAL CARE TO ITS APPROXIMATELY 248,279 MEDICAID, 28,971 CHIP AND 4,156 CHIP PERINATAL MEMBERS WITHIN A PRIMARY SERVICE AREA OF HARRIS AND CONTIGUOUS COUNTRIES 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 CHCI'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 CHCI'S MARKETING GOALS IS TO PROVIDE COVERAGE TO THE PARENTS OF THE CHILDREN ENROLLED IN CHCI'S CHIP PROGRAM THROUGH MARKETPLACE POLICIES THE HEALTHCARE INSURANCE MARKETPLACE HAD 126,039 COVERED LIVES AS OF DECEMBER 31, 2017

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**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			
RAYMOND J KHOURY ..... VICE CHAIRMAN OF THE BOARD	4 0 .....	X		X				0	0	0
JOSE GARCIA JR ..... SECRETARY OF THE BOARD	2 0 .....	X		X				0	0	0
DAISY A STINER ..... BOARD MEMBER	2 0 .....	X						0	0	0
ELANA M MARKS ..... BOARD MEMBER	2 0 .....	X						0	0	0
VIVIAN HO ..... BOARD MEMBER	1 0 .....	X						0	0	0
STEPHEN MCKERNAN ..... BOARD MEMBER	1 0 .....	X						0	0	0
VICKI KEISER ..... CHAIRMAN OF THE BOARD	4 0 .....	X		X				0	0	0
ANNE CLUTTERBACK ..... BOARD MEMBER	1 0 .....	X						0	0	0
KENNETH JANDA ..... PRESIDENT/CEO	20 0 .....			X				230,991	230,990	32,811
RICHARD LEE ..... SVP - FINANCE	20 0 .....			X				118,456	118,454	43,561

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			
BRIAN MAUDE ..... CHIEF FINANCIAL OFFICER	20 0 .....			X				131,768	131,767	46,567
FRED BUCKWOLD ..... SVP - CLIN POLICY & PRTRNSHP	20 0 .....				X			168,761	168,759	39,647
ALFONSO RUBIO ..... CHIEF INFORMATION OFFICER	20 0 .....				X			132,291	132,289	32,137
TANYA NGUYEN ..... DIRECTOR-IS SYSTEM APPLICATION	20 0 .....				X			95,726	95,725	50,384
KAREN LOVE ..... EXECUTIVE VICE PRESIDENT	20 0 .....				X			143,427	143,427	36,946
DAISY MORALES ..... VP - COMMUNITY AFFAIRS	20 0 .....				X			93,186	93,184	11,282
PAMELA HELLSTROM ..... VP - QUALITY MANAGEMENT	20 0 .....				X			105,650	105,649	52,237
OLUBUNMI OTUYELU ..... CHIEF COMPLIANCE OFFICER	20 0 .....				X			94,249	94,249	12,039
LISA FULLER ..... ASSOCIATE MEDICAL DIRECTOR	20 0 .....				X			123,556	123,556	24,089
VALERIE BAHAR ..... ASSOCIATE MEDICAL DIRECTOR	20 0 .....				X			126,977	126,975	22,251

**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			
THOMAS NGUYEN ..... DIRECTOR-MANAGED CARE SYSTEMS	20 0 ..... 20 0				X			98,813	98,813	52,103
KAREN HILL ..... SVP - MEDICAL AFFAIRS	20 0 ..... 20 0				X			112,417	112,417	7,000
LAURIE LEVERMANN ..... VP - INFORMATION SYSTEMS	20 0 ..... 20 0					X		70,527	70,527	13,443
ANGELA WALTMAN ..... VP - SALES & MEMBER OPERATIONS	20 0 ..... 20 0					X		118,909	118,908	2,545
JANET WOODSON ..... DIRECTOR - UTILIZATION MGMT	20 0 ..... 20 0					X		75,102	75,101	9,880
CLAUDIA MEADOWS ..... DIRECTOR-CONTRACTING & PROV R	20 0 ..... 20 0					X		77,535	77,534	9,240
NANCY EDGAR ..... CHIEF HR/ADMIN OFFICER	20 0 ..... 20 0					X		83,891	83,890	47,122



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

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

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**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
<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		
<b>5</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            |           |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>  |            |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>Yes</b> | <b>No</b> |
| <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				
<b>d</b> Equipment . . . . .				
<b>e</b> 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)		
<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) Reinsurance Receivable	2,496,571
(2) INTEREST RECEIVABLE	57,244
(3) PRESCRIPTION REBATE RECEIVABLE	11,098,725
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	13,652,540

**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
DUE TO CHCT	41,256,374
Due to District	11,472,204
Deferred Premium Revenue	19,550,001
Medical Claims Payable	62,659,000
Affordable Care Act Liabilities	53,889,166
Provider Incentive Payable	2,282,712
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	191,109,457

**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>	821,580,454
<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>	-298,894
<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>	-4,452,137
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-4,751,031
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	826,331,485
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	396,588
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	7,478,641
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	7,875,229
<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>	834,206,714

**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>	845,225,891
<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>	-7,478,641
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-7,478,641
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	852,704,532
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	396,588
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	4,452,137
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	4,848,725
<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>	857,553,257

**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
SCHEDULE D, PART XI, LINE 2D	RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO FORM 990 OTHER CHANGES Reinsurance expense included in audit revenue (\$ 4,452,137)

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO FORM 990 OTHER CHANGES Operating revenue included in audit expense \$ 7,478,641

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS TO FORM 990 OTHER CHANGES    Ope rating revenue included in audit expense (\$ 7,478,641)



## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS TO FORM 990 OTHER CHANGES Reinsurance expense included in audit revenue \$ 4,452,137

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

# 2017

**Open to Public Inspection**

Name of the organization  
Community Health Choice Inc

Employer identification number

76-0495152

## 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 indemnification 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 indemnification 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 indemnification 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)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <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 checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" 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 checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" 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 checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**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, 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				
1KENNETH JANDA PRESIDENT/CEO	(i)	230,991	0	0	12,000	4,406	247,397	0
	(ii)	230,990	0	0	12,000	4,405	247,395	0
1RICHARD LEE SVP - FINANCE	(i)	109,862	8,594	0	8,852	12,929	140,237	0
	(ii)	109,861	8,593	0	8,852	12,928	140,234	0
2FRED BUCKWOLD SVP - CLIN POLICY & PRTNRSHP	(i)	156,647	12,114	0	12,000	7,824	188,585	0
	(ii)	156,646	12,113	0	12,000	7,823	188,582	0
3ALFONSO RUBIO CHIEF INFORMATION OFFICER	(i)	122,919	9,372	0	6,340	9,729	148,360	0
	(ii)	122,918	9,371	0	6,339	9,729	148,357	0
4TANYA NGUYEN DIRECTOR-IS SYSTEM APPLICATION	(i)	88,822	6,904	0	12,000	13,192	120,918	0
	(ii)	88,822	6,903	0	12,000	13,192	120,917	0
5KAREN LOVE EXECUTIVE VICE PRESIDENT	(i)	132,900	10,527	0	9,941	8,532	161,900	0
	(ii)	132,900	10,527	0	9,941	8,532	161,900	0
6DAISY MORALES VP - COMMUNITY AFFAIRS	(i)	86,103	7,083	0	4,259	1,382	98,827	0
	(ii)	86,102	7,082	0	4,259	1,382	98,825	0
7PAMELA HELLSTROM VP - QUALITY MANAGEMENT	(i)	99,149	6,501	0	12,000	14,119	131,769	0
	(ii)	99,148	6,501	0	12,000	14,118	131,767	0
8OLUBUNMI OTUYELU CHIEF COMPLIANCE OFFICER	(i)	87,332	6,917	0	1,379	4,641	100,269	0
	(ii)	87,332	6,917	0	1,378	4,641	100,268	0
9LAURIE LEVERMANN VP - INFORMATION SYSTEMS	(i)	70,527	0	0	3,471	3,251	77,249	0
	(ii)	70,527	0	0	3,471	3,250	77,248	0
10LISA FULLER ASSOCIATE MEDICAL DIRECTOR	(i)	114,702	8,854	0	6,873	5,172	135,601	0
	(ii)	114,702	8,854	0	6,873	5,171	135,600	0
11VALERIE BAHAR ASSOCIATE MEDICAL DIRECTOR	(i)	118,050	8,927	0	9,000	2,126	138,103	0
	(ii)	118,049	8,926	0	9,000	2,125	138,100	0
12THOMAS NGUYEN DIRECTOR-MANAGED CARE SYSTEMS	(i)	91,690	7,123	0	12,000	14,052	124,865	0
	(ii)	91,690	7,123	0	12,000	14,051	124,864	0
13ANGELA WALTMAN VP - SALES & MEMBER OPERATIONS	(i)	113,732	5,177	0	0	1,273	120,182	0
	(ii)	113,731	5,177	0	0	1,272	120,180	0
14JANET WOODSON DIRECTOR - UTILIZATION MGMT	(i)	64,664	10,438	0	3,323	1,617	80,042	0
	(ii)	64,664	10,437	0	3,323	1,617	80,041	0
15KAREN HILL SVP - MEDICAL AFFAIRS	(i)	112,417	0	0	0	3,500	115,917	0
	(ii)	112,417	0	0	0	3,500	115,917	0
16CLAUDIA MEADOWS DIRECTOR-CONTRACTING & PROV R	(i)	72,243	5,292	0	4,327	294	82,156	0
	(ii)	72,242	5,292	0	4,326	293	82,153	0
17BRIAN MAUDE CHIEF FINANCIAL OFFICER	(i)	131,768	0	0	9,000	14,284	155,052	0
	(ii)	131,767	0	0	9,000	14,283	155,050	0
18NANCY EDGAR CHIEF HR/ADMIN OFFICER	(i)	83,891	0	0	11,927	11,634	107,452	0
	(ii)	83,890	0	0	11,927	11,634	107,451	0

**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

**2017****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
Community Health Choice Inc

Employer identification number

76-0495152

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, LINES 1A & 2A	SALARIES REFLECTED ON FORM 990, PART IX, LINES 5 AND 7 WERE ALLOCATED TO CHCI 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 CHCI REIMBURSED HCHD FOR THE SALARIES, AND ALL OTHER EXPENSES INCURRED ON BEHALF OF CHCI THE NUMBER OF FORMS 1099 AND FORMS W-2 FILED FOR THE YEAR IS REPORTED AS 4,359 AND 821, RESPECTIVELY THIS TOTAL ALSO INCLUDES FORMS FILED FOR CHCT, A RELATED ORGANIZATION THE RELATED PAYROLL EXPENSES ARE ALLOCATED AND REPORTED ON FORM 990, PART IX, LINES 5 AND 7 OF CHCT

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	FAMILY OR BUSINESS RELATIONSHIP CHCI IS AWARE OF THE FAMILY RELATIONSHIP BETWEEN THE FOLLO WING KEY EMPLOYEES THOMAS NGUYEN AND TANYA NGUYEN

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINES 7A & 7B	HARRIS COUNTY HOSPITAL DISTRICT (HCHD) HAS CERTAIN ENUMERATED RESERVED POWERS OVER THE GOVERNING BOARD OF COMMUNITY HEALTH CHOICE, INC (CHCI) 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 CHCI, 2 ADOPTION, AMENDMENT, OR REVOCATION OF THE ARTICLES OF INCORPORATION OF CHCI, 3 APPOINTMENT OR REMOVAL OF DIRECTORS OF CHCI, 4 ADOPTION, AMENDMENT, OR REVOCATION OF CHCI'S PURCHASING MANUAL, 5 ADOPTION, AMENDMENT, OR REVOCATION OF CHCI'S PERSONNEL POLICIES, 6 ADOPTION, AMENDMENT, OR REVOCATION OF CHCI'S FINANCIAL POLICIES, 7 ADOPTION OF CHCI'S ANNUAL OPERATING AND CAPITAL BUDGETS, 8 ANY DEVIATION OF 10% OR MORE FROM CHCI'S ANNUAL OPERATING BUDGET OR \$50,000 FROM CHCI'S ANNUAL CAPITAL BUDGET, 9 ANY TRANSACTION INVOLVING REAL PROPERTY, 10 ANY MORTGAGE, ENCUMBRANCES, OR DEBT OF CHCI 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 CHCI EXCEEDING \$200,000 AND NOT INCLUDED IN AND APPROVED BY HCHD'S BOARD OF MANAGERS AS PART OF CHCI'S ANNUAL OPERATING AND CAPITAL BUDGET, 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 CHCI'S ANNUAL OPERATING AND CAPITAL BUDGETS, 14 ANY ACTION TO AMEND OR ENLARGE THE SERVICE AREA OF CHCI'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 CHCI



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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**

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

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

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINES 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
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS OTHER CHANGES IN NET ASSETS CAPITAL CONTRIBUTION TO CHCT \$ (44,204,155) CAPITAL CONTRIBUTION FROM HCHD 45,500,000 CHANGE IN NONADMITTED ASSETS (3,810,002) ----- \$ (2,514,157)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 3	THE ORGANIZATION'S MEDICAID AND CHIP SERVICES WERE TRANSFERRED TO NEW RELATED ORGANIZATION , COMMUNITY HEALTH CHOICE TEXAS, INC, AS OF MARCH 2017

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**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  
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
<b>(1)</b> HARRIS COUNTY HOSPITAL DISTRICT 2525 HOLLY HALL  HOUSTON, TX 77054 74-1536936	HEALTH CARE	TX			NA		No
<b>(2)</b> COMMUNITY HEALTH CHOICE TEXAS INC 2636 S LOOP WEST SUITE 125  HOUSTON, TX 77054 81-4077507	INSURANCE	TX	501(C)(4)		HCHD	Yes	



**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
<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> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<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>	No
<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> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<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
(1) COMMUNITY HEALTH CHOICE TEXAS INC	R	44,204,155	BOOK VALUE
(2) COMMUNITY HEALTH CHOICE TEXAS INC	R	80,921,000	BOOK VALUE
(3) COMMUNITY HEALTH CHOICE TEXAS INC	Q	39,036,912	BOOK VALUE



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

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