

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 125

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 \$ 721,495,691

F Name and address of principal officer
CATHERINE MITCHELL
2636 South Loop West Suite 125
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: ▶ www.communityhealthchoice.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 HEALTH MAINTENANCE ORGANIZATION OFFERING HEALTH INSURANCE EXCHANGE THAT PROVIDES 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

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 2018 (Part V, line 2a)	342
6 Total number of volunteers (estimate if necessary)	7
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	32,600

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	832,533,744	716,246,605
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,672,970	2,999,086
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)	834,206,714	719,245,691
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,493,236	26,483,802
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)	825,060,021	657,342,274
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	857,553,257	683,826,076
19 Revenue less expenses Subtract line 18 from line 12	-23,346,543	35,419,615
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	259,721,828	175,071,407
21 Total liabilities (Part X, line 26)	204,384,776	117,809,526
22 Net assets or fund balances Subtract line 21 from line 20	55,337,052	57,261,881

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: 2019-11-15

BRIAN MAUDE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN: P01067777

Firm's name: ▶ BKD LLP Firm's EIN: ▶

Firm's address: ▶ 2700 Post Oak Blvd Ste 1500 HOUSTON, TX 77056 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

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 \$ 663,804,731 including grants of \$) (Revenue \$ 716,246,605)
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 ▶ 663,804,731

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	342			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARK VAN ELDEN - CONTROLLER 2636 SOUTH LOOP W SUITE 125 HOUSTON, TX 77054 (713) 295-2238

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	711,477,330	711,477,330	
b Other revenue		900099	4,769,275	4,769,275		
c _____						
d _____						
e _____						
f All other program service revenue						
9 Total. Add lines 2a-2f ▶			716,246,605			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			2,999,086			2,999,086	
	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)	2,250,000					
		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							
		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							
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								
	b Less cost of goods sold b			0				
	c Net income or (loss) from sales of inventory ▶			0				
Miscellaneous Revenue	Business Code							
11a								
b								
c								
d All other revenue								
e Total. Add lines 11a-11d ▶				0				
12 Total revenue. See Instructions ▶				719,245,691	716,246,605		2,999,086	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	1,956,737	1,565,390	391,347	
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.	18,689,467	14,951,574	3,737,893	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	894,659	715,727	178,932	
9 Other employee benefits.	3,529,180	2,823,344	705,836	
10 Payroll taxes.	1,413,759	1,131,007	282,752	
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	208,812		208,812	
c Accounting.	50,823		50,823	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	-10,000		-10,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	16,015,972	14,544,835	1,471,137	
12 Advertising and promotion.	220,940		220,940	
13 Office expenses.	2,869,368		2,869,368	
14 Information technology.	3,198,722		3,198,722	
15 Royalties.	0			
16 Occupancy.	1,170,423		1,170,423	
17 Travel.	99,573		99,573	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	170,481		170,481	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	0			
23 Insurance.	112,381		112,381	
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 Medical Claims Expense	577,507,750	577,507,750		
b CMS User Fees	23,930,166	23,930,166		
c Premium & Maintenance Taxes	12,371,367	12,371,367		
d Provider Incentives	2,230,535	2,230,535		
e All other expenses	17,194,961	12,033,036	5,161,925	
25 Total functional expenses. Add lines 1 through 24e.	683,826,076	663,804,731	20,021,345	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	3,636,325	1	459
	2 Savings and temporary cash investments	225,515,899	2	106,873,592
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	8,823,852	4	10,620,616
	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			
	b Less accumulated depreciation	0	10c	0
	11 Investments—publicly traded securities	8,093,212	11	31,860,221
	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	13,652,540	15	25,716,519
16 Total assets. Add lines 1 through 15 (must equal line 34)	259,721,828	16	175,071,407	
Liabilities	17 Accounts payable and accrued expenses	13,275,319	17	11,939,114
	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	191,109,457	25	105,870,412
	26 Total liabilities. Add lines 17 through 25	204,384,776	26	117,809,526
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	45,500,000	31	10,500,000
	32 Retained earnings, endowment, accumulated income, or other funds	9,837,052	32	46,761,881
33 Total net assets or fund balances	55,337,052	33	57,261,881	
34 Total liabilities and net assets/fund balances	259,721,828	34	175,071,407	

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	719,245,691
2	Total expenses (must equal Part IX, column (A), line 25)	2	683,826,076
3	Revenue less expenses Subtract line 2 from line 1	3	35,419,615
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,337,052
5	Net unrealized gains (losses) on investments	5	-58,973
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	-33,435,813
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	57,261,881

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other STATUTORY
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 76-0495152

Name: Community Health Choice Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY HEALTH CHOICE, INC 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 CHCT'S CHIP PROGRAM THROUGH MARKETPLACE POLICIES THE HEALTHCARE INSURANCE MARKETPLACE HAD 104,361 COVERED LIVES AS OF DECEMBER 31, 2018

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				234,665	234,665	21,354
ALFONSO RUBIO CHIEF INFORMATION OFFICER	20 0			X				140,760	140,760	38,436

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			
KAREN LOVE COO/SENIOR VP	20 0			X				148,524	148,524	37,602
PAMELA HELLSTROM CHIEF COMPLIANCE OFFICER	20 0			X				119,057	119,057	16,458
OLUBUNMI OTUYELU CHIEF COMPLIANCE OFFICER	20 0			X				91,778	91,778	21,558
BRIAN MAUDE CHIEF FINANCIAL OFFICER	20 0			X				161,720	161,720	39,476
CATHERINE MITCHELL CHIEF OPERATIONS OFFICER	20 0			X				150,738	150,738	32,710
FRED BUCKWOLD VP - MEDICAL MGMT	20 0				X			165,952	165,952	22,574
DAISY MORALES VP - COMMUNITY AFFAIRS	20 0				X			96,311	96,311	20,628
LAURIE LEVERMANN VP - INFORMATION SYSTEMS	20 0				X			102,948	102,948	35,012
ANGELA WALTMAN VP - SALES & MEMBER OPERATIONS	20 0				X			132,962	132,962	9,008
KAREN HILL SENIOR VP - MEDICAL AFFAIRS	20 0				X			157,397	157,397	31,698

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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
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 7/25/06, 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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 Receivable	2,371,401
(2) Interest receivable	640,297
(3) HEALTH CARE RECEIVABLE	14,779,825
(4) DUE FROM CHCT	7,924,996
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	25,716,519

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 District	10,461,558
Deferred Premium Revenue	18,960,292
Medical Claims Payable	60,467,703
Affordable Care Act Liabilities	13,674,612
Provider Incentive Payable	2,306,247
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	105,870,412

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	709,103,528
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		-58,973
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		-5,313,915
e	Add lines 2a through 2d		2e	-5,372,888
3	Subtract line 2e from line 1		3	714,476,416
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		4,769,275
c	Add lines 4a and 4b		4c	4,769,275
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	719,245,691

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	673,742,886
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		-4,769,275
e	Add lines 2a through 2d		2e	-4,769,275
3	Subtract line 2e from line 1		3	678,512,161
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		5,313,915
c	Add lines 4a and 4b		4c	5,313,915
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	683,826,076

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 (\$ 5,313,915)

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 \$ 4,769,275

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 (\$ 4,769,275)

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 \$ 5,313,915

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Community Health Choice Inc

Employer identification number
76-0495152

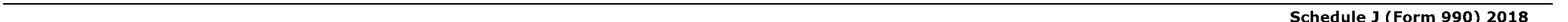
Part I Questions Regarding Compensation

	Yes	No		
<p>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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<p>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>	1b			
<p>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?</p>	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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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>	4a	No		
	4b	No		
	4c	No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No		
	5b	No		
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No		
	6b	No		
<p>7 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>	7	No		
<p>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</p>	8	No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9			

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



Schedule J (Form 990) 2018

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				
KENNETH JANDA PRESIDENT/CEO	(i)	234,665	0	0	6,875	3,802	245,342	0
	(ii)	234,665	0	0	6,875	3,802	245,342	0
RICHARD LEE SENIOR VP - FINANCE	(i)	183,743	16,484	0	4,235	10,193	214,655	0
	(ii)	183,743	16,484	0	4,235	10,193	214,655	0
FRED BUCKWOLD VP - MEDICAL MGMT	(i)	153,337	12,615	0	5,143	6,144	177,239	0
	(ii)	153,337	12,615	0	5,143	6,144	177,239	0
ALFONSO RUBIO CHIEF INFORMATION OFFICER	(i)	127,728	13,032	0	6,593	12,625	159,978	0
	(ii)	127,728	13,032	0	6,593	12,625	159,978	0
KAREN LOVE COO/SENIOR VP	(i)	130,708	17,816	0	6,802	11,999	167,325	0
	(ii)	130,708	17,816	0	6,802	11,999	167,325	0
DAISY MORALES VP - COMMUNITY AFFAIRS	(i)	88,503	7,808	0	4,400	5,914	106,625	0
	(ii)	88,503	7,808	0	4,400	5,914	106,625	0
PAMELA HELLSTROM CHIEF COMPLIANCE OFFICER	(i)	106,984	12,073	0	3,956	4,273	127,286	0
	(ii)	106,984	12,073	0	3,956	4,273	127,286	0
OLUBUNMI OTUYELU CHIEF COMPLIANCE OFFICER	(i)	79,879	11,899	0	2,950	7,829	102,557	0
	(ii)	79,879	11,899	0	2,950	7,829	102,557	0
LAURIE LEVERMANN VP - INFORMATION SYSTEMS	(i)	94,240	8,708	0	4,881	12,625	120,454	0
	(ii)	94,240	8,708	0	4,881	12,625	120,454	0
LISA FULLER ASSOCIATE MEDICAL DIRECTOR	(i)	124,620	5,250	0	6,212	0	136,082	0
	(ii)	124,620	5,250	0	6,212	0	136,082	0
VALERIE BAHAR ASSOCIATE MEDICAL DIRECTOR	(i)	121,943	5,408	0	5,156	3,803	136,310	0
	(ii)	121,943	5,408	0	5,156	3,803	136,310	0
THOMAS NGUYEN DIRECTOR-MANAGED CARE SYSTEMS	(i)	95,021	7,158	0	4,806	8,784	115,769	0
	(ii)	95,021	7,158	0	4,806	8,784	115,769	0
ANGELA WALTMAN VP - SALES & MEMBER OPERATIONS	(i)	117,777	15,185	0	702	3,802	137,466	0
	(ii)	117,777	15,185	0	702	3,802	137,466	0
KAREN HILL SENIOR VP - MEDICAL AFFAIRS	(i)	148,021	9,376	0	3,224	12,625	173,246	0
	(ii)	148,021	9,376	0	3,224	12,625	173,246	0
KAREN GRAY ASSOCIATE MEDICAL DIRECTOR	(i)	105,145	474	0	0	12,625	118,244	0
	(ii)	105,145	474	0	0	12,625	118,244	0
BRIAN MAUDE CHIEF FINANCIAL OFFICER	(i)	143,339	18,381	0	6,875	12,863	181,458	0
	(ii)	143,339	18,381	0	6,875	12,863	181,458	0
NANCY EDGAR CHIEF HR/ADMIN OFFICER	(i)	97,339	10,908	0	4,254	8,089	120,590	0
	(ii)	97,339	10,908	0	4,254	8,089	120,590	0
CATHERINE MITCHELL CHIEF OPERATIONS OFFICER	(i)	146,323	4,415	0	6,651	9,704	167,093	0
	(ii)	146,323	4,415	0	6,651	9,704	167,093	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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name 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 4,848 AND 342, 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, 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

Return Reference	Explanation
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
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 CHIEF COMPLIANCE OFFICER 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
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS OTHER CHANGES IN NET ASSETS CAPITAL CONTRIBUTION TO HCHD (35 ,000,000) CHANGE IN NONADMITTED ASSETS 1,564,187 ----- \$ (33,435,813)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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
(2) 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
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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY HEALTH CHOICE TEXAS INC	Q	9,803,582	BOOK VALUE
(2) COMMUNITY HEALTH CHOICE TEXAS INC	B	35,000,000	BOOK VALUE

Part VII **Supplemental Information**

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

Return Reference	Explanation