

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
2019
Open to Public Inspection

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

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

D Employer identification number: 76-0495152

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 2636 South Loop West Suite 125

E Telephone number: (713) 295-2222

City or town, state or province, country, and ZIP or foreign postal code
 Houston, TX 77054

G Gross receipts \$ 749,942,087

F Name and address of principal officer:
 LISA WRIGHT
 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

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	867
	6 Total number of volunteers (estimate if necessary)	6	9
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 39	7b	0
	Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		716,246,605	746,383,534
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,999,086	1,998,553
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)		719,245,691	748,382,087
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
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,483,802	38,818,709
	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)	657,342,274	682,094,646
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	683,826,076	720,913,355
19 Revenue less expenses. Subtract line 18 from line 12	35,419,615	27,468,732	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	175,071,407
	21 Total liabilities (Part X, line 26)	End of Year	179,853,538
	22 Net assets or fund balances. Subtract line 21 from line 20		113,333,980
			57,261,881
			66,519,558

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: 2020-05-15

LISA WRIGHT CEO
 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 \$ 692,745,721 including grants of \$) (Revenue \$ 746,383,534)
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 ▶ 692,745,721

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		No
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 [checked]

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

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 (9), 1b (9), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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.
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:

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHERINE MITCHELL INTERIM PRESIDENT/CEO	20.0			X				203,227	203,227	32,758
(2) KAREN HILL CMO/SENIOR VP-MEDICAL AFFAIRS	20.0			X				186,599	186,599	37,462
(3) BRIAN MAUDE CHIEF FINANCIAL OFFICER	20.0			X				184,345	184,345	36,006
(4) KENNETH JANDA PRESIDENT/CEO (THRU 4/11/19)	20.0			X				182,742	182,742	29,398
(5) ALFONSO RUBIO CHIEF INFORMATION OFFICER	20.0			X				159,945	159,945	35,420
(6) ANGELA WALTMAN VP - SALES & MEMBER OPERATIONS	20.0					X		146,923	146,923	20,794
(7) LISA FULLER VP-ASSOCIATE MEDICAL DIRECTOR	20.0				X			148,064	148,064	15,376
(8) PAMELA HELLSTROM CHIEF COMPLIANCE OFFICER	20.0			X				144,030	144,030	19,534
(9) VALERIE BAHAR ASSOCIATE MEDICAL DIRECTOR	20.0					X		137,564	137,564	20,308
(10) LAURIE LEVERMANN VP - INFORMATION SYSTEMS	20.0					X		128,453	128,453	32,358
(11) KAREN GRAY ASSOCIATE MEDICAL DIRECTOR	20.0					X		123,322	123,322	20,622
(12) THOMAS NGUYEN DIRECTOR-MANAGED CARE SYSTEMS	20.0					X		113,101	113,101	27,058
(13) NANCY EDGAR CHIEF HR/ADMIN OFFICER	20.0					X		115,092	115,092	19,548
(14) DAISY MORALES VP - COMMUNITY AFFAIRS	20.0					X		108,945	108,945	28,470
(15) TAYLOR COOPER VP	20.0					X		95,178	95,178	15,904
(16) HEMINA PATEL VP	20.0					X		91,878	91,878	17,194
(17) RAYMOND J KHOURY VICE CHAIRMAN OF THE BOARD	4.0	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSE GARCIA JR SECRETARY OF THE BOARD	2.0 2.0	X		X				0	0	0
(19) ELENA M MARKS BOARD MEMBER	2.0 2.0	X						0	0	0
(20) VIVIAN HO BOARD MEMBER	1.0 1.0	X						0	0	0
(21) STEPHEN MCKERNAN BOARD MEMBER	1.0 1.0	X						0	0	0
(22) VICKI KEISER CHAIRMAN OF THE BOARD	4.0 4.0	X		X				0	0	0
(23) ANNE CLUTTERBUCK BOARD MEMBER	1.0 1.0	X						0	0	0
(24) DR ARTHUR BRACEY BOARD MEMBER	1.0 1.0	X						0	0	0
(25) LINDSEY M COOKSEN BOARD MEMBER	1.0 1.0	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,269,408	2,269,408	408,210

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 112**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HARRIS COUNTY HOSPITAL LBJ HOSPITA, 5656 KELLEY STREET HOUSTON, TX 77026	HOSPITAL SERVICES	42,155,275
MEMORIAL HERMANN HEALTH SYSTEM, 929 Gessner Rd 2700 HOUSTON, TX 77024	HOSPITAL SERVICES	103,267,771
THE METHODIST HOSPITAL, 6565 Fannin St HOUSTON, TX 77030	HOSPITAL SERVICES	74,731,172
UTMB GALVESTON HOSPITAL, 301 UNIVERSITY BLVD HOUSTON, TX 77555	HOSPITAL SERVICES	18,702,253
CHI ST LUKE'S MEDICAL CENTER, 6720 BERTNER AVE HOUSTON, TX 77030	HOSPITAL SERVICES	13,111,338

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 288**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, etc., and 1h Total.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a NET PREMIUM REVENUE and 2b OTHER REVENUE.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Net gain or loss from sales of assets, 8a-8b Net income from fundraising events, 9a-9b Net income from gaming activities, 10a-10b Net income from sales of inventory, and 11a-11d Miscellaneous Revenue.

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, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,763,581	1,410,865	352,716	
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	28,329,837	22,663,869	5,665,968	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,650,743	1,320,595	330,148	
9 Other employee benefits	4,994,157	3,995,325	998,832	
10 Payroll taxes	2,080,391	1,664,313	416,078	
11 Fees for services (non-employees):				
a Management	0			
b Legal	130,541		130,541	
c Accounting	219,081		219,081	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,899,439	14,935,664	3,963,775	
12 Advertising and promotion	567,300		567,300	
13 Office expenses	1,846,790		1,846,790	
14 Information technology	6,917,938		6,917,938	
15 Royalties	0			
16 Occupancy	1,554,926		1,554,926	
17 Travel	186,743		186,743	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	143,194		143,194	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	207,994		207,994	
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	600,517,210	600,517,210		
b CMS USER FEES	21,736,632	21,736,632		
c PREMIUM & MAINTENANCE TAXES	11,070,148	11,070,148		
d COMMISSIONS EXPENSE	9,561,975	9,561,975		
e All other expenses	8,534,735	3,869,125	4,665,610	
25 Total functional expenses. Add lines 1 through 24e	720,913,355	692,745,721	28,167,634	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	459	1	0
	2 Savings and temporary cash investments	106,873,592	2	51,138,374
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	10,620,616	4	79,450,623
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	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	2,813,732
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	0	10c 0
	11 Investments—publicly traded securities	31,860,221	11	25,325,845
	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	25,716,519	15	21,124,964
16 Total assets. Add lines 1 through 15 (must equal line 34)	175,071,407	16	179,853,538	
Liabilities	17 Accounts payable and accrued expenses	11,939,114	17	10,091,276
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	105,870,412	25	103,242,704
	26 Total liabilities. Add lines 17 through 25	117,809,526	26	113,333,980
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	10,500,000	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	46,761,881	31	66,519,558
32 Total net assets or fund balances	57,261,881	32	66,519,558	
33 Total liabilities and net assets/fund balances	175,071,407	33	179,853,538	

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	748,382,087
2	Total expenses (must equal Part IX, column (A), line 25)	2	720,913,355
3	Revenue less expenses. Subtract line 2 from line 1	3	27,468,732
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,261,881
5	Net unrealized gains (losses) on investments	5	51,836
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	-18,262,891
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,519,558

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 (2019)

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 95,293 COVERED LIVES AS OF DECEMBER 31, 2019.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	3,155,846
(2) INTEREST RECEIVABLE	298,971
(3) HEALTH CARE RECEIVABLE	11,785,860
(4) DUE FROM CHCT	5,884,287
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 21,124,964

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 103,242,704

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	744,311,181
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	51,836	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-3,141,845	
e	Add lines 2a through 2d			2e -3,090,009
3	Subtract line 2e from line 1			3 747,401,190
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	980,897	
c	Add lines 4a and 4b			4c 980,897
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 748,382,087

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	716,790,613
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	-980,897	
e	Add lines 2a through 2d			2e -980,897
3	Subtract line 2e from line 1			3 717,771,510
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	3,141,845	
c	Add lines 4a and 4b			4c 3,141,845
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 720,913,355

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 (\$ 3,141,845)

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 \$ 980,897

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS TO FORM 990 OTHER CHANGES: Operating revenue included in audit expense (\$ 980,897)

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 \$ 3,141,845

Schedule J
(Form 990)

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Health Choice Inc

Employer identification number
76-0495152

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on 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 on 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 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>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 THE CEO/PRESIDENT 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 (THRU 4/11/19)	(i)	130,954	51,788	0	6,875	7,824	197,441	0
	(ii)	130,954	51,788	0	6,875	7,824	197,441	0
1ALFONSO RUBIO CHIEF INFORMATION OFFICER	(i)	132,945	27,000	0	6,647	11,063	177,655	0
	(ii)	132,945	27,000	0	6,647	11,063	177,655	0
2DAISY MORALES VP - COMMUNITY AFFAIRS	(i)	92,078	16,867	0	4,604	9,631	123,180	0
	(ii)	92,078	16,867	0	4,604	9,631	123,180	0
3PAMELA HELLSTROM CHIEF COMPLIANCE OFFICER	(i)	122,215	21,815	0	3,969	5,798	153,797	0
	(ii)	122,215	21,815	0	3,969	5,798	153,797	0
4LAURIE LEVERMANN VP - INFORMATION SYSTEMS	(i)	106,979	21,474	0	5,349	10,830	144,632	0
	(ii)	106,979	21,474	0	5,349	10,830	144,632	0
5LISA FULLER VP-ASSOCIATE MEDICAL DIRECTOR	(i)	134,863	13,201	0	6,743	945	155,752	0
	(ii)	134,863	13,201	0	6,743	945	155,752	0
6VALERIE BAHAR ASSOCIATE MEDICAL DIRECTOR	(i)	125,429	12,135	0	4,797	5,357	147,718	0
	(ii)	125,429	12,135	0	4,797	5,357	147,718	0
7THOMAS NGUYEN DIRECTOR-MANAGED CARE SYSTEMS	(i)	98,682	14,419	0	4,662	8,867	126,630	0
	(ii)	98,682	14,419	0	4,662	8,867	126,630	0
8ANGELA WALTMAN VP - SALES & MEMBER OPERATIONS	(i)	123,926	22,997	0	6,196	4,201	157,320	0
	(ii)	123,926	22,997	0	6,196	4,201	157,320	0
9KAREN HILL CMO/SENIOR VP-MEDICAL AFFAIRS	(i)	157,880	28,719	0	7,000	11,731	205,330	0
	(ii)	157,880	28,719	0	7,000	11,731	205,330	0
10KAREN GRAY ASSOCIATE MEDICAL DIRECTOR	(i)	112,514	10,808	0	0	10,311	133,633	0
	(ii)	112,514	10,808	0	0	10,311	133,633	0
11BRIAN MAUDE CHIEF FINANCIAL OFFICER	(i)	154,776	29,569	0	7,000	11,003	202,348	0
	(ii)	154,776	29,569	0	7,000	11,003	202,348	0
12NANCY EDGAR CHIEF HR/ADMIN OFFICER	(i)	99,197	15,895	0	4,232	5,542	124,866	0
	(ii)	99,197	15,895	0	4,232	5,542	124,866	0
13CATHERINE MITCHELL INTERIM PRESIDENT/CEO	(i)	176,615	26,612	0	6,817	9,562	219,606	0
	(ii)	176,615	26,612	0	6,817	9,562	219,606	0
14TAYLOR COOPER VP	(i)	85,343	9,835	0	4,267	3,685	103,130	0
	(ii)	85,343	9,835	0	4,267	3,685	103,130	0
15HEMINA PATEL VP	(i)	83,095	8,783	0	0	8,597	100,475	0
	(ii)	83,095	8,783	0	0	8,597	100,475	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

2019**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 3,161 AND 867, 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 (18,000,000) CHANGE IN NONADMITTED ASSETS (262,891) ----- \$ (18,262,891)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	The organization's payroll is processed by and reported on Forms W-2 & W-3 of related organization Harris County Hospital District (HCHD). CHCI reimburses HCHD for salaries and expenses incurred on behalf of CHCI and related organization CHCT and then allocates the related portion of payroll expenses to CHCT. Part VII compensation is therefore reported 50% paid by CHCI and 50% paid by CHCT in an effort to report according to the related salary expense.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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	2,040,708	BOOK VALUE
(2) COMMUNITY HEALTH CHOICE TEXAS INC	B	18,000,000	BOOK VALUE

Part VII **Supplemental Information**

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

Return Reference	Explanation