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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 black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009		C Name of organization Capital Health Plan Inc		D Employer identification number 59-1830622	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Doing Business As		E Telephone number (850) 383-3333	
Please use IRS label or print or type. See Specific Instructions.		Number and street (or P O box if mail is not delivered to street address) Room/suite 2140 Centerville Place		G Gross receipts \$ 1,032,775,572	
		City or town, state or country, and ZIP + 4 Tallahassee, FL 32308			
		F Name and address of principal officer JOHN HOGAN 2140 CENTERVILLE PL Tallahassee, FL 32308		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶	
J Website: ▶ www.capitalhealth.com					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation 1978	
				M State of legal domicile FL	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE STATEMENT 2		
	2	Check this box <input type="checkbox"/> 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)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5 52	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	504,451,402	540,150,538
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,007,164	13,622,894
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,874,527	1,617,967
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	518,333,093	555,391,399
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,215,603	2,501,403
	14	Benefits paid to or for members (Part IX, column (A), line 4)	426,934,960	482,879,417
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	38,280,266	39,025,815
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,371,453	16,389,239
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	485,802,282	540,795,874
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	32,530,811	14,595,525
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	305,510,273	335,226,875
	22	Net assets or fund balances Subtract line 21 from line 20	91,129,793	98,435,864
			214,380,480	236,791,011








Part II Signature Block	
Sign Here	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
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-09-08</div> <div>Date</div> </div>
	<div> <div>Sabin C Bass CPA Sr VP, Fin & CFO</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Date</div> <div>Check if self-employed <input type="checkbox"/></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>EIN</div> </div>
	<div> <div></div> <div>Phone no</div> </div>

SEE STATEMENT 2

Form **990** (2009)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	813		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	529		
	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 this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	No	
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)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	No	
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?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	No	
7 Organizations that may receive deductible contributions under section 170(c).					
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?			7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	No
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a	No	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No	
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	No
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	12	
b	Enter the number of voting members that are independent . . .	1b	7	
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?	2	Yes	
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? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

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 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Sabin C Bass CPA 1545 Raymond Diehl Road Tallahassee, FL 32308 (850) 383-3377	

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

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	4,647,757	741,162	1,688,305
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **57**

		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>	3	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>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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

(A) Name and business address	(B) Description of services	(C) Compensation
TALLAHASSEE MEMORIAL HEALTHCARE 1309 THOMASVILLE RD TALLAHASSEE, FL 32303	HEALTH CARE	135,817,146
SHANDS TEACHING HOSPITAL 1600 SW ARCHER RD GAINESVILLE, FL 32611	HEALTH CARE	16,062,143
RADIOLOGY ASSOC OF TALLAHASSEE 1110 Capital Cir NE TALLAHASSEE, FL 32301	HEALTH CARE	10,117,032
CAPITAL REGIONAL MEDICAL CENTER 2626 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308	HEALTH CARE	32,748,372
ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE 2173 A CENTERVILLE PLACE TALLAHASSEE, FL 32308	HEALTH CARE	14,233,082

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **171**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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	Premium and Copayments	621,491	540,150,538	540,150,538		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			540,150,538		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			9,407,185	9,407,185	
	4	Income from investment of tax-exempt bond proceeds . .			0		
	5	Royalties			0		
	6a	Gross Rents	(i) Real 564,321	(ii) Personal			
	b	Less rental expenses	340,355				
	c	Rental income or (loss)	223,966				
	d	Net rental income or (loss)			223,966		223,966
	7a	Gross amount from sales of assets other than inventory	(i) Securities 480,128,230	(ii) Other			
	b	Less cost or other basis and sales expenses	475,912,521				
	c	Gain or (loss)	4,215,709				
	d	Net gain or (loss)			4,215,709	4,215,709	
	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				
	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				
	c	Net income or (loss) from gaming activities . .			0		
	10a	Gross sales of inventory, less returns and allowances	a	2,525,298			
	b	Less cost of goods sold . . .	b	1,131,297			
	c	Net income or (loss) from sales of inventory . .			1,394,001	1,394,001	
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See Instructions			555,391,399	555,167,433		223,966

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	2,501,403	2,501,403		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	482,879,417	482,879,417		
5	Compensation of current officers, directors, trustees, and key employees	3,554,431	877,149	2,677,282	
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	26,053,933	18,688,558	7,365,375	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,108,575	2,243,494	865,081	
9	Other employee benefits	4,518,804	3,005,117	1,513,687	
10	Payroll taxes	1,790,072	1,188,036	602,036	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	247,909		247,909	
c	Accounting	138,114		138,114	
d	Lobbying	66,000		66,000	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	107,647		107,647	
g	Other	1,202,636	56,374	1,146,262	
12	Advertising and promotion	233,728		233,728	
13	Office expenses	2,841,546	1,189,413	1,652,133	
14	Information technology	2,586,640	1,080,154	1,506,486	
15	Royalties	0			
16	Occupancy	1,682,704	1,284,159	398,545	
17	Travel	26,318	8,432	17,886	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	232,372	75,120	157,252	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,038,819	1,744,589	1,294,230	
23	Insurance	984,780	705,965	278,815	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Miscellaneous	1,604,588	382,320	1,222,268	
b	Clinical Supplies	1,395,438	1,395,438		
c					
d					
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	540,795,874	519,305,138	21,490,736	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			5,950	1	5,950
	2	Savings and temporary cash investments			68,398,332	2	54,051,620
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			10,119,678	4	7,560,714
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use			357,120	8	352,763
	9	Prepaid expenses and deferred charges			1,677,273	9	1,597,762
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	53,702,356			
	b	Less accumulated depreciation	10b	29,113,561	26,834,613	10c	24,588,795
	11	Investments—publicly traded securities			195,309,914	11	243,771,151
	12	Investments—other securities See Part IV, line 11				12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			2,807,393	15	3,298,120
	16	Total assets. Add lines 1 through 15 (must equal line 34)			305,510,273	16	335,226,875
Liabilities	17	Accounts payable and accrued expenses			80,732,042	17	87,465,328
	18	Grants payable				18	
	19	Deferred revenue			9,572,078	19	9,893,069
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			825,673	25	1,077,467
	26	Total liabilities. Add lines 17 through 25			91,129,793	26	98,435,864
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			214,380,480	27	236,791,011
28		Temporarily restricted net assets				28	
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			214,380,480	33	236,791,011
34		Total liabilities and net assets/fund balances			305,510,273	34	335,226,875

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
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? 		No
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 . .		No

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Capital Health Plan Inc

Employer identification number
59-1830622

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, 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" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items	
a	Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,282,352		2,282,352
b Buildings		25,380,870	6,447,635	18,933,235
c Leasehold improvements		376,457	304,874	71,583
d Equipment		23,624,347	20,529,984	3,094,363
e Other		2,038,330	1,831,068	207,262
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				24,588,795

Schedule D (Form 990) 2009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	555,391,399
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	540,795,874
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	14,595,525
4	Net unrealized gains (losses) on investments	4	7,815,006
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	7,815,006
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	22,410,531

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	556,191,083
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	556,191,083
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	107,646
b	Other (Describe in Part XIV)	4b	-907,330
c	Add lines 4a and 4b	4c	-799,684
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	555,391,399

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	541,819,524
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 XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	541,819,524
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	107,646
b	Other (Describe in Part XIV)	4b	-1,131,296
c	Add lines 4a and 4b	4c	-1,023,650
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	540,795,874

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Capital Health Plan Inc

Employer identification number
59-1830622

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations

16

3

Enter total number of other organizations

1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID: 09000047
Software Version: 2009v1.3
EIN: 59-1830622
Name: Capital Health Plan Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD CLASS SCHOOLS OF LEON COUNTY IncPO Box 1639 Tallahassee, FL 32302	13-4202729	501(c)(3)	1,601,000	0			COMBAT CHILDHOOD OBESITY & ENCOURAGING YOUTH TO EXERCISE
UNITED WAY OF THE BIG BEND303 EAST 7TH AVE TALLAHASSEE, FL 32303	59-6011150	501(c)(3)	50,000	0			WHOLE CHILD LEON PROGRAM
TOM JOYNER FOUNDATION INCPO BOX 6562 TALLAHASSEE, FL 32314	75-2730557	501(c)(3)	100,000	0			EDUCATION OF NURSES AT FAMU
THE DAVIS PRODUCTIVITY AWARDS FO106 N BRONOUGH ST TALLAHASSEE, FL 32301	59-3709411	501(c)(3)	10,000	0			EVENT SPONSORSHIP
TALLAHASSEE SENIOR FOUNDATION INC1400 NORTH MONROE STREET TALLAHASSEE, FL 32303	59-2040638	501(c)(3)	15,000	0			EVENT SPONSORSHIP
TALLAHASSEE FRIENDS OF OUR PARKS FDN912 MYERS PARK DRIVE TALLAHASSEE, FL 32301	59-2164894	501(c)(3)	7,500	0			WALK SPONSORSHIP
SICKLE CELL FOUNDATION 1336 VICKERS RD TALLAHASSEE, FL 32303	59-2518049	501(c)(3)	7,900	0			WALK SPONSORSHIP
NEIGHBORHOOD HEALTH SERVICES438 W BREVARD STREET TALLAHASSEE, FL 32301	23-7422549	501(c)(3)	256,249	0			GENERAL PROGRAM SUPPORT
MARCH OF DIMES1990 VILLAGE GREEN WAY SUITE 3 TALLAHASSEE, FL 32308	13-1846366	501(c)(3)	7,100	0			WALK SPONSORSHIP
GULF WINDS TRACK CLUB INC313 NORTH MONROE STREE SUITE 200 TALLAHASSEE, FL 32301	59-1896178	501(c)(3)	20,000	0			WALK SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FSU RESEARCH FOUNDATION INC874 Traditions Way Ste 300 TALLAHASSEE, FL 32306	59-3211153	501(c)(3)	69,108	0			BLOOD PRESSURE PROGRAM
FLORIDA STATE UNIVERSITY FOUNDATION INCPO BOX 3062739 TALLAHASSEE, FL 32306	59-6152180	501(c)(3)	100,000	0			SUPPORT EDUCATION OF NURSES
CAPITAL MEDICAL SOCIETY FOUNDATION INC1204 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	59-2104510	501(c)(3)	30,000	0			GENERAL PROGRAM SUPPORT
CAPITAL AREA HEALTH ACCESS FOUNDATION 2140 CENTERVILLE PL TALLAHASSEE, FL 32308	20-4240456	501(c)(4)	178,596	0	FMV	DEBT CANCELATION	PROVIDE HEALTH INSURANCE ACCESS
BIG BEND CARES INC2201 S MONROE STREET TALLAHASSEE, FL 32301	59-2816580	501(c)(3)	6,700	0			WALK SPONSORSHIP
AMERICAN HEART ASSOCIATION INC2851 REMINGTON GREEN CIR STE C TALLAHASSEE, FL 32308	13-5613797	501(c)(3)	12,000	0			WALK SPONSORSHIP
AMERICAN CANCER SOCIETY2619 CENTENNIAL BLVD SUITE 101 TALLAHASSEE, FL 32308	13-1788491	501(c)(3)	30,250	0			WALK SPONSORSHIP

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Capital Health Plan Inc

Employer identification number

59-1830622

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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 the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SABIN BASS	(i) (ii)	228,576	49,746		79,146	17,682	375,150	
ROBERT CHAPMAN MD	(i) (ii)	217,661	44,600		29,715	26,493	318,469	
POLLY WHITE	(i) (ii)	176,250	49,746		27,120	13,865	266,981	
PHILLIP LUBBERS MD	(i) (ii)	342,704			29,400	40,153	412,257	
PAUL BAWEK	(i) (ii)	165,559	39,797	12,522	26,505	16,497	260,880	
NANCY VAN VESSEM MD	(i) (ii)	306,869	134,628	23,380	104,019	29,029	597,925	
LISA RAWLINGS MD	(i) (ii)	340,972			29,400	40,069	410,441	
KATHLEEN JUGENHEIMER	(i) (ii)	131,623	29,849	7,333	20,257	13,252	202,314	
JOYCE KRAMZER	(i) (ii)	357,231	383,931		550,369	4,718	1,296,249	
JOHN HOGAN	(i) (ii)	403,846	228,739	36,058	228,386	13,758	910,787	
ESTRELLITA REDMON MD	(i) (ii)	260,113	49,746	14,467	79,146	19,168	422,640	
ERIC SMITH	(i) (ii)	215,231	49,746	11,615	79,146	13,756	369,494	
DENNIS WILLIAMS MD	(i) (ii)	324,050			29,400	35,112	388,562	
DAVID SHAFER MD	(i) (ii)	230,136	32,880		29,400	25,052	317,468	
BONNIE L BUTLER	(i) (ii)	195,846	49,746		29,400	8,892	283,884	

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Capital Health Plan Inc	Employer identification number 59-1830622
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?
			Yes No
2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$		
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total			▶ \$							

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
				Yes No
See Additional Data Table				

Additional Data

Software ID:
Software Version:
EIN: 59-1830622
Name: Capital Health Plan Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ALPHA AMBULATORY SURGERY	DIRECTOR RELATED	43,945	MEDICAL FEES		No
ALPHA EYE CLINIC	DIRECTOR RELATED	22,196	PREMIUM REVENUE		No
ISAAC MOORE MD	BOARD MEMBER	238,856	MEDICAL FEES		No
AUSLEY & MCMULLEN PA	DIRECTOR RELATED	460,690	PREMIUM REVENUE		No
MGT OF AMERICA INC	DIRECTOR RELATED	187,556	PREMIUM REVENUE		No
CAPITAL CITY BANK	DIRECTOR RELATED	2,899,583	PREMIUM REVENUE		No
MAUREEN JUGENHEIMER	FAMILY MEMBER OF KEY EMPL	83,150	EMPLOYMENT		No
JESSICA HOGAN	FAMILY MEMBER OF OFFICER	73,311	EMPLOYMENT		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Capital Health Plan Inc

Employer identification number
59-1830622

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST STATUTORY FILING FINANCIAL DOCUMENTS ARE AVAILABLE THROUGH THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONER'S WEBSITE
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	ALL OFFICERS AND ALL EMPLOYEES ARE REQUIRED, UPON HIRE AND ON AN ANNUAL BASIS, TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT MEMBERS OF CHP'S BOARD OF DIRECTORS ALSO ARE REQUIRED, UPON ELECTION TO THE BOARD AND ON AN ANNUAL BASIS, TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	THE RETURN IS DRAFTED AND REVIEWED BY MANAGEMENT AND IS SENT TO THE BOARD OF DIRECTORS WITH SUFFICIENT TIME TO REVIEW PRIOR TO FILING
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	C DUBOSE AUSLEY AND THOMAS BARRON SERVE TOGETHER ON CAPITAL HEALTH PLAN'S BOARD OF DIRECTORS AND ON THE CAPITAL CITY BANK GROUP'S BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	Client Note3	<p>BACKGROUND AND MISSION Capital Health Plan is a local HMO focused on serving the four counties that constitute the Tallahassee, Florida metropolitan area The health plan's mission is to provide our residents w ith high quality, affordable health care that Focuses on delivery of evidence-based medical care under the direction of primary care physicians in an effective, timely and cost effective manner Emphasizes low administrative costs and ethical business practices Is proactive and innovative in its quest to continually improve the health of the community In pursuing this mission, Capital Health Plan impacts the health and well being of Tallahassee area residents - both those w ho are plan members and those w ho are not CHP serves a membership of 113,000 people, over 30% of the area's population The health plan has developed a high quality delivery system that includes over 400 area physicians, more than 90% of the medical community The core of this delivery system is CHP's employed clinical staff, a group of 30 physicians and 8 optometrists w ho practice in tw o state of the art health centers the plan has developed These health centers are equipped w ith electronic medical records and can accommodate a broad range of primary and specialist care services including evening and weekend urgent care, lab, x-ray and digital mammography CHP's ability to offer a highly organized component of its delivery system to its members has provided unique opportunities for improving health care outcomes The staff component of CHP's delivery system consistently produces better results on measures of clinical care, member satisfaction and efficiency Capital Health Plan seeks to lead our area and continually improve performance against benchmarks for clinical quality, member satisfaction, and affordability In that regard, CHP has been consistently recognized by NCQA/U S New s and World Report as one of "Americas" Best Health Plans " By being our area's market leader, Capital Health Plan attempts to raise the bar for providing value in health care throughout our community In addition to these marketplace impacts, CHP directly invests in the community it serves through a formal community benefit policy adopted by its Board of Directors The policy focuses the organization's community benefit initiatives in three primary areas Addressing Market Failures - CHP w ill be a leading partner in the Tallahassee area in addressing the needs of the uninsured and underinsured Promoting Community Health - CHP w ill transform its heritage in population-based health to pursue strategies that go beyond traditional medical care to impact the health of the entire Tallahassee Community Clinical Training/Research - CHP w ill partner w ith the educational institutions in our area to help train the clinical w orkforce our community w ill need in the future and to maximze an evidence-based focus on population health in training and research Capital Health Plan's commitment to community benefit represents a social dividend derived from the organization's ongoing focus on excellent clinical care and service to its members</p> <p>2009 ACCOMPLISHMENTS AND BENEFIT TO THE COMMUNITY</p> <p>Highlights of Capital Health Plan's contributions to the health of the Tallahassee area in 2009 include the follow ing</p> <p>Affordability Capital Health Plan's commercial premium increases for 2009 averaged 5 5%, the sixth consecutive year of single digit price adjustment These low price adjustments were achieved w hile maintaining a comprehensive level of health benefits CHP's premiums for the State of Florida Group, the area's largest employer, were again the low est of all HMO's offered the State's w orkforce in 2009 Compared to the prices paid HMO competitors for an identical standard HMO benefit package, CHP's price saved the State in excess of \$ 27 million in 2009 CHP's administrative overhead is consistently maintained at one of the low est levels in the State of Florida, has been below 5% of revenues for the past tw enty years, and in 2009 totaled 3 8% of revenues Reflecting CHP's success in maintaining over 30% of area residents in its comprehensive HMO program, the Tallahassee area - specifically Leon County, Florida - has maintained the highest level of HMO membership and the low est level, by survey, of uninsured population in the State of Florida Clinical Quality and Member Satisfaction CHP was nationally recognized, in 2005, 2006, 2007, 2008 and 2009 as a top-ranked health plan in Florida by US New s and World Report and the National Committee for Quality Assurance in its listing of "America's Best Health Plans" CHP is the only health plan in Florida to achieve designation as one of "America's Best Health Plans" in all five years CHP is the only Medicare Advantage plan in Florida, and one of only three in the nation, to receive 5 stars for the summary rating of health plan quality from CMS The Florida HMO Report published by the Agency for Health Care Administration rated CHP w ith the highest customer satisfaction scores among all HMO's in Florida CHP has performed w ell across a broad range of clinical benchmarks highlighted by colon cancer screening, w here CHP consistently performs at one of the highest rates in the nation for the past 5 years Community Benefit Initiatives In accordance w ith its community benefit policy, the follow ing initiatives were supported in 2009</p> <p>Addressing Market Failure/Uninsured and Underinsured</p> <p>Capital Health Partnership - This is a "three-share" program established to help the uninsured in our community by providing uninsured small businesses the opportunity to offer subsidized coverage to their employees An uninsured small business w ith low income w orkers can receive a 40% subsidy tow ard premiums for each employee The employer then pays at least 50% of the remaining premium and the employee is responsible for the remaining amount This initiative is administered through the Capital Area Health Access Foundation w hich was created by CHP for this purpose</p> <p>Safety Net Institutions - CHP provides financial support for the "We Care" program administered by the Capital Medical Society Foundation "We Care" provides donated professional healthcare services to medically indigent individuals w ho do not qualify for public assistance CHP's financial support helps fund the administrative costs of this program CHP also provides financial support through the United Way and Whole Child</p> <p>Leon to fund outreach w orkers to assist families in qualifying their uninsured children for a variety of health programs CHP also funds a significant portion of the budget of Neighborhood Health Services in Tallahassee w hich directly provides a range of primary health care services to low -income people in our community</p> <p>Promoting Community Health</p> <p>CHP Champions Program- This is a public school partnership created to help stem the tide of childhood obesity by offering fitness programs before and after school It was developed as a collaborative partnership w ith Leon County Schools and the Tallahassee Area Chamber of Commerce w ith services provided through Titus Sports Academy CHP started the program in eight (8) Leon County Schools in the Fall of 2006, expanding it to all public elementary, and middle schools in our four counties w ithin tw o (2) years Currently, over 12,000 children are registered for the program in Leon County and the adjoining rural counties of Jefferson, Gadsden and Wakulla</p> <p>Cascades Park Health and Fitness Trails - To enhance opportunities for outdoor activity and exercise, CHP committed to a multi-year financing of health and fitness trails to be developed over the next three years as a part of a major park development in dow ntown Tallahassee</p> <p>Florida State University Center on Better Health and Life - CHP provided matching support to initiate an innovative, community outreach program to impact health disparities in minority communities through health education and preventive services</p> <p>Clinical Training</p> <p>CHP continued a five year investment in each of our area's three public nursing schools, Florida A&M University, Florida State University and Tallahassee Community College The investments are intended to significantly enhance the capacity of each training program and positively impact the grow ing shortage of nurses our community is facing CHP also serves as an affiliated educational partner for precepting both nursing students from Florida A&M University and medical students from Florida State University These services are provided directly by CHP's employed medical and nursing staff at CHP facilities Through a comprehensive range of services and initiatives noted above, Capital Health Plan fulfilled its mission and positively impacted the health of the Tallahassee area it serves in 2009</p>

Client Note2 Capital Health Plan's purpose as a non-profit HMO is to provide the people in Leon and surrounding counties with high quality, affordable health care that Focuses on delivery of evidence- based medical care under the direction of primary care physicians in an effective, timely and cost efficient manner Emphasizes low administrative costs and ethical business practices Is proactive and innovative in its quest to continually improve the health of the community Client Note1 Capital Health Plan operates as a Health Maintenance Organization (HMO) that provides comprehensive, high quality, affordable health care to residents of the Tallahassee area through an organized delivery system focused on evidence-based care under the direction of primary care physicians (See Part III 4A for additional detail)

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

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?	
							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
CHEFCO PROPERTY OWNERS ASSOCIATION INC 2140 Centerville Place TALLAHASSEE, FL32308 59-3378570	PROP MGMT	FL	N/A	C Corp			50.000 %

Part V

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

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

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	CAPITAL AREA HEALTH ACCESS FOUNDATION	b	178,596
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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	(C) Position (check all that apply)						(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			
BONNIE L BUTLER SR VP QUALITY IMPRV/CLINICAL OPS	50 00				X			245,592	0	38,292