



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Capital Health Plan Inc	D Employer identification number 59-1830622
	Doing Business As	E Telephone number (850) 383-3333
	Number and street (or P O box if mail is not delivered to street address) 2140 Centerville Place	Room/suite
	G Gross receipts \$ 681,305,026	
	City or town, state or country, and ZIP + 4 Tallahassee, FL 32308	
	F Name and address of principal officer	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)
		H(c) Group exemption number ▶
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
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 1		
	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 12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 7	
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 485		
6	Total number of volunteers (estimate if necessary)	6		
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 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	540,150,538	581,017,988
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,622,894	3,945,280
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,617,967	1,399,232
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	555,391,399	586,362,500
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,501,403	2,596,372
	14	Benefits paid to or for members (Part IX, column (A), line 4)	482,879,417	494,646,349
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	39,025,815	39,397,836
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	16,389,239	16,246,071
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	540,795,874	552,886,628
	19	Revenue less expenses Subtract line 18 from line 12	14,595,525	33,475,872
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	335,226,875	367,538,987
	21	Total liabilities (Part X, line 26)	98,435,864	85,090,401
	22	Net assets or fund balances Subtract line 21 from line 20	236,791,011	282,448,586

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			2012-03-06 Date	
	Sabin C Bass CPA Sr VP, Fin & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no ▶
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No					

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE STATEMENT 2

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 530,348,460 including grants of \$ 2,596,372) (Revenue \$ 586,362,500)

SEE STATEMENT 3

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 \$ 530,348,460

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	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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? If "Yes," complete Schedule C, Part I	3	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	4	No
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	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7	Yes
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.	11a	Yes
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.	11b	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.	11c	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.	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	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.	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	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, XII, and XIII is optional	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV	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 ? If "Yes," complete Schedule F, Parts II and IV	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 ? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions)	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? If "Yes," complete Schedule G, Part II	18	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	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	894		
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	485		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: _____ See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, 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

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) WINIFRED H SCHMELING Vice Chairman	3.00	X		X				28,100	0	0
(2) W KEN BOUTWELL JR Chairman	4.00	X		X				39,600	0	0
(3) TOM HERNDON Director	2.00	X						21,900	0	0
(4) TOM GLENON SR VP OF COMMUNITY DEVELOPMENT	50.00				X			231,583	0	13,193
(5) THOMAS BARRON Secretary	2.00	X		X				24,000	0	0
(6) STEPHEN C MCARTHUR Director	2.00	X						25,200	0	0
(7) SABIN BASS Sr Vp & CFO	50.00			X	X			287,148	0	94,839
(8) ROBERT CHAPMAN MD MEDICAL DOCTOR	50.00					X		246,447	0	57,244
(9) POLLY WHITE SR VP OF MARKETING/ADMIN SERVICES	50.00				X			224,086	0	41,475
(10) PHILLIP LUBBERS MD MEDICAL DOCTOR	50.00					X		338,329	0	67,981
(11) PAUL BAWEK CONTROLLER	50.00				X			221,974	0	40,862
(12) PATRICIA C HAYWARD Director	2.00	X						18,200	0	0
(13) NANCY VAN VESSEM MD CHIEF MEDICAL OFFICER	50.00				X			452,865	0	119,041
(14) LISA RAWLINGS MD MEDICAL DOCTOR	50.00					X		338,033	0	70,243
(15) LILLIE BOGAN Director	2.00	X						18,900	0	0
(16) KATHLEEN JUGENHEIMER Compliance Officer	50.00				X			165,813	0	33,833

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) JOYCE KRAMZER Director	2 00	X						0	1,175,231	416,484
(18) JOHN HOGAN President & CEO	50 00			X	X			673,557	0	243,833
(19) J BRIAN SHEEDY MD Director	2 00	X						18,900	0	0
(20) ISAAC MOORE MD Director	2 00	X						20,700	0	0
(21) ESTRELLITA REDMON MD Medical Director	50 00				X			319,280	0	99,061
(22) ERIC SMITH SR VP & CHIEF INFORMATION OFFICER	50 00				X			282,640	0	93,833
(23) DENNIS WILLIAMS MD MEDICAL DOCTOR	50 00					X		319,343	0	63,519
(24) DAVID SHAFER MD MEDICAL DOCTOR	50 00					X		260,877	0	55,591
(25) DAVID K COBURN Treasurer	3 00	X		X				2,900	0	0
(26) C DUBOSE AUSLEY Director	2 00	X						20,300	0	0
(27) BONNIE L BUTLER SR VP QUALITY IMPRV/CLINICAL OPS	50 00				X			248,342	0	38,568
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,849,017	1,175,231	1,549,600

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▶62

		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

(A) Name and business address	(B) Description of services	(C) Compensation
TALLAHASSEE MEMORIAL HEALTHCARE 1309 THOMASVILLE RD TALLAHASSEE, FL 32303	HEALTH CARE	142,748,032
SHANDS TEACHING HOSPITAL 1600 SW ARCHER RD GAINESVILLE, FL 32611	HEALTH CARE	17,700,073
RADIOLOGY ASSOC OF TALLAHASSEE 1110 Capital Cir NE TALLAHASSEE, FL 32301	HEALTH CARE	9,699,613
CAPITAL REGIONAL MEDICAL CENTER 2626 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308	HEALTH CARE	34,606,262
ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE 2173 A CENTERVILLE PLACE TALLAHASSEE, FL 32308	HEALTH CARE	14,421,365

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 ▶178

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		0				
	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							
	Program Service Revenue	2a	Business Code						581,017,988
		Premium and Copayments	621491						
b									
c									
d									
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f			581,017,988				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			9,789,977	9,789,977		
	4	Income from investment of tax-exempt bond proceeds . .			0				
	5	Royalties			0				
	6a	Gross Rents	(i) Real	(ii) Personal	94,431			94,431	
	b	Less rental expenses	456,178						
	c	Rental income or (loss)	361,747						
	d	Net rental income or (loss)	94,431						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-5,844,697	-5,844,697			
	b	Less cost or other basis and sales expenses	87,523,745	600					
	c	Gain or (loss)	93,369,042						
	d	Net gain or (loss)	-5,845,297	600					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0				
	b	Less direct expenses	b						
	c	Net income or (loss) from fundraising events . .							
	9a	Gross income from gaming activities See Part IV, line 19 . .	a		0				
	b	Less direct expenses	b						
	c	Net income or (loss) from gaming activities . .							
	10a	Gross sales of inventory, less returns and allowances . .	a	2,516,538	1,304,801	1,304,801			
	b	Less cost of goods sold	b	1,211,737					
	c	Net income or (loss) from sales of inventory . .							
		Miscellaneous Revenue	Business Code		0				
11a									
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d								
12	Total revenue. See Instructions				586,362,500	586,268,069		94,431	

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	2,596,372	2,596,372		
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	494,646,349	494,646,349		
5	Compensation of current officers, directors, trustees, and key employees	3,654,013	919,476	2,734,537	
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	26,125,424	18,132,758	7,992,666	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,010,126	2,108,629	901,497	
9	Other employee benefits	4,695,837	3,110,757	1,585,080	
10	Payroll taxes	1,912,436	1,263,742	648,694	
a	Fees for services (non-employees)				
	Management	0			
b	Legal	214,671		214,671	
c	Accounting	86,930		86,930	
d	Lobbying	123,000		123,000	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	104,164		104,164	
g	Other	1,189,383	68,509	1,120,874	
12	Advertising and promotion	223,781		223,781	
13	Office expenses	2,906,085	1,165,697	1,740,388	
14	Information technology	2,650,648	1,017,300	1,633,348	
15	Royalties	0			
16	Occupancy	1,580,392	1,161,546	418,846	
17	Travel	24,519	6,909	17,610	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	167,817	56,953	110,864	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,414,586	1,530,115	884,471	
23	Insurance	898,858	652,314	246,544	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Miscellaneous	2,101,582	351,379	1,750,203	
b	Clinical Supplies	1,559,655	1,559,655		
c					
d					
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	552,886,628	530,348,460	22,538,168	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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				54,051,620	2	35,752,403
	3	Pledges and grants receivable, net					3	0
	4	Accounts receivable, net				7,560,714	4	5,814,868
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	0
	7	Notes and loans receivable, net					7	0
	8	Inventories for sale or use				352,763	8	436,968
	9	Prepaid expenses and deferred charges				1,597,762	9	3,664,276
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	55,218,341				
	b	Less: accumulated depreciation	10b	31,172,336	24,588,795	10c	24,046,005	
	11	Investments—publicly traded securities				243,771,151	11	294,163,431
	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				3,298,120	15	3,655,086
16	Total assets. Add lines 1 through 15 (must equal line 34)				335,226,875	16	367,538,987	
Liabilities	17	Accounts payable and accrued expenses				87,465,328	17	73,005,556
	18	Grants payable					18	
	19	Deferred revenue				9,893,069	19	10,827,096
	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				1,077,467	25	1,257,749
	26	Total liabilities. Add lines 17 through 25				98,435,864	26	85,090,401
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				236,791,011	27	282,448,586
	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				236,791,011	33	282,448,586
	34	Total liabilities and net assets/fund balances				335,226,875	34	367,538,987

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	586,362,500
2	Total expenses (must equal Part IX, column (A), line 25)	2	552,886,628
3	Revenue less expenses Subtract line 2 from line 1	3	33,475,872
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	236,791,011
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12,181,703
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	282,448,586

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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 separate basis, consolidated 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)

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

2010

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☒ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
2a	1
2b	7
2c	
2d	

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 ▶ _____ 1

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 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)?

☐ Yes ☒ No

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 ▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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		26,188,781	7,083,802	19,104,979
c Leasehold improvements				
d Equipment		24,640,987	22,182,234	2,458,753
e Other		2,106,221	1,906,300	199,921
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				24,046,005

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	586,362,500
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	552,886,628
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	33,475,872
4	Net unrealized gains (losses) on investments	4	12,181,703
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	12,181,703
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	45,657,575

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	587,375,642
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	587,375,642
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	104,164
b	Other (Describe in Part XIV)	4b	-1,117,306
c	Add lines 4a and 4b	4c	-1,013,142
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	586,362,500

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	553,994,201
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	553,994,201
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	104,164
b	Other (Describe in Part XIV)	4b	-1,211,737
c	Add lines 4a and 4b	4c	-1,107,573
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	552,886,628

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
Part II, Line 9	Part II, Line 9 Organization Reporting of conservation easements	THE EASEMENT IS REPORTED AS A AN ELEMENT OF PROPERTY AND EQUIPMENT AND IS NOT DEPRECIATED IN THE FINANCIALS. THERE ARE NO ASSOCIATED REVENUES OR EXPENSES WITH THE EASEMENT.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Capital Health Plan Inc

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

2010

Open to Public
Inspection

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. Part II can be duplicated if additional space is needed.

▶

☐

1 (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

20

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.

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		CAPITAL HEALTH PLAN MAINTAINS OVERSIGHT WITH THE ORGANIZATIONS IT PROVIDES SUPPORT TO THROUGH MONITORING AND INVOLVEMENT ON BOARDS OF DIRECTORS AND ADVISORY COMMITTEES

Software ID: 10000105
Software Version: 2010v3.2
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	1,464,000	0			ENCOURAGE YOUTH TO EXERCISE
UNITED WAY OF THE BIG BEND303 EAST 7TH AVE TALLAHASSEE, FL 32303	59-6011150	501(c)3	168,575	0			GENERAL SUPPORT
TOM JOYNER FOUNDATION INCPO BOX 6562 TALLAHASSEE, FL 32314	75-2730557	501(c)3	100,000	0			EDUCATION OF NURSES AT FAMU
TMH FOUNDATION INC 1309 THOMASVILLE RD TALLAHASSEE, FL 32303	59-1727645	501(c)3	16,200	0			EVENT SPONSORSHIP
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	10,000	0			EVENT SPONSORSHIP
TALLAHASSEE FRIENDS OF OUR PARKS FDN912 MYERS PARK DRIVE TALLAHASSEE, FL 32301	59-2164894	501(c)3	12,500	0			WALK SPONSORSHIP
TALLAHASSEE COMMUNITY COLLEGE FOUNDATION444 APPELYARD DRIVE TALLAHASSEE, FL 32304	59-2091480	501(c)3	100,000	0			SUPPORT EDUCATION OF NURSES
SICKLE CELL FOUNDATION 1336 VICKERS RD TALLAHASSEE, FL 32303	59-2518049	501(c)3	5,700	0			WALK SPONSORSHIP
NEIGHBORHOOD HEALTH SERVICES438 W BREVARD STREET TALLAHASSEE, FL 32301	23-7422549	501(c)3	255,998	0			GENERAL PROGRAM SUPPORT
MARCH OF DIMES1990 VILLAGE GREEN WAY SUITE 3 TALLAHASSEE, FL 32308	13-1846366	501(c)3	7,400	0			WALK SPONSORSHIP
LUKEMIA & LYMPHOMA SOC7077 BONNEVAL ROAD STE 103 JACKSONVILLE, FL 32216	13-5644916	501(c)3	8,200	0			WALK SPONSORSHIP

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
GULF WINDS TRACK CLUB INC313 NORTH MONROE STREE SUITE 200 TALLAHASSEE,FL 32301	59-1896178	501(c)3	21,000	0			WALK SPONSORSHIPS
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	27,000	0			GENERAL PROGRAM SUPPORT
CAPITAL AREA HEALTH AC 2140 CENTERVILLE PL TALLAHASSEE,FL 32308	20-4240456	501(c)4	0	205,450	FMV	DEBT CANCELATION	HEALTH INSURANCE ACCESS
BIG BEND HOSPICE INC 1723 MAHAN CENTER BLVD TALLAHASSEE,FL 32308	59-2328806	501(c)3	30,750	0			COMMUNITY PROGRAMS
BIG BEND CARES INC2201 S MONROE STREET TALLAHASSEE,FL 32301	59-2816580	501(c)3	6,600	0			WALK SPONSORSHIP
AMERICAN LUNG ASSOCIATION5389 SILVER SLIPPER LN STE A TALLAHASSEE,FL 32303	59-0662271	501(c)3	5,800	0			WALK SPONSORSHIP
AMERICAN HEART ASSOCIATION INC2851 REMINGTON GREEN CIR STE C TALLAHASSEE,FL 32308	13-5613797	501(c)3	16,000	0			WALK SPONSORSHIP
AMERICAN CANCER SOCIET2619 CENTENNIAL BLVD SUITE 101 TALLAHASSEE,FL 32308	13-1788491	501(c)3	25,200	0			WALK SPONSORSHIP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</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><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	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		
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?		
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><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</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:		
4a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		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:		
5a	The organization?		No
5b	Any related organization?		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:		
6a	The organization?		No
6b	Any related organization?		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		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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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				
(1) TOM GLENON	(i) (ii)	231,583			9,450	3,743	244,776	
(2) SABIN BASS	(i) (ii)	232,648	50,000	4,500	79,400	15,439	381,987	
(3) ROBERT CHAPMAN MD	(i) (ii)	201,447	45,000		29,400	27,844	303,691	
(4) POLLY WHITE	(i) (ii)	174,086	50,000		26,890	14,585	265,561	
(5) PHILLIP LUBBERS MD	(i) (ii)	338,329			29,400	38,581	406,310	
(6) PAUL BAWEK	(i) (ii)	168,952	40,000	13,022	26,648	14,214	262,836	
(7) NANCY VAN VESSEM MD	(i) (ii)	291,839	135,518	25,508	94,400	24,641	571,906	
(8) LISA RAWLINGS MD	(i) (ii)	338,033			29,400	40,843	408,276	
(9) KATHLEEN JUGENHEIMER	(i) (ii)	130,777	30,000	5,036	19,897	13,936	199,646	
(10) JOYCE KRAMZER	(i) (ii)	377,231	100,000	698,000	411,888	4,596	1,591,715	
(11) JOHN HOGAN	(i) (ii)	408,756	230,348	34,453	229,400	14,433	917,390	
(12) ESTRELLITA REDMON MD	(i) (ii)	256,923	50,000	12,357	79,400	19,661	418,341	
(13) ERIC SMITH	(i) (ii)	216,000	50,000	16,640	79,400	14,433	376,473	
(14) DENNIS WILLIAMS MD	(i) (ii)	319,343			29,400	34,119	382,862	
(15) DAVID SHAFER MD	(i) (ii)	209,103	32,880	18,894	29,400	26,191	316,468	
(16) BONNIE L BUTLER	(i) (ii)	194,539	50,000	3,803	29,400	9,168	286,910	

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
------------	------------------	-------------

Software ID: 10000105
Software Version: 2010v3.2
EIN: 59-1830622
Name: Capital Health Plan Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
TOM GLENON	(i) (ii)	231,583			9,450	3,743	244,776	
SABIN BASS	(i) (ii)	232,648	50,000	4,500	79,400	15,439	381,987	
ROBERT CHAPMAN MD	(i) (ii)	201,447	45,000		29,400	27,844	303,691	
POLLY WHITE	(i) (ii)	174,086	50,000		26,890	14,585	265,561	
PHILLIP LUBBERS MD	(i) (ii)	338,329			29,400	38,581	406,310	
PAUL BAWEK	(i) (ii)	168,952	40,000	13,022	26,648	14,214	262,836	
NANCY VAN VESSEM MD	(i) (ii)	291,839	135,518	25,508	94,400	24,641	571,906	
LISA RAWLINGS MD	(i) (ii)	338,033			29,400	40,843	408,276	
KATHLEEN JUGENHEIMER	(i) (ii)	130,777	30,000	5,036	19,897	13,936	199,646	
JOYCE KRAMZER	(i) (ii)	377,231	100,000	698,000	411,888	4,596	1,591,715	
JOHN HOGAN	(i) (ii)	408,756	230,348	34,453	229,400	14,433	917,390	
ESTRELLITA REDMON MD	(i) (ii)	256,923	50,000	12,357	79,400	19,661	418,341	
ERIC SMITH	(i) (ii)	216,000	50,000	16,640	79,400	14,433	376,473	
DENNIS WILLIAMS MD	(i) (ii)	319,343			29,400	34,119	382,862	
DAVID SHAFER MD	(i) (ii)	209,103	32,880	18,894	29,400	26,191	316,468	
BONNIE L BUTLER	(i) (ii)	194,539	50,000	3,803	29,400	9,168	286,910	

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
2010
Open to Public Inspection

Name of the organization
Capital Health Plan Inc

Employer identification number
59-1830622

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					

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Additional Data

Software ID: 10000105

Software Version: 2010v3.2

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	34,771	MEDICAL FEES		No
ALPHA EYE CLINIC	DIRECTOR RELATED	25,550	PREMIUM REVENUE		No
ISAAC MOORE MD	BOARD MEMBER	202,836	MEDICAL FEES		No
AUSLEY & MCMULLEN PA	DIRECTOR RELATED	556,981	PREMIUM REVENUE		No
MGT OF AMERICA INC	DIRECTOR RELATED	153,069	PREMIUM REVENUE		No
CAPITAL CITY BANK	DIRECTOR RELATED	2,962,011	PREMIUM REVENUE		No
MAUREEN JUGENHEIMER	FAMILY MEMBER OF KEY EMPL	81,821	EMPLOYMENT		No
JESSICA HOGAN	FAMILY MEMBER OF OFFICER	77,973	EMPLOYMENT		No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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 Section A Question 1A	Executive Committee of the Board of Directors Committee is comprised of six (6) members of the Board of Directors, including the four (4) officers of the organization, Chairman, Vice Chairman, Secretary and Treasurer The Committee, as provided in its corporate By-Laws, 'is authorized to act in the place of the Board of Directors and to have such authority and powers of the Board between meetings of the Board except as such authority and powers may be reserved to the Board of Directors or be limited by the Articles of Incorporation, the By-Laws, or a specific resolution of the Board of Directors '

Identifier	Return Reference	Explanation
Amended Explanation		THE TAX FILING SOFTWARE USED TO CREATE THE ELECTRONIC FILE HAD ERRORS IN TRANSMISSION OF THE SCHEDULE J DATA

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE COMPENSATION COMMITTEE IS AUTHORIZED TO ACT ON BEHALF OF THE BOARD OF DIRECTORS, AND IS RESPONSIBLE FOR COMPENSATION MATTERS INCLUDING DETERMINING APPROPRIATE COMPENSATION FOR SENIOR MANAGEMENT AND OTHER DISQUALIFIED PERSONS, EVALUATING SENIOR MANAGERS AND OTHER DISQUALIFIED PERSONS' COMPENSATION PLANS, POLICIES AND PROGRAMS, REVIEWING BENEFIT PLANS FOR SENIOR MANAGERS AND OTHER DISQUALIFIED PERSONS AND VERIFYING THAT COMPENSATION INFORMATION IS APPROPRIATELY AND FULLY DISCLOSED COMMITTEE MEMBERSHIP INCLUDES ONLY INDEPENDENT DIRECTORS, HAVING NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AND SUCH INDEPENDENCE AND ABSENCE OF CONFLICTS WILL BE ASSESSED ON A REGULAR BASIS

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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 THE AUDIT COMMITTEE IT IS THEN SENT TO THE BOARD OF DIRECTORS WITH SUFFICIENT TIME TO REVIEW PRIOR TO FILING

Identifier	Return Reference	Explanation
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
		<p>Client Note 3 - BACKGROUND AND MISSION Capital Health Plan is a local HMO focused on serving the Tallahassee, Florida metropolitan area and adjoining rural counties. The health plan's mission is to provide our residents 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 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 who are plan members and those who are not. CHP serves a membership of 114,000 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 31 physicians and 8 optometrists who practice in two state of the art health centers the plan has developed. These health centers are equipped with 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. CHP was ranked in 2010 by the NCQA as the top Medicare health plan and the 4th best private health plan in the nation. As the 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:</p> <p>Addressing Market Failures - CHP will be a leading partner in the Tallahassee area in addressing the needs of the uninsured and underinsured.</p> <p>Promoting Community Health - CHP will 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.</p> <p>Clinical Training/Research - CHP will partner with the educational institutions in our area to help train the clinical workforce our community will need in the future and to maximize an evidence-based focus on population health in training and research.</p> <p>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>2010 ACCOMPLISHMENTS AND BENEFIT TO THE COMMUNITY Highlights of Capital Health Plan's contributions to the health of the Tallahassee area in 2010 include the following:</p> <p>Affordability Capital Health Plan's commercial premium increases for 2010 averaged 7.9%, the seventh consecutive year of single digit price adjustment. These low price adjustments were achieved while maintaining a comprehensive level of health benefits. CHP's premiums for the State of Florida Group, the area's largest employer, were again the lowest of all HMO's offered the State's workforce in 2010. Compared to the prices paid HMO competitors for an identical standard HMO benefit package, CHP's price saved the State in excess of \$ 30 million in 2010. CHP's administrative overhead is consistently maintained at one of the lowest levels in the State of Florida, has been below 5% of revenues for the past twenty years, and in 2010 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 lowest level, by survey, of uninsured population in the State of Florida.</p> <p>Clinical Quality and Member Satisfaction CHP was nationally recognized, as the top-ranked Medicare plan by NCQA's Health Insurance Plan Rating and CHP's commercial plan was ranked 4th in the nation according to NCQA's ranking. CHP is the only Medicare Advantage plan in Florida, and one of only three in the nation in 2010, to receive 5 stars for the summary rating of health plan quality from CMS. CHP was the only Medicare Advantage plan in the nation in 2010 to achieve this for two straight years. The Florida HMO Report published by the Agency for Health Care Administration rated CHP with the highest customer satisfaction scores among all HMO's in Florida. CHP has performed well across a broad range of clinical benchmarks highlighted by colon cancer screening, where CHP consistently performs at one of the highest rates in the nation for the past six years.</p> <p>Community Benefit Initiatives In accordance with its community benefit policy, the following initiatives were supported in 2010:</p> <p>Addressing Market Failure/Uninsured and Underinsured 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 with low income workers can receive a 40% subsidy toward 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 which 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 who 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 Leon to fund outreach workers 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 which directly provides a range of primary health care services to low-income people in our community.</p> <p>Promoting Community Health 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 with Leon County Schools and the Tallahassee Area Chamber of Commerce with 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 four counties within two (2) years. Currently, over 14,000 children are registered for the program in Leon County and the adjoining rural counties of Jefferson, Gadsden and Wakulla with planned expansion into two (2) more counties.</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 downtown 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 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 growing 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 2010.</p>

Identifier	Return Reference	Explanation
		Client Note 2 - 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

Identifier	Return Reference	Explanation
		Client Note 1 - 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)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Capital Health Plan Inc

Employer identification number
59-1830622

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

(a) Name, address, and EIN 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 organization	
						Yes	No
(1) BLUE CROSS AND BLUE SHIELD OF FLORIDA 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246 59-2015694	HEALTH INSURANCE	FL	501(C)(4)		N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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
(1) 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, 35A, 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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------