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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CAPITAL HEALTH PLAN INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2140 CENTERVILLE PLACE

City or town, state or province, country, and ZIP or foreign postal code
TALLAHASSEE, FL 32308

D Employer identification number
59-1830622

E Telephone number
(850) 383-3333

G Gross receipts $ 1,019,764,397

F Name and address of principal officer
JOHN HOGAN
3718 BOBBIN BROOK CIR
TALLAHASSEE,FL 32312

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CAPITALHEALTH COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1978

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE STATEMENT 1

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
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 2013 (Part V, line 2a)	**5**	522
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	615,513,066	637,919,561
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,280,442	13,010,686
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	908,649	963,744
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	627,702,157	651,893,991
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,363,917	2,993,482
14	Benefits paid to or for members (Part IX, column (A), line 4)	541,379,960	573,280,264
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,935,338	44,203,713
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–24e)	17,066,982	17,654,332
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	604,746,197	638,131,791
19	Revenue less expenses Subtract line 18 from line 12	22,955,960	13,762,200

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	453,442,024	462,307,789
21	Total liabilities (Part X, line 26)	86,132,892	84,725,903
22	Net assets or fund balances Subtract line 21 from line 20	367,309,132	377,581,886

Net Assets or Fund Balances

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

****** | 2014-11-12
Signature of officer | 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	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) ☐ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 613,875,367 including grants of $ 2,993,482) (Revenue $ 651,893,991)

BACKGROUND AND MISSION CAPITAL HEALTH PLAN IS A LOCAL HMO FOCUSED ON SERVING THE SEVEN COUNTIES THAT CONSTITUTE THE TALLAHASSEE, FLORIDA METROPOLITAN AREA 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 THE 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 126,000 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 32 PHYSICIANS AND 7 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 15TH IN THE NATION BY NCQA FOR COMMERCIAL INSURANCE AND THE 6TH BEST MEDICARE HEALTH PLAN IN THE NATION 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 MAKRETPLACE 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 WILL BE A LEADING PARTNER IN THE TALLAHASSEE AREA IN ADDRESSING THE NEEDS OF THE UNINSURED AND UNDERINSURED 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 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 CAPITAL HEALTH PLAN'S COMMITMENT TO COMMUNITY BENEFIT REPRESENTS A SOCIAL DIVIDENDDERIVED FROM THE ORGANIZATION'S ONGOING FOCUS ON EXCELLENT CLINICAL CARE AND SERVICE TO ITS MEMBERS 2013 ACCOMPLISHMENTS AND BENEFIT TO THE COMMUNITYHIGHLIGHTS OF CAPITAL HEALTH PLAN'S CONTRIBUTIONS TO THE HEALTH OF THE TALLAHASSEE AREA IN 2013 INCLUDE THE FOLLOWING AFFORDABILITYCAPITAL HEALTH PLAN'S COMMERCIAL PREMIUM YIELD INCREASED 3 9% FOR 2013 CHP HAS MAINTAINED NINE CONSECUTIVE YEARS OF SINGLE DIGIT PRICE ADJUSTMENTS THESE LOW PRICE ADJUSTMENTS WERE ACHIEVED WHILE MAINTAINING A COMPREHENSIVE LEVEL OF HEALTH BENEFITS 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 23 YEARS, AND IN 2013 TOTALED 3 7% 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 CLINICAL QUALITY AND MEMBER SATISFACTIONCHP WAS RANKED 15TH IN THE NATION FOR COMMERCIAL INSURANCE BY NCQA'S HEALTH INSURANCE RANKING CHP'S MEDICARE PLAN WAS RANKED 6TH IN THE NATION ACCORDING TO NCQA'S RANKING CHP HAS PERFORMED WELL ACROSS A BROAD RANGE OF CLINICAL BENCHMARKS HIGHLIGHTED BY COLON CANCER SCREENING, WHERE CHP CONSISTENTLY PERFORMED AT ONE OF THE HIGHEST RATES IN THE NATION COMMUNITY BENEFIT INITIATIVESIN ACCORDANCE WITH OUR COMMUNITY BENEFIT POLICY, THE FOLLOWING INITIATIVES WERE SUPPORTED IN 2013 ADDRESSING MARKET FAILURE/UNINSURED AND UNDERINSUREDCAPITAL HEALTH PARTNERSHIP - THIS IS A "THREE-SHARE" PROGRAM ESTABLISHED TO HELP THE UNINSURED IN OUR COMMUNITY BY PROVIDING 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 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 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 PROMOTING COMMUNITY HEALTHCHP 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 (4) COUNTIES WITHIN TWO (2) YEARS CURRENTLY, OVER 18,000 CHILDREN ARE REGISTERED FOR THE PROGRAM IN LEON COUNTY AND THE ADJOINING RURAL COUNTIES OF JEFFERSON, GADSDEN, CALHOUN, WAKULLA AND LIBERTY COUNTY 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 CLINICAL TRAININGCHP EXTENDED FUNDING FOR ANOTHER FIVE YEAR INVESTMENT IN FLORIDA STATE UNIVERSITY'S NURSING SCHOOL PROGRAM THE INVESTMENTS ARE INTENDED TO SIGNIFICANTLY ENHANCE THE CAPACITY OF THE TRAINING PROGRAM AND POSITIVELY IMPACT THE GROWING SHORTAGE OF NURSES OUR COMMUNITY IS FACING CHP ESTABLISHED AN INVESTMENT IN FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE TO PROVIDE FUNDING SUPPORT INTENDED TO PREPARE A STRONGER PHYSICIAN WORKFORCE AND TO ADDRESS THE ONGOING SHORTAGE OF PHYSICIANS TO SERVE RURAL, INNER CITY, MINORITY AND MEDICALLY UNDERSERVED POPULATIONS 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 2013

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** ▶ 613,875,367

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 instructions)?	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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,123		
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	522		
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" to line 3b, 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			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	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			
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			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
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	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶SABIN C BASS CPA 1545 RAYMOND DIEHL RD
TALLAHASSEE, FL 32308 (850) 383-3333

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

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

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

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

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DUBOSE C AUSLEY DIRECTOR	2 00 0 00	X						19,600	0	0
(2) THOMAS A BARRON SECRETARY	3 00 0 00	X		X				22,500	0	0
(3) LILLIE BOGAN DIRECTOR	2 00 0 00	X						23,600	0	0
(4) W KEN BOUTWELL JR CHAIRMAN	4 00 0 00	X		X				43,100	0	0
(5) DAVID K COBURN TREASURER	3 00 0 00	X		X				20,100	0	0
(6) TOM HERNDON DIRECTOR	2 00 0 00	X						24,100	0	0
(7) PATRICIA C HAYWARD DIRECTOR	2 00 0 00	X						23,600	0	0
(8) JOYCE KRAMZER DIRECTOR	2 00 48 00	X						0	2,870,513	418,561
(9) ISAAC MOORE MD DIRECTOR	2 00 0 00	X						20,800	0	0
(10) WINIFRED H SCHMELING VICE CHAIRMAN	3 00 0 00	X		X				29,100	0	0
(11) J BRIAN SHEEDY MD DIRECTOR	2 00 0 00	X						19,600	0	0
(12) JOHN HOGAN PRESIDENT & CEO	50 00 0 00			X				819,855	0	276,796
(13) SABIN BASS CPA SR VP FIN CFO	50 00 0 00			X				385,599	0	173,752
(14) NANCY VAN VESSEM MD CHIEF MEDICAL OFFICER	50 00 0 00				X			571,219	0	227,998
(15) POLLY WHITE SR VP OF MARKETING/ADMIN SERVICES	50 00 0 00				X			241,081	0	95,041
(16) BONNIE BUTLER SR VP OF QUALITY IMPRV/CLINIC OPE	50 00 0 00				X			262,766	0	87,398
(17) ERIC SMITH SR VP & CHIEF INFORMATION OFFICER	50 00 0 00				X			366,988	0	166,796

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ESTRELLITA REDMON MD MEDICAL DIRECTOR	50 00 0 00				X			374,128	0	193,961
(19) KATHLEEN JUGENHEIMER COMPLIANCE OFFICER	50 00 0 00				X			171,545	0	66,379
(20) PAUL BAWEK CPA CONTROLLER	50 00 0 00				X			226,175	0	87,752
(21) TOM GLENNON SR VP OF COMMUNITY DEVELOPMENT	50 00 0 00				X			259,797	0	96,796
(22) ADEKUNLE OMOTAYO MD ASSOCIATE MEDICAL DIRECTOR	50 00 0 00				X			280,506	0	73,866
(23) LISA RAWLINGS MD MEDICAL DOCTOR	50 00 0 00					X		358,907	0	67,009
(24) DENNIS WILLIAMS MD MEDICAL DOCTOR	50 00 0 00					X		341,838	0	66,672
(25) STEVEN CURRIEO MD MEDICAL DOCTOR	50 00 0 00					X		278,918	0	58,473
(26) STEPHEN LAROSA MD MEDICAL DOCTOR	50 00 0 00					X		255,413	0	74,813
(27) DAVID SHAFER MD MEDICAL DOCTOR	50 00 0 00					X		268,481	0	57,094

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	5,709,316	2,870,513	2,289,157

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 71

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**4**	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? *If "Yes," complete Schedule J for such person*	**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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
TALLAHASSEE MEMORIAL HEALTHCARE INC 1309 THOMASVILLE RD TALLAHASSEE FL 32303	HEALTH CARE	191,869,614
CAPITAL REGIONAL MEDICAL CENTER 2626 CAPITAL MEDICAL BLVD TALLAHASSEE FL 32308	HEALTH CARE	45,485,354
SHANDS TEACHING HOSPITAL 1600 SW ARCHER RD GAINSVILLE FL 32608	HEALTH CARE	25,051,637
ANESTHESIOLOGY ASSOC OF TALLAHASSEE 2173 CENTERVILLE PL TALLAHASSEE FL 32308	HEATLH CARE	18,747,423
RADIOLOGY ASSOC OF TALLAHASSEE 1110 CAPITAL CIRCLE NE TALLAHASSEE FL 32308	HEALTH CARE	12,270,708

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 194

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	PREMIUMS AND COPAYMENTS 621491	637,919,561	637,919,561		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	637,919,561			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	9,051,651	9,051,651		
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 339,753				
	b	Less rental expenses 390,308				
	c	Rental income or (loss) -50,555				
	d	Net rental income or (loss) . . . . . ▶	-50,555			-50,555
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 370,312,738				
	b	Less cost or other basis and sales expenses 366,353,703				
	c	Gain or (loss) 3,959,035				
	d	Net gain or (loss) . . . . . ▶	3,959,035	3,959,035		
Other Revenue	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 2,140,694				
	b	Less cost of goods sold . . b 1,126,395				
	c	Net income or (loss) from sales of inventory . . ▶	1,014,299	1,014,299		
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	0			
	12	**Total revenue.** See Instructions . . . . . ▶	651,893,991	651,944,546		-50,555

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,993,482	2,993,482		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	573,280,264	573,280,264		
5 Compensation of current officers, directors, trustees, and key employees	4,293,995	1,183,190	3,110,805	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	28,552,850	20,787,613	7,765,237	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,178,948	2,221,740	957,208	
9 Other employee benefits	6,083,881	3,984,950	2,098,931	
10 Payroll taxes	2,094,039	1,331,390	762,649	
11 Fees for services (non-employees)				
a Management	0			
b Legal	215,441		215,441	
c Accounting	152,767		152,767	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	123,027		123,027	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,192,383	61,272	1,131,111	
12 Advertising and promotion	188,724	539	188,185	
13 Office expenses	3,801,409	1,402,982	2,398,427	
14 Information technology	2,687,484	1,016,540	1,670,944	
15 Royalties . .	0			
16 Occupancy	2,768,439	1,978,700	789,739	
17 Travel	23,071	7,211	15,860	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	196,387	74,140	122,247	
20 Interest	67,505		67,505	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,668,876	1,024,671	644,205	
23 Insurance	734,645	416,302	318,343	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS EXPENSE	2,003,072	279,279	1,723,793	
b CLINIC SUPPLIES	1,831,102	1,831,102		
c				
d				
e All other expenses	0			
25 **Total functional expenses.** Add lines 1 through 24e	638,131,791	613,875,367	24,256,424	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		6,799	1	6,799
	2	Savings and temporary cash investments		12,675,221	2	10,394,226
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		14,457,271	4	25,276,217
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use		384,926	8	432,971
	9	Prepaid expenses and deferred charges		2,566,843	9	1,979,569
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 53,448,066			
	b	Less accumulated depreciation	10b 26,141,875	24,150,806	10c	27,306,191
	11	Investments—publicly traded securities		395,184,064	11	392,643,000
	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		4,016,094	15	4,268,816
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		453,442,024	16	462,307,789
Liabilities	17	Accounts payable and accrued expenses		73,762,440	17	72,791,174
	18	Grants payable			18	
	19	Deferred revenue		10,854,425	19	9,973,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,516,027	25	1,961,729
	26	**Total liabilities.** Add lines 17 through 25		86,132,892	26	84,725,903
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		367,309,132	27	377,581,886
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		367,309,132	33	377,581,886
	34	Total liabilities and net assets/fund balances		453,442,024	34	462,307,789

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	651,893,991
2	Total expenses (must equal Part IX, column (A), line 25)	2	638,131,791
3	Revenue less expenses Subtract line 2 from line 1	3	13,762,200
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	367,309,132
5	Net unrealized gains (losses) on investments	5	-3,489,446
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	377,581,886

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,286,854		8,286,854
b Buildings		25,743,562	9,745,797	15,997,765
c Leasehold improvements				
d Equipment		18,687,008	15,931,022	2,755,986
e Other		730,642	465,056	265,586
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				27,306,191

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Deferred Compensation	1,961,729
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,961,729

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	652,947,914
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	652,947,914
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	123,027		
b	Other (Describe in Part XIII)	4b	-1,176,950		
c	Add lines **4a** and **4b**			4c	-1,053,923
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	651,893,991

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	639,135,159
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	639,135,159
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	123,027		
b	Other (Describe in Part XIII)	4b	-1,126,395		
c	Add lines **4a** and **4b**			4c	-1,003,368
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	638,131,791

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated 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 listed in the line 1 table . . . . . ▶ 22

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 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. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

Software ID: 13000170
Software Version: 2013v3.1
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
2-1-1 BIG BEND INC P O BOX 10950 TALLAHASSEE,FL 32302	51-0201771	501 (c) (3)	7,500	0			EVENT 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
ALZHEIMERS PROJECT INC 301 EAST THARPE STREET TALLAHASSEE,FL 32303	59-3163907	501 (c) (3)	8,800	0			EVENT 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
AMERICAN CANCER SOCIETY 2619 CENTENNIAL BLVD 101 TALLAHASSEE,FL 32308	13-1788491	501 (c) (3)	63,038	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
AMERICAN HEART ASSOCIATION 2851 REMINGTON GREEN CIRCLE TALLAHASSEE,FL 32308	13-5613797	501 (c) (3)	41,578	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
AMERICAN LUNG ASSOCIATION 539 SILVER SLIPPER LANE STE A TALLAHASSEE,FL 32303	59-0662271	501 (c) (3)	5,750	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
BIG BEND HOSPICE 1723 MAHAN CENTER BLVD TALLAHASSEE,FL 32308	59-2328806	501 (c) (3)	31,250	0			COMMUNITY PROGRAMS

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
CAPITAL AREA HEALTH ACCESS 2140 CENTERVILLE PL TALLAHASSEE,FL 32308	20-4240456	501 (c) (4)	0	203,548	FMV	DEBT CANCELATION	HEALTH INSURANCE ACCESS

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
CAPITAL MEDICAL SOCIETY 1204 MICCOSUKEE ROAD TALLAHASSEE,FL 32308	59-2104510	501 (c) (3)	40,000	0			GENERAL SUPPORT PROGRAM

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
FL TAXWATCH RESEARCH INST INC P O BOX 10209 TALLAHASSEE,FL 32301	59-1918055	501 (c) (3)	25,000	0			EVENT 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
FLORIDA STATE UNIVERSITY FND PO BOX 3062739 TALLAHASSEE,FL 32306	59-6152180	501 (c) (3)	101,200	0			SUPPORT EDUCATION OF NURSES

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 COLLEGE OF MEDICINE 1115 WEST CALL STREET G108 TALLAHASSEE,FL 32306	59-6152180	501 (c) (3)	100,000	0			PROGRAM FUNDING CLINICAL TRAINING

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 INC PO BOX 3447 TALLAHASSEE,FL 32315	59-1896178	501 (c) (3)	32,500	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
LEUKEMIA & LYMPHOMA SOCIETY 7077 BONNEVAL RD 103 JACKSONVILLE,FL 32216	13-5644916	501 (c) (3)	12,500	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
MARCH OF DIMES 1990 VILLAGE GREEN WAY 3 TALLAHASSEE,FL 32308	13-1846366	501 (c) (3)	14,200	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
MISSION SAN LUIS 2100 WEST TENNESSEE STREET TALLAHASSEE,FL 32304	59-3753544	501 (c) (3)	10,000	0			GENERAL SUPPORT OF PROGRAM

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
NEIGHBORHOOD HEALTH SERVICES 438 WEST BREVARD STREET TALLAHASSEE,FL 32301	23-7422549	501 (c) (3)	406,000	0			GENERAL PROGRAM SUPPORT

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
RONALD MCDONALD HOUSE 712 EAST 7TH AVENUE TALLAHASSEE,FL 32303	59-2794505	501 (c) (3)	6,500	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
TALLAHASSEE FRIENDS OF PARK 912 MYERS PARK DRIVE TALLAHASSEE,FL 32301	59-2164894	501 (c) (3)	9,507	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
TALLAHASSEE SENIOR CITIZENS 1400 NORTH MONROE ST TALLAHASSEE,FL 32303	59-2040638	501 (c) (3)	15,129	0			EVENT 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
TMH FOUNDATION INC 1331 EAST SIXTH AVENUE TALLAHASSEE,FL 32303	59-1727645	501 (c) (3)	36,200	0			EVENT 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
TOC FOUNDATION INC 3334 CAPITAL MEDICAL BLVD STE TALLAHASSEE,FL 32308	20-5292321	501 (c) (3)	20,000	0			GENERAL PROGRAM SUPPORT

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
UNITED WAY OF BIG BEND 303 EAST 7TH AVENUE TALLAHASSEE,FL 32303	59-6011150	501 (c) (3)	168,106	0			GENERAL SUPPORT

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 P O BOX 1639 TALLAHASSEE,FL 32302	13-4202729	501 (c) (3)	1,635,176	0			ENCOURAGE YOUTH TO EXERCISE

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**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 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

Additional Data

Software ID: 13000170
Software Version: 2013v3.1
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				
ADEKUNLE OMOTAYO MD ASSOCIATE MEDICAL DIRECTOR	(I) (II)	221,933	38,747	19,826	48,100	25,766	354,372	
BONNIE BUTLER SR VP OF QUALITY IMPRV/CLINIC OPE	(I) (II)	212,766	50,000		80,600	6,798	350,164	
DAVID SHAFER MD MEDICAL DOCTOR	(I) (II)	225,540	29,954	12,987	30,600	26,494	325,575	
DENNIS WILLIAMS MD MEDICAL DOCTOR	(I) (II)	341,838			30,600	36,072	408,510	
ERIC SMITH SR VP & CHIEF INFORMATION OFFICER	(I) (II)	256,988	110,000		150,600	16,196	533,784	50,000
ESTRELLITA REDMON MD MEDICAL DIRECTOR	(I) (II)	264,128	110,000		160,600	33,361	568,089	50,000
JOHN HOGAN PRESIDENT & CEO	(I) (II)	504,855	315,000		260,600	16,196	1,096,651	200,000
JOYCE KRAMZER DIRECTOR	(I) (II)	450,000	2,334,095	86,418	412,794	5,767	3,289,074	
KATHLEEN JUGENHEIMER COMPLIANCE OFFICER	(I) (II)	141,545	30,000		50,585	15,794	237,924	
LISA RAWLINGS MD MEDICAL DOCTOR	(I) (II)	358,907			30,600	36,409	425,916	
NANCY VAN VESSEM MD CHIEF MEDICAL OFFICER	(I) (II)	337,800	230,000	3,419	208,100	19,898	799,217	150,000
PAUL BAWEK CPA CONTROLLER	(I) (II)	186,175	40,000		67,568	20,184	313,927	
POLLY WHITE SR VP OF MARKETING/ADMIN SERVICES	(I) (II)	187,472	50,000	3,609	78,930	16,111	336,122	
SABIN BASS CPA SR VP FIN CFO	(I) (II)	269,289	110,000	6,310	150,600	23,152	559,351	50,000
STEPHEN LAROSA MD MEDICAL DOCTOR	(I) (II)	233,866	9,484	12,063	48,100	26,713	330,226	
STEVEN CURRIEO MD MEDICAL DOCTOR	(I) (II)	224,217	46,137	8,564	30,600	27,873	337,391	
TOM GLENNON SR VP OF COMMUNITY DEVELOPMENT	(I) (II)	209,797	50,000		80,600	16,196	356,593	

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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 assistance	(d) Type of assistance	(e) Purpose 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

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

Return Reference	Explanation

Additional Data

Software ID: 13000170
Software Version: 2013v3.1
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**
(1) JESSICA HOGAN	FAMILY MEMBE	94,050	EMPLOYMENT		No
(2) MAUREEN JUGENHEIMER	FAMILY MEMBE	118,159	EMPLOYMENT		No
(3) CAPITAL CITY BANK	DIRECTOR REL	2,878,701	PREMIUM REVENUE		No
(4) AUSLEY MCMULLEN LAW FIRM	DIRECTOR REL	664,813	PREMIUM REVENUE		No
(5) ALPHA EYE CLINIC	DIRECTOR REL	30,947	PREMIUM REVENUE		No
(6) ALPHA AMBULATORY SURGERY	DIRECTOR REL	46,994	MEDICAL FEES		No
(7) ALPHA EYE CLINIC	DIRECTOR REL	225,035	MEDICAL FEES		No
(8) AVAILITY LLC	DIRECTOR REL	176,780	EDI PROCESSING SVCS		No
(9) COMP OPTIONS INS CO INC	DIRECTOR REL	103,029	WORKERS COMP INS		No
(10) BCBS OF FLORIDA	DIRECTOR REL	102,000	ANTI-FRAUD SERVICES		No
(11) BCBS OF FLORIDA	DIRECTOR REL	3,251,597	BLENDED GROUPS		No
(12) INCEPTURE	DIRECTOR REL	139,487	EOB & MEM CARD PROC		No

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CAPITAL HEALTH PLAN INC

Employer identification number
59-1830622

Return Reference	Explanation
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 CAPITAL CITY BANK'S BOARD OF DIRECTORS

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	EXCERPT FROM CAPITAL HEALTH PLAN BY-LAWS-ARTICLE 3, SECTION 1, SUBSECTION B- CORPORATE MEMBERSHIP THE ORGANIZATION'S CORPORATE MEMBERSHIP SHALL CONSIST OF TWENTY-SEVEN (27) MEMBERS NOT LESS THAN FIFTY-ONE (51%) OF THE CORPORATE MEMBERSHIP SHALL BE COMPRISED OF REPRESENTATIVES OF BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC , AND SUCH REPRESENTATIVES OF BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC MAY BE DIRECTORS, OFFICERS, CORPORATE MEMBERS AND/OR EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC NOT MORE THAN FORTY-NINE PERCENT (49%) OF THE CORPORATE MEMBERSHIP SHALL BE OPEN TO ALL PERSONS WHO HAVE BEEN INVITED TO SUCH MEMBERSHIP BY A FIFTY-ONE PERCENT (51%) MAJORITY VOTE OF THE BOARD OF DIRECTORS EXCERPT FROM CAPITAL HEALTH PLAN BY-LAWS-ARTICLE 3, SECTION 2, SUBSECTION B - CORPORATE MEMBERS BY FIFTY-ONE (51%) MAJORITY VOTE, THE CORPORATE MEMBERSHIP SHALL HAVE THE RIGHT, DUTY AND PRIVILEGE TO ELECT THE BOARD OF DIRECTORS CORPORATE MEMBERS SHALL HAVE THE RIGHT TO BE ELECTED OR APPOINTED TO COMMITTEES, AND, IF NOMINATED AND ELECTED IN ACCORDANCE WITH THESE BY-LAWS, TO HOLD OFFICE ON THE BOARD OF DIRECTORS

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	THE CORPORATE MEMBERSHIP, DEFINED IN THE RESPONSE TO PART VI QUESTION 7A, ELECTS THE BOARD OF DIRECTORS OF CAPITAL HEALTH PLAN

Return Reference	Explanation
Form 990, Part VI, Line 11b 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

Return Reference	Explanation
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

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE PRESIDENT AND CEO AND FOR REVIEWING THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION IS BASED ON A NUMBER OF FACTORS INCLUDING PERFORMANCE REVIEWS AGAINST DEFINED GOALS AND OBJECTIVES, AND COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THE DELIBERATIONS, AND ULTIMATELY DECISIONS, REGARDING COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF COMMITTEE AND BOARD MEETINGS THE COMPENSATION COMMITTEE IS COMPRISED EXCLUSIVELY OF INDEPENDENT DIRECTORS MAKING COMPENSATION DECISIONS FOR THE PRESIDENT AND CEO AND REVIEWING THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES

Return Reference	Explanation
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 ARRANAGEMENTS AND SUCH INDEPENDENCE AND ABSENCE OF CONFLICTS WILL BE ASSESSED ON A REGULAR BASIS

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST STATUTORY FILING FINANCIAL DOCUMENTS ARE AVAILABLE THROUGH THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONER'S WEBSITE.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) BLUE CROSS AND BLUE SHIELD OF FLORIDA 4800 DEERWOOD CAMPUS JACKSONVILLE, FL 32246 59-2015694	HEALTH INSURANCE	FL	501 (C) (4)		NA		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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AVAILITY LLC 7406 Fullerton Street Suite 300 Jacksonville, FL 32256 59-3715944	EDI PROCESSING SVCS	FL	NA	N/A				No			No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHEFCO PROPERTY OWNERS ASSOCIATION 2140 CENTERVILLE PLACE TALLAHASSEE, FL 32308 59-3378570	PROPERTY MGMT	FL	NA	C CORP			50 000 %		No
(2) COMP OPTIONS INS CO INC 4800 Deerwood Campus Pkwy Bldg Dcc8 Jacksonville, FL 32246 59-3433503	WORKERS COMP INS	FL	NA	C CORP					No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation