



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



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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

CAPITAL HEALTH PLAN, INC
2140 CENTERVILLE PLACE
TALLAHASSEE, FL 32308

D Employer identification number

59-1830622

E Telephone number

850-383-3333

G Gross receipts \$ 907,259,545.

F Name and address of principal officer

Same As C Above

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (4) (insert no.) 4947(a)(1) or 527

Website: WWW.CAPITALHEALTH.COM

H(c) Group exemption number ▶

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

3 Number of voting members of the governing body (Part VI, line 1a)

3 12

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 7

5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)

5 483

6 Total number of volunteers (estimate if necessary)

6 0

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 0.

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

637,919,561. 676,969,497.

13,010,686. 12,636,884.

963,744. 861,951.

651,893,991. 690,468,332.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

2,993,482. 2,822,154.

14 Benefits paid to or for members (Part IX, column (A), line 4)

573,280,264. 610,581,773.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

44,203,713. 44,833,980.

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

17,654,332. 28,631,705.

18 Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25)

638,131,791. 686,869,612.

19 Revenue less expenses. Subtract line 18 from line 12

13,762,200. 3,598,720.

Not Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

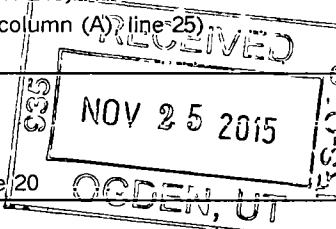
Beginning of Current Year

End of Year

462,307,789. 479,621,595.

84,725,903. 92,520,044.

377,581,886. 387,101,551.



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

11/16/15

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

PTIN

Self-Prepared

self-employed

Firm's name

Firm's address

Firm's EIN

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 05/28/14

Form 990 (2014)

3

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 \$ 650,443,711. including grants of \$ 2,822,154.) (Revenue \$ 690,468,332.)See Schedule O**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 **▶** 650,443,711.

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
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		X
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	X	
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	X	
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
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	X	
24 a 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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
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		X
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 'Yes,' complete Schedule L, Part II		X
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		X
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	X	
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	X	
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	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
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		X
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	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		
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		X
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	X	

BAA

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1,115	
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a 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	483	
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)		X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		
4 a 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)?		X
b If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a 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?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d If 'Yes,' indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
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.		
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		
c Enter the amount of reserves on hand		
14 a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 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
1 a Enter the number of voting members of the governing body at the end of the tax year. 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. See Sch. O	1 a	12
b Enter the number of voting members included in line 1a, above, who are independent	1 b	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? See Schedule O	2	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7 a 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? See Schedule O	7 a	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? See Sch. O	7 b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8 a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8 b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	<input checked="" type="checkbox"/>
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?	10 b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O	12 c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
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. See Schedule O	15 a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization. See Schedule O If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	15 b	<input checked="" type="checkbox"/>
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	<input checked="" type="checkbox"/>
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?	16 b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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. **See Schedule O**

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **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 ContractorsCheck 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****1 a** 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (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) C. DUBOSE AUSLEY DIRECTOR	2 0	X						19,900.	0.	0.
(2) THOMAS A. BARRON SECRETARY	3 0	X		X				26,600.	0.	0.
(3) LILLIE BOGAN DIRECTOR	2 0	X						26,200.	0.	0.
(4) W. KEN BOUTWELL, JR. CHAIRMAN	4 0	X		X				44,000.	0.	0.
(5) DAVID K. COBURN TREASURER	3 0	X		X				21,200.	0.	0.
(6) TOM HERNDON DIRECTOR	2 0	X						28,500.	0.	0.
(7) PATRICIA C. HAYWARD DIRECTOR	2 0	X						26,200.	0.	0.
(8) JOYCE KRAMZER DIRECTOR	2 48	X						0.	2,480,440.	24,003.
(9) ISAAC MOORE, M.D. DIRECTOR	2 0	X						23,000.	0.	0.
(10) WINIFRED H. SCHMELING VICE CHAIRMAN	3 0	X		X				32,400.	0.	0.
(11) J. BRIAN SHEEDY, M.D. DIRECTOR	2 0	X						21,700.	0.	0.
(12) JONATHAN GAVRAS, M.D. Director	2 48	X						0.	2,335,173.	27,859.
(13) JOHN HOGAN PRESIDENT & CEO	50 0			X				850,508.	0.	278,265.
(14) SABIN BASS, CPA SR. VP. FIN CFO	50 0			X				399,152.	0.	176,761.

BAA

TEEA0107L 02/27/14

Form 990 (2014)

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			
(15) NANCY VAN VESSEM, M.D. CHIEF MEDICAL OFFICER	50 0				X			592,671.	0.	231,577.
(16) POLLY WHITE SR. VP. OF MARKETING/ADMIN SER	50 0				X			243,060.	0.	96,186.
(17) BONNIE BUTLER SR. VP. OF QUALITY IMPRV/CLINI	50 0				X			271,157.	0.	88,303.
(18) ERIC SMITH SR. VP. & CHIEF INFORMATION OF	50 0				X			408,361.	0.	168,265.
(19) ESTRELLITA REDMON, M.D. MEDICAL DIRECTOR	50 0				X			310,903.	0.	64,326.
(20) KATHLEEN JUGENHEIMER COMPLIANCE OFFICER	50 0				X			182,794.	0.	68,637.
(21) PAUL BAWEK, CPA CONTROLLER	50 0				X			264,152.	0.	96,108.
(22) TOM GLENNON SR. VP. OF COMMUNITY DEVELOPME	50 0				X			265,042.	0.	98,265.
(23) ADEKUNLE OMOTAYO, M.D. ASSOCIATE MEDICAL DIRECTOR	50 0				X			267,938.	0.	77,277.
(24) LISA RAWLINGS, M.D. MEDICAL DOCTOR	50 0					X		367,406.	0.	69,584.
(25) DENNIS WILLIAMS, M.D. MEDICAL DOCTOR	50 0					X		350,443.	0.	66,807.
1 b Sub-total								5,043,287.	4,815,613.	1,632,223.
c Total from continuation sheets to Part VII, Section A								820,154.	0.	192,591.
d Total (add lines 1b and 1c)								5,863,441.	4,815,613.	1,824,814.

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 **72**

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

	Yes	No
3		X

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

	Yes	No
4	X	

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

	Yes	No
5		X

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	HEALTH CARE	207,677,860.
TALLAHASSEE MEDICAL CENTER INC 2626 CAPITAL MEDICAL BLVD. TALLAHASSEE	HEALTH CARE	43,969,656.
SHANDS TEACHING HOSPITAL 1600 SW ARCHER RD GAINSVILLE, FL 32608	HEALTH CARE	25,216,872.
ANESTHESIOLOGY ASSOC OF TALLAHASSEE 2173 CENTERVILLE PL TALLAHASSEE,	HEALTH CARE	18,509,075.
TALLAHASSEE PRIMARY CARE ASSOC 1803 MICCOSUKEE COMMONS DR STE 102 T	HEALTH CARE	13,251,291.

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 **207**

2014

Name of the Organization

Employer Identification number

CAPITAL HEALTH PLAN, INC

59-1830622

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a <u>PREMIUMS AND COPAYMENTS</u>		Business Code 621491	676969497.	676969497.	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		676969497.			
	Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		9,956,142.	9,956,142.	
4 Income from investment of tax-exempt bond proceeds.						
5 Royalties						
6 a Gross rents		(i) Real 321,245.	(ii) Personal			
b Less: rental expenses		385,666.				
c Rental income or (loss)		-64,421.				
d Net rental income or (loss)				-64,421.		-64,421.
7 a Gross amount from sales of assets other than inventory		(i) Securities 217905863.	(ii) Other 63,550.			
b Less: cost or other basis and sales expenses		215237548.	51,123.			
c Gain or (loss)		2,668,315.	12,427.			
d Net gain or (loss)				2,680,742.	2,680,742.	
8 a 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						
9 a Gross income from gaming activities See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a 2,043,248.				
b Less: cost of goods sold	b 1,116,876.					
c Net income or (loss) from sales of inventory		926,372.	926,372.			
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		690468332.	690532753.	0.	-64,421.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,822,154.	2,822,154.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	610,581,773.	610,581,773.		
5 Compensation of current officers, directors, trustees, and key employees	5,425,379.	1,757,393.	3,667,986.	0.
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.	0.	0.	0.
7 Other salaries and wages	28,172,187.	20,314,426.	7,857,761.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,014,449.	2,111,740.	902,709.	
9 Other employee benefits	6,098,700.	4,059,066.	2,039,634.	
10 Payroll taxes	2,123,265.	1,318,681.	804,584.	
11 Fees for services (non-employees)				
a Management				
b Legal	100,893.		100,893.	
c Accounting	193,587.		193,587.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	118,143.		118,143.	
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,236,743.	62,944.	1,173,799.	
12 Advertising and promotion	203,578.		203,578.	
13 Office expenses	3,289,702.	1,241,232.	2,048,470.	
14 Information technology	2,078,450.	773,472.	1,304,978.	
15 Royalties				
16 Occupancy	2,760,788.	1,893,229.	867,559.	
17 Travel	19,952.	5,657.	14,295.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	200,506.	67,018.	133,488.	
20 Interest	57,917.		57,917.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,684,682.	1,018,115.	666,567.	
23 Insurance	750,613.	418,138.	332,475.	
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	14,134,952.	197,474.	13,937,478.	
b CLINIC SUPPLIES	1,801,199.	1,801,199.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	686,869,612.	650,443,711.	36,425,901.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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	10,394,226.	2	5,614,254.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	25,276,217.	4	30,973,758.
	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	
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	432,971.	8	391,477.
	9 Prepaid expenses and deferred charges	1,979,569.	9	1,609,400.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,979,639.		
	b Less: accumulated depreciation	10b 27,336,079.	27,306,191.	10c 26,643,560.
	11 Investments — publicly traded securities	392,643,000.	11	409,887,552.
	12 Investments — other securities See Part IV, line 11		12	
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	4,268,816.	15	4,494,795.
16 Total assets. Add lines 1 through 15 (must equal line 34)	462,307,789.	16	479,621,595.	
Liabilities	17 Accounts payable and accrued expenses	72,791,174.	17	79,727,983.
	18 Grants payable		18	
	19 Deferred revenue	9,973,000.	19	10,554,861.
	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	1,961,729.	25	2,237,200.
	26 Total liabilities. Add lines 17 through 25	84,725,903.	26	92,520,044.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		377,581,886.	27	387,101,551.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		377,581,886.	33	387,101,551.
34 Total liabilities and net assets/fund balances		462,307,789.	34	479,621,595.

BAA

Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck 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	690,468,332.
2	Total expenses (must equal Part IX, column (A), line 25)	2	686,869,612.
3	Revenue less expenses Subtract line 2 from line 1	3	3,598,720.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	377,581,886.
5	Net unrealized gains (losses) on investments	5	5,920,945.
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	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	387,101,551.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2 a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

BAA

Form 990 (2014)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014**Open to Public
Inspection**

Employer identification number

CAPITAL HEALTH PLAN, INC

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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

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.

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

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

(i) Revenue included 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 Revenue 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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.

1 a 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
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered 'Yes' 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
1 a 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%

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

(i) unrelated organizations

(ii) related organizations

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

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

4 Describe in Part 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
1 a Land		8,327,102.		8,327,102.
b Buildings		26,137,644.	10,806,513.	15,331,131.
c Leasehold improvements				
d Equipment		18,632,181.	15,990,475.	2,641,706.
e Other		882,712.	539,091.	343,621.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,643,560.

BAA

Schedule D (Form 990) 2014

Part VII Investments – Other Securities.

N/A

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		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deferred Compensation	2,237,200.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	2,237,200.

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	689,168,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) 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	689,168,892.
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	118,143.
b	Other (Describe in Part XIII) See Part XIII	4b	1,181,297.
c	Add lines 4a and 4b	4c	1,299,440.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	690,468,332.

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	685,634,592.
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	685,634,592.
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	118,143.
b	Other (Describe in Part XIII) See Part XIII	4b	1,116,877.
c	Add lines 4a and 4b	4c	1,235,020.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	686,869,612.

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.

**Schedule D, Part XI, Line 4b
Other Revenue Included On Form 990 But Not Included In F/S**

COST OF GOODS SOLD	\$ 1,116,876.
NET RENTAL INCOME	64,421.
Total	\$ 1,181,297.

**Schedule D, Part XII, Line 4b
Other Expenses Included On Form 990 But Not Included In F/S**

COST OF GOODS SOLD	\$ 1,116,877.
Total	\$ 1,116,877.

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

2014

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?

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

See Part IV

☒ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) <u>ALZHEIMER'S PROJECT INC.</u> <u>301 EAST THARPE STREET</u> <u>TALLAHASSEE, FL 32303</u>	59-3163907	501 (c) (3)	9,500.	0.			EVENT SPONSORSHIP
(2) <u>AMERICAN CANCER SOCIETY</u> <u>2619 CENTENNIAL BLVD. #101</u> <u>TALLAHASSEE, FL 32308</u>	13-1788491	501 (c) (3)	44,772.	0.			WALK SPONSORSHIP
(3) <u>AMERICAN HEART ASSOCIATION</u> <u>2851 REMINGTON GREEN CIRCLE</u> <u>TALLAHASSEE, FL 32308</u>	13-5613797	501 (c) (3)	21,874.	0.			WALK SPONSORSHIP
(4) <u>AMERICAN LUNG ASSOCIATION</u> <u>539 SILVER SLIPPER LANE STE A</u> <u>TALLAHASSEE, FL 32303</u>	59-0662271	501 (c) (3)	9,850.	0.			WALK SPONSORSHIP
(5) <u>BIG BEND HOSPICE</u> <u>1723 MAHAN CENTER BLVD</u> <u>TALLAHASSEE, FL 32308</u>	59-2328806	501 (c) (3)	25,800.	0.			COMMUNITY PROGRAMS
(6) <u>CAPITAL AREA HEALTH ACCESS</u> <u>2140 CENTERVILLE PL</u> <u>TALLAHASSEE, FL 32308</u>	20-4240456	501 (c) (4)	0.	199,371.	FMV	DEBT CANCELLATION	HEALTH INSURANCE ACCESS
(7) <u>CAPITAL MEDICAL SOCIETY</u> <u>1204 MICCOSUKEE ROAD</u> <u>TALLAHASSEE, FL 32308</u>	23-7026264	501 (c) (6)	35,000.	0.			GENERAL SUPPORT PROGRAM
(8) <u>FL TAXWATCH RESEARCH INST INC</u> <u>P O BOX 10209</u> <u>TALLAHASSEE, FL 32301</u>	59-1918055	501 (c) (3)	25,000.	0.			EVENT SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

17

3 Enter total number of other organizations listed in the line 1 table

2

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

TEEA3901L 06/19/14

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. 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
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**Part 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

CAPITAL HEALTH PLAN MAINTAINS OVERSIGHT WITH THE ORGANIZATIONS IT PROVIDES SUPPORT TO
THROUGH MONITORING AND INVOLVEMENT ON BOARDS OF DIRECTORS AND ADVISORY COMMITTEES.

Continuation Sheet for Schedule I (Form 990)

2014

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 2

Name of the organization		Employer identification number					
CAPITAL HEALTH PLAN, INC		59-1830622					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 P.O. BOX 3062739 TALLAHASSEE, FL 32306	59-6152180	501 (c) (3)	100,000.				SUPPORT EDUCATION OF NURSES
FND FOR LEON CNTY SCHOOLS 725 S CALHOUN ST TALLAHASSEE, FL 32301	59-2852594	501 (c) (3)	7,500.				GENERAL PROGRAM SUPPORT
FSU COLLEGE OF MEDICINE 1115 WEST CALL STREET, G108 TALLAHASSEE, FL 32306	59-6152180	501 (c) (3)	100,000.				PROGRAM FUNDING CLINICAL TRAINING
GULF WINDS TRACK CLUB, INC P.O. BOX 3447 TALLAHASSEE, FL 32315	59-1896178	501 (c) (3)	13,000.				WALK SPONSORSHIP
MARCH OF DIMES 1990 VILLAGE GREEN WAY #3 TALLAHASSEE, FL 32308	13-1846366	501 (c) (3)	11,308.				WALK SPONSORSHIP
NEIGHBORHOOD HEALTH SERVICES 438 WEST BREVARD STREET TALLAHASSEE, FL 32301	23-7422549	501 (c) (3)	405,997.				GENERAL PROGRAM SUPPORT
TALLAHASSEE FRIENDS OF PARK 912 MYERS PARK DRIVE TALLAHASSEE, FL 32301	59-2164894	501 (c) (3)	9,750.				WALK SPONSORSHIP
TALLAHASSEE SENIOR CITIZENS 1400 NORTH MONROE ST TALLAHASSEE, FL 32303	59-2040638	501 (c) (3)	15,000.				EVENT SPONSORSHIP
TMH FOUNDATION, INC 1331 EAST SIXTH AVENUE TALLAHASSEE, FL 32303	59-1727645	501 (c) (3)	21,200.				EVENT SPONSORSHIP
UNITED WAY OF BIG BEND 303 EAST 7TH AVENUE TALLAHASSEE, FL 32303	59-6011150	501 (c) (3)	174,651.				GENERAL SUPPORT

TEEA4001L 06/19/14

Schedule I Cont (Form 990) 2014

2014

Continuation Page 2 of 2

Employer identification number

59-1830622

(Form 990), Part II.)

ENCOURAGE YOUTH TO EXERCISE

Schedule I Cont (Form 990) 2014

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

CAPITAL HEALTH PLAN, INC

Employer identification number

59-1830622

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

Part III 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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
JOYCE KRAMZER							
1 DIRECTOR	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 458,491.	1,969,930.	52,019.	17,500.	6,503.	2,504,443.	0.
JOHN HOGAN							
2 PRESIDENT & CEO	(i) 535,508.	315,000.	0.	261,200.	17,065.	1,128,773.	200,000.
	(ii) 0.	0.	0.	0.	0.	0.	0.
SABIN BASS, CPA							
3 SR. VP. FIN CFO	(i) 280,402.	110,000.	8,750.	151,200.	25,561.	575,913.	50,000.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JONATHAN GAVRAS, M.D.							
4 Director	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 369,973.	1,545,515.	419,685.	23,000.	4,859.	2,363,032.	0.
NANCY VAN VESSEM, M.D.							
5 CHIEF MEDICAL OFFICER	(i) 352,141.	230,000.	10,530.	208,698.	22,879.	824,248.	150,000.
	(ii) 0.	0.	0.	0.	0.	0.	0.
POLLY WHITE							
6 SR. VP. OF MARKETING/ADMIN SERVICES	(i) 193,060.	50,000.	0.	79,167.	17,019.	339,246.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
BONNIE BUTLER							
7 SR. VP. OF QUALITY IMPRV/CLINIC OPE	(i) 221,157.	50,000.	0.	81,200.	7,103.	359,460.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ERIC SMITH							
8 SR. VP. & CHIEF INFORMATION OFFICER	(i) 267,851.	110,000.	30,510.	151,200.	17,065.	576,626.	50,000.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ESTRELLITA REDMON, M.D.							
9 MEDICAL DIRECTOR	(i) 163,126.	110,000.	37,777.	41,968.	22,358.	375,229.	50,000.
	(ii) 0.	0.	0.	0.	0.	0.	0.
KATHLEEN JUGENHEIMER							
10 COMPLIANCE OFFICER	(i) 147,127.	30,000.	5,667.	51,935.	16,702.	251,431.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
PAUL BAWEK, CPA							
11 CONTROLLER	(i) 194,264.	40,000.	29,888.	71,200.	24,908.	360,260.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
TOM GLENNON							
12 SR. VP. OF COMMUNITY DEVELOPMENT	(i) 215,042.	50,000.	0.	81,200.	17,065.	363,307.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ADEKUNLE OMOTAYO, M.D.							
13 ASSOCIATE MEDICAL DIRECTOR	(i) 223,944.	43,994.	0.	48,698.	28,579.	345,215.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
LISA RAWLINGS, M.D.							
14 MEDICAL DOCTOR	(i) 367,406.	0.	0.	31,200.	38,384.	436,990.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DENNIS WILLIAMS, M.D.							
15 MEDICAL DOCTOR	(i) 350,443.	0.	0.	31,200.	35,607.	417,250.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
STEVEN CURRIEO, M.D.							
16 MEDICAL DOCTOR	(i) 228,447.	48,732.	8,778.	31,200.	26,839.	343,996.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

TEEA4102L 06/19/14

Schedule J (Form 990) 2014

BAA

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.

2014

Continuation Page 1 of 1

Name of the organization

CAPITAL HEALTH PLAN, INC

Employer identification number

59-1830622

Part II	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)
---------	---

[illegible]

TEEA4201L 06/19/14

Schedule J Cont (Form 990) 2014

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

OMB No 1545-0047

2014

**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), section 501(c)(4), and 501(c)(29) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$						

Part III Grants or Assistance Benefiting 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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

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
(1) JESSICA HOGAN	FAMILY MEMBE	104,054.	EMPLOYMENT		X
(2) MAUREEN BURNS	FAMILY MEMBE	123,917.	EMPLOYMENT		X
(3) CAPITAL CITY BANK	DIRECTOR REL	2,983,594.	PREMIUM REVENUE		X
(4) AUSLEY MCMULLEN LAW FIRM	DIRECTOR REL	673,381.	PREMIUM REVENUE		X
(5) ALPHA EYE CLINIC	DIRECTOR REL	25,669.	PREMIUM REVENUE		X
(6) ALPHA AMBULATORY SURGERY	DIRECTOR REL	51,076.	MEDICAL FEES		X
(7) ALPHA EYE CLINIC	DIRECTOR REL	227,386.	MEDICAL FEES		X
(8) AVAILITY, LLC	DIRECTOR REL	77,676.	EDI PROCESSING SVCS		X
(9) COMP OPTIONS INS CO., INC	DIRECTOR REL	69,258.	WORKERS COMP INS		X
(10) BCBS OF FLORIDA	DIRECTOR REL	102,000.	ANTI-FRAUD SERVICES		X

Part V Supplemental Information

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

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
(1) BCBS OF FLORIDA	DIRECTOR REL	3,099,081.	BLENDED GROUPS		X
(2) INCEPTURE	DIRECTOR REL	188,728.	EOB & MEM CARD PROC		X
(3) PRIME THERAPEUTICS, LLC	DIRECTOR REL	79,981,432.	PHARMACY PROVIDER		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public
Inspection

CAPITAL HEALTH PLAN, INC

Employer identification number

59-1830622

Form 990, Part III, Line 4a - Program Service Accomplishments

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 128,000 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 8 OPTOMETRISTS WHO
PRACTICE IN TWO STATE-OF-THE-ART HEALTH CENTERS THE PLAN HAS DEVELOPED. THESE HEALTH
CENTERS ARE EQUIPPED WITH ELECTRONIC MEDICAL RECORDS AND CAN ACCOMMODATE A BROAD
RANGE OF PRIMARY AND SPECIALIST CARE SERVICES INCLUDING EVENING AND WEEKEND URGENT
CARE, LAB, X-RAY AND DIGITAL MAMMOGRAPHY. CHP'S ABILITY TO OFFER A HIGHLY ORGANIZED
COMPONENT OF ITS DELIVERY SYSTEM TO ITS MEMBERS HAS PROVIDED UNIQUE OPPORTUNITIES FOR
IMPROVING HEALTH CARE OUTCOMES. THE STAFF COMPONENT OF CHP'S DELIVERY SYSTEM
CONSISTENTLY PRODUCES BETTER RESULTS ON MEASURES OF CLINICAL CARE,

Name of the organization

CAPITAL HEALTH PLAN, INC

Employer identification number

59-1830622

Form 990, Part III, Line 4a - Program Service Accomplishments

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 16TH IN THE NATION BY NCQA FOR COMMERCIAL INSURANCE AND THE 4TH 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 MARKETPLACE IMPACTS, CHP DIRECTLY INVESTS IN THE COMMUNITY IT SERVES THROUGH A FORMAL COMMUNITY BENEFIT POLICY ADOPTED BY ITS BOARD OF DIRECTORS. THE POLICY FOCUSES THE ORGANIZATION'S COMMUNITY BENEFIT INITIATIVES IN THREE PRIMARY AREAS:

ADDRESSING MARKET FAILURES- CHP 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 DIVIDEND DERIVED FROM THE ORGANIZATION'S ONGOING FOCUS ON EXCELLENT CLINICAL CARE AND SERVICE TO ITS MEMBERS.

Name of the organization

CAPITAL HEALTH PLAN, INC

Employer identification number

59-1830622

Form 990, Part III, Line 4a - Program Service Accomplishments

2014 ACCOMPLISHMENTS AND BENEFIT TO THE COMMUNITY

HIGHLIGHTS OF CAPITAL HEALTH PLAN'S CONTRIBUTIONS TO THE HEALTH OF THE TALLAHASSEE AREA IN 2014 INCLUDE THE FOLLOWING:

AFFORDABILITY

CAPITAL HEALTH PLAN'S COMMERCIAL PREMIUM YIELD INCREASED 3.4% FOR 2014. CHP HAS MAINTAINED TEN 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 24 YEARS, AND IN 2014 TOTALED 3.5% 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 SATISFACTION

CHP WAS RANKED 16TH IN THE NATION FOR COMMERCIAL INSURANCE BY NCQA'S HEALTH INSURANCE RANKING. CHP'S MEDICARE PLAN WAS RANKED 4TH IN THE NATION ACCORDING TO NCQA'S

Name of the organization

CAPITAL HEALTH PLAN, INC

Employer identification number

59-1830622

Form 990, Part III, Line 4a - Program Service Accomplishments

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 INITIATIVES

IN ACCORDANCE WITH OUR COMMUNITY BENEFIT POLICY, THE FOLLOWING INITIATIVES WERE SUPPORTED IN 2014:

ADDRESSING MARKET FAILURE/UNINSURED AND UNDERINSURED

CAPITAL HEALTH PARTNERSHIP - THIS IS A "THREE-SHARE" PROGRAM ESTABLISHED TO HELP THE UNINSURED IN OUR COMMUNITY BY PROVIDING 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

Name of the organization

CAPITAL HEALTH PLAN, INC

Employer identification number

59-1830622

Form 990, Part III, Line 4a - Program Service Accomplishments

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 HEALTH

CHP CHAMPIONS PROGRAM - THIS IS A PUBLIC SCHOOL PARTNERSHIP CREATED TO HELP STEM THE TIDE OF CHILDHOOD OBESITY BY OFFERING FITNESS PROGRAMS BEFORE AND AFTER SCHOOL. IT WAS DEVELOPED AS A COLLABORATIVE PARTNERSHIP WITH LEON COUNTY SCHOOLS AND THE TALLAHASSEE AREA CHAMBER OF COMMERCE WITH SERVICES PROVIDED THROUGH TITUS SPORTS ACADEMY. CHP STARTED THE PROGRAM IN 2006. THE PROGRAM IS OFFERED TO ALL PUBLIC ELEMENTARY AND MIDDLE SCHOOL CHILDREN. CURRENTLY, OVER 17,800 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 TRAINING

CHP CONTINUED FUNDING A 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

Name of the organization

CAPITAL HEALTH PLAN, INC

Employer identification number

59-1830622

Form 990, Part III, Line 4a - Program Service Accomplishments

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 2014.

Form 990, Part VI, Line 1a - Explanation of Material Differences of Voting Rights

EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS:

COMMITTEE IS COMPRISED OF SIX (6) MEMBERS OF THE BOARD OF DIRECTORS, INCLUDING THE FOUR (4) OFFICERS OF THE ORGANIZATION: CHAIRMAN, VICE CHAIRMAN, SECRETARY AND TREASURER. THE COMMITTEE, AS PROVIDED IN ITS CORPORATE BY-LAWS, '...IS AUTHORIZED TO ACT IN PLACE OF THE BOARD OF DIRECTORS AND TO HAVE SUCH AUTHORITY AND POWERS OF THE BOARD BETWEEN MEETINGS OF THE BOARD... EXCEPT AS SUCH AUTHORITY AND POWERS MAY BE RESERVED TO THE BOARD OF DIRECTORS OR BE LIMITED BY THE ARTICLES OF INCORPORATION, THE BY-LAWS, OR A SPECIFIC RESOLUTION OF THE BOARD OF DIRECTORS.'

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

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.

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

Name of the organization

CAPITAL HEALTH PLAN, INC

Employer identification number

59-1830622

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body (continued)

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.

Form 990, Part VI, Line 7b - 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.

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.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

ALL OFFICERS AND ALL EMPLOYEES ARE REQUIRED, UPON HIRE AND ON AN ANNUAL BASIS, TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT. MEMBERS OF CHP'S BOARD OF DIRECTORS ALSO ARE REQUIRED, UPON ELECTION TO THE BOARD AND ON AN ANNUAL BASIS, TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT.

Form 990, Part VI, Line 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

Name of the organization

CAPITAL HEALTH PLAN, INC

Employer identification number

59-1830622

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)

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.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

THE COMPENSATION COMMITTEE IS AUTHORIZED TO ACT ON BEHALF OF THE BOARD OF DIRECTORS, AND IS RESPONSIBLE FOR COMPENSATION MATTERS INCLUDING:

DETERMINING REASONABLENESS OF COMPENSATION FOR SENIOR MANAGEMENT AND OTHER DISQUALIFIED PERSONS; EVALUATING SENIOR MANAGERS AND OTHER DISQUALIFIED PERSONS' COMPENSATION PLANS, POLICIES AND PROGRAMS; REVIEWING BENEFIT PLANS FOR SENIOR MANAGERS AND OTHER DISQUALIFIED PERSONS AND VERIFYING THAT COMPENSATION INFORMATION IS APPROPRIATELY AND FULLY DISCLOSED.

COMMITTEE MEMBERSHIP INCLUDES ONLY INDEPENDENT DIRECTORS, HAVING NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AND SUCH INDEPENDENCE AND ABSENCE OF CONFLICTS WILL BE ASSESSED AT EACH MEETING PRIOR TO CONDUCTING BUSINESS.

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.

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.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

CAPITAL HEALTH PLAN, INC

Employer identification number

59-1830622

OMB No 1545-0047

2014

Open to Public Inspection

Part III 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
(1) ----- ----- ----- -----					
(2) ----- ----- ----- -----					
(3) ----- ----- ----- -----					

Part III 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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) BLUE CROSS AND BLUE SHIELD OF FLOR 4800 DEERWOOD CAMPUS JACKSONVILLE, FL 32246 59-2015694	HEALTH INSURANCE	FL	501 (C) (4)		N/A		X
(2) ----- ----- ----- -----							
(3) ----- ----- ----- -----							
(4) ----- ----- ----- -----							

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

TEEA5001L 08/22/14

Schedule R (Form 990) 2014

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 See Part VII	(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) Dispropor- tionate 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) <u>AVAILITY LLC</u> <u>7406 Fullerton S</u> <u>Jacksonville, FL</u> <u>59-3715944</u>	EDI PROCESSING SVCS	FL	N/A		0.			X	N/A		X	
(2) ----- ----- -----												
(3) ----- ----- -----												

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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) <u>CHEFCO PROPERTY OWNERS ASSOCIA</u>	PROPERTY MGMT	FL	N/A	C CORP	0.	0.	50.00		X
<u>2140 Centerville Place</u>									
<u>TALLAHASSEE, FL 32308</u>									
<u>59-3378570</u>									
(2) <u>COMP OPTIONS INS CO INC</u>	WORKERS COMP INS	FL	N/A	C CORP	0.	0.			X
<u>4800 Deerwood Campus Pkwy</u>									
<u>Jacksonville, FL 32246</u>									
<u>59-3433503</u>									
(3) -----									

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

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

Part III - Partnership Full Name, Address, FEIN

AVAILITY LLC 59-3715944 7406 Fullerton Street Suite 300 Jacksonville,
FL 32256