



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



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

AMERICA'S HEALTH INSURANCE PLANS (AHIP) IS THE NATIONAL TRADE ASSOCIATION REPRESENTING THE HEALTH INSURANCE INDUSTRY. AHIP'S MEMBERS PROVIDE HEALTH AND SUPPLEMENTAL BENEFITS TO MILLIONS OF AMERICANS THROUGH EMPLOYER-SPONSORED COVERAGE, THE INDIVIDUAL INSURANCE MARKET, AND PUBLIC PROGRAMS SUCH AS MEDICARE AND MEDICAID. AHIP ADVOCATES FOR PUBLIC POLICIES THAT EXPAND ACCESS TO AFFORDABLE HEALTH CARE COVERAGE TO ALL AMERICANS THROUGH A COMPETITIVE MARKETPLACE THAT FOSTERS CHOICE, QUALITY AND INNOVATION.

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 \$ including grants of \$)	(Revenue \$)
ADVOCACY The federal affairs team directs the association’s legislative strategy, advocates the industry’s positions, educates policymakers on industry issues and manages relationships on Capitol Hill and with the Administration. Federal affairs actively works on all significant pieces of health care legislation, as well as coordinating the industry’s response to congressional oversight activities. AHIP’s state affairs team coordinates the industry’s advocacy efforts on legislation and regulation in all 50 states. Working closely with member-compnsed state strategy teams, as well as state-based health insurance plan trade associations, AHIP’s state affairs manages a national network of lobbying consultants and tracks more than 10,000 pieces of legislation and regulations.			

4b	(Code)	(Expenses \$ including grants of \$)	(Revenue \$)
POLICY, REGULATORY AND CLINICAL AHIP’s advocacy is complimented by a robust policy, regulatory, clinical and legal operation. The policy team leads the industry’s public policy strategy, provides analysis of legislation and policy proposals, and develops policy proposals. The policy operation includes a team of experts devoted to specific insurance products. The regulatory team brings a solutions-oriented approach to its analysis of private market regulation and funding and regulatory changes to public programs. The Regulatory team works closely with all the key federal agencies as well as the NAIC and state insurance commissioners. THE CLINICAL TEAM WORKS CLOSELY WITH INDUSTRY CHIEF MEDICAL DIRECTORS AND CHIEF OPERATING OFFICERS TO SPEARHEAD A WIDE RANGE OF INITIATIVES RELATED TO THE INDUSTRY’S VALUE PROPOSITION, TRANSFORMATION OF THE DELIVERY SYSTEM, RECOGNITION AND ENHANCEMENT OF MEDICAL MANAGEMENT TOOLS AND IMPROVING THE OVERALL QUALITY OF HEALTH CARE AND HEALTH FOR THEIR MEMBERS. AHIP’S CONTRACT AND/OR COOPERATIVE AGREEMENTS WITH GOVERNMENT AGENCIES FOCUS ON POPULATION AND PUBLIC HEALTH OUTREACH AND PROGRAMS THAT ALIGN WITH OR COMPLIMENT FEDERAL INITIATIVES. PUBLIC AFFAIRS AND RESEARCH AHIP conducts and publishes original research and provides analysis and commentary on the research of others. They seek to demonstrate the value proposition of private health insurance plans, and educate the policy community and news media about key products and market segments that are of interest to policymakers. AHIP’s public affairs staff works proactively to shape news coverage and opinion leader dialogue around important health policy and industry specific issues. Public Affairs staff conducts public opinion research to monitor industry issues and develop effective messages, while also utilizing new media tools for rapid response and fact checking.			

4c	(Code)	(Expenses \$ including grants of \$)	(Revenue \$)
CONFERENCES AND EDUCATION For more than 50 years, America’s Health Insurance Plans has been educating health care professionals focused on continuously improving our health care system. AHIP’s unique combination of conferences, self study courses, multimedia, white papers, and designation programs provide the flexibility to meet the diverse needs of professionals of all levels. Our educational programs focus on the newest approaches, trends and emerging issues. The Conferences and Education staff continuously update programs to ensure they are relevant and beneficial to the evolving health care system.			

4d	Other program services (Describe in Schedule O)	(Expenses \$ including grants of \$)	(Revenue \$)
-----------	--	---------------------------------------	---------------

4e Total program service expenses ►

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a125		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a173		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	36	
1b	Enter the number of voting members included in line 1a, above, who are independent	32	
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►DAWN BANDA 601 PENNSYLVANNIA AVENUE NW 500 WASHINGTON, DC 20004 (202) 778-3200

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

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

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	11,249,432	0	662,708

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 ► 87

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LOCUST STREET GROUP, 100 M ST SE STE 600 WASHINGTON, DC 20003	ADVOCACY	6,222,562
PURPLE STRATEGIES LLC, 815 SLATERS LANE ALEXANDRIA, VA 22314	ADVOCACY	2,663,574
WEB COURSE WORKS, 7617 MINERAL POINT ROAD STE 301 MADISON, WI 53717	LMS SERVICES	1,862,296
WRB COMMUNICATION INC, 4200 LAFAYETTE CTR DRIVE STE J CHANTILLY, VA 20151	CALL CENTER	1,001,521
DRAGONFLY CONSULTANTS LLC, PO BOX 56103 METAIRIE, LA 700556103	CONFERENCE AV	687,789

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 ▶ 5

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,381,645			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	231,441			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶			1,613,086		
Program Service Revenue	2a	MEMBERSHIP DUES AND ASSESSMENTS	Business Code				
			900099	40,426,166	40,426,166		
	b	CONFERENCE SPONSORSHIPS	900099	9,637,469	9,637,469		
	c	EDUCATIONAL PROGRAMS	900099	12,488,250	12,488,250		
	d	CONFERENCE REGISTRATION	900099	3,550,998	3,550,998		
	e	ENGAGEMENT PROGRAMS AND ALLIANCES	900099	1,185,387	1,185,387		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶			67,288,270		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		375,687			375,687
	4	Income from investment of tax-exempt bond proceeds . . . ▶		0			
	5	Royalties ▶		322,682		322,682	
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)	0 0				
	d	Net rental income or (loss) ▶		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		10,892,360					
	b	Less cost or other basis and sales expenses	10,663,866				
	c	Gain or (loss)	228,494				
	d	Net gain or (loss) ▶		228,494			228,494
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities ▶		0			
	10a	Gross sales of inventory, less returns and allowances . .	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . . . ▶		0			
	Miscellaneous Revenue	Business Code					
11a	SUBLEASE, ADMIN, & MISCELLANEOUS	561000	251,692	251,692			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶			251,692			
12	Total revenue. See Instructions ▶			70,079,911	67,539,962	322,682	604,181

Part IX Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	8,591,494			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	19,811,500			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,661,346			
9	Other employee benefits.	1,976,361			
10	Payroll taxes.	1,384,518			
11	Fees for services (non-employees):				
a	Management.	2,720,640			
b	Legal.	2,837,782			
c	Accounting.	311,997			
d	Lobbying.	10,938,694			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	60,860			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	746,906			
12	Advertising and promotion.	1,121,665			
13	Office expenses.	2,124,666			
14	Information technology.	512,136			
15	Royalties.	0			
16	Occupancy.	3,533,842			
17	Travel.	752,063			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	4,371,423			
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	1,391,106			
23	Insurance.	216,809			
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	SUB CONTRACTORS	971,524			
b	ADVOCACY - SCHEDULE O	1,423,500			
c	INSURANCE EDUCATION PROGRAM	2,335,778			
d	OTHER EXPENSES	2,562,718			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	72,359,328			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		7,628,460	1	6,330,557	
	2	Savings and temporary cash investments		7,747	2	0	
	3	Pledges and grants receivable, net		175,721	3	120,634	
	4	Accounts receivable, net		3,306,142	4	1,585,246	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges		1,326,220	9	828,931	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,809,941			
	b	Less: accumulated depreciation	10b	1,166,488	466,994	10c	643,453
	11	Investments—publicly traded securities		15,339,845	11	12,428,788	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		3,206,524	14	4,953,261	
	15	Other assets. See Part IV, line 11		312,616	15	462,165	
16	Total assets. Add lines 1 through 15 (must equal line 34)		31,770,269	16	27,353,035		
Liabilities	17	Accounts payable and accrued expenses		6,048,245	17	6,400,158	
	18	Grants payable		0	18	0	
	19	Deferred revenue		16,520,563	19	13,953,530	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		8,262,737	25	8,754,924	
	26	Total liabilities. Add lines 17 through 25		30,831,545	26	29,108,612	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		938,724	27	-1,755,577	
28		Temporarily restricted net assets		0	28	0	
29		Permanently restricted net assets		0	29	0	
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building or equipment fund			31		
32		Retained earnings, endowment, accumulated income, or other funds			32		
33		Total net assets or fund balances		938,724	33	-1,755,577	
34		Total liabilities and net assets/fund balances		31,770,269	34	27,353,035	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,079,911
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,359,328
3	Revenue less expenses Subtract line 2 from line 1	3	-2,279,417
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	938,724
5	Net unrealized gains (losses) on investments	5	-414,884
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-1,755,577

Part XII

Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
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	Yes	
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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	

Additional Data

Software ID:
Software Version:
EIN: 36-2087641
Name: AMERICA'S HEALTH INSURANCE PLANS INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

[illegible]

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (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			
WILLIAM CAMERON BOARD MEMBER	1 0 0 0	X						0	0	0
DAVID CORDANI BOARD MEMBER	1 0 0 0	X						0	0	0
MICHAEL CROPP BOARD MEMBER	1 0 0 0	X						0	0	0
MICHAEL DUDLEY BOARD MEMBER	1 0 0 0	X						0	0	0
ELENA EDWARDS BOARD MEMBER	1 0 0 0	X						0	0	0
STEVE ERKENBRACK Board Member	1 0 0 0	X						0	0	0
MICHAEL GALLAGHER BOARD MEMBER	1 0 0 0	X						0	0	0
MARK GANZ BOARD CHAIR	1 0 0 0	X		X				0	0	0
JAY GELLERT BOARD MEMBER	1 0 0 0	X						0	0	0
PATRICK GERAGHTY BOARD MEMBER	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (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			
RICK HAINES BOARD MEMBER	1 0 0 0	X						0	0	0
PATRICIA HEMINGWAY HALL BOARD MEMBER	1 0 0 0	X						0	0	0
DANIEL HILFERTY BOARD MEMBER	1 0 0 0	X						0	0	0
DAVID HOLMBERG BOARD MEMBER	1 0 0 0	X						0	0	0
ROBERT MARINO BOARD MEMBER	1 0 0 0	X						0	0	0
PAUL MARKOVICH BOARD MEMBER	1 0 0 0	X						0	0	0
JOSEPH MARIO MOLINA BOARD MEMBER	1 0 0 0	X						0	0	0
JOSEPH PRAY BOARD MEMBER	1 0 0 0	X						0	0	0
ROBERT REED BOARD MEMBER	1 0 0 0	X						0	0	0
JAMES ROOSEVELT BOARD MEMBER	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (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			
ERIC SCHULTZ PAST BOARD CHAIR	1 0 0 0	X		X				0	0	0
DEANNA STRABLE BOARD MEMBER	1 0 0 0	X						0	0	0
JOSEPH SWEDISH BOARD MEMBER	1 0 0 0	X						0	0	0
BERNARD TYSON BOARD MEMBER	1 0 0 0	X						0	0	0
BRADLEY WILSON BOARD MEMBER	1 0 0 0	X						0	0	0
STEVEN YOUSO BOARD MEMBER	1 0 0 0	X						0	0	0
MARILYN TAVENNER INCOMING PRESIDENT & CEO	39 0 1 0			X				430,294	0	342
KAREN IGNAGNI OUTGOING PRESIDENT & CEO	39 0 1 0			X				1,729,360	0	38,537
ARYANA KHALID EXECUTIVE VP/SECRETARY	39 0 1 0			X				144,712	0	958
CHARLES STELLAR OUTGOING EXEC VP/SECRETARY	39 0 1 0			X				1,340,891	0	50,311

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (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			
MARY BETH DONAHUE EXECUTIVE VP	40 0 0 0			X				707,155	0	64,522
BETH LEONARD FABBRI EXECUTIVE VP	40 0 0 0				X			522,648	0	42,734
CARMELLA BOCCHINO EXECUTIVE VP	39 0 1 0				X			704,902	0	51,822
DANIEL DURHAM EXECUTIVE VP	40 0 0 0				X			655,823	0	50,237
THOMAS AMONTREE EXECUTIVE VP	40 0 0 0				X			481,566	0	32,919
MATT EYLES EXECUTIVE VP	39 0 1 0				X			592,761	0	27,986
JOSEPH MILLER OUTGOING GENERAL COUNSEL	40 0 0 0				X			584,158	0	45,092
JULIE MILLER GENERAL COUNSEL	40 0 0 0				X			412,642	0	24,792
DIANA DENNETT COUNSEL&VP OF GLOBAL AFFAIRS	40 0 0 0					X		1,076,234	0	52,086
MARK HAMELBURG SENIOR VP	40 0 0 0					X		544,780	0	46,731

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (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			
JEREMY ALLEN SENIOR VP	40 0 0 0					X		492,512	0	41,875
MARK PRATT SENIOR VP	40 0 0 0					X		484,086	0	44,326
ERIK KOMENDANT SENIOR VP	40 0 0 0					X		344,908	0	47,438

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AMERICA'S HEALTH INSURANCE PLANS inc	Employer identification number 36-2087641
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1	Were substantially all (90% or more) dues received nondeductible by members?	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		No
		3	Yes

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	40,426,166
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	18,782,416
b	Carryover from last year	2b	-1,440,458
c	Total	2c	17,341,958
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	18,894,160
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-1,552,202

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICA'S HEALTH INSURANCE PLANS inc

Employer identification number
36-2087641

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	

Total number of conservation easements

 2a || b |

Total acreage restricted by conservation easements

 2b || c |

Number of conservation easements on a certified historic structure included in (a)

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

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

☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

(i) unrelated organizations

(ii) related organizations

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,142,754	630,708	512,046
e Other		667,187	535,780	131,407
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				643,453

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	69,604,167
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-414,884
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	-414,884
3	Subtract line 2e from line 1	3	70,019,051
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	60,860
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	60,860
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	70,079,911

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	72,298,468
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	72,298,468
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	60,860
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	60,860
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5	72,359,328

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2	AHIP complies with the provisions of Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 740, Income Taxes. The FASB ASC requires tax effects from uncertain tax positions to be recognized in the financial statements only if the position is more likely than not to be sustained if the position were to be challenged by a taxing authority. The benefit of a tax position is recognized in the financial statements in the period during which, based on all available evidence, management believes it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any. Tax positions taken are not offset or aggregated with other positions. During the year ended 2015, AHIP did not identify any uncertain tax positions that qualify for either recognition or disclosure in the financial statements. Income tax returns filed by AHIP are subject to examination by the Internal Revenue Service for a period of three years. While no income tax returns are currently being examined by the Internal Revenue Service, tax years since 2012 remain open.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

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

2015

Open to Public Inspection

Name of the organization
AMERICA'S HEALTH INSURANCE PLANS inc

Employer identification number
36-2087641

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
Schedule J, part I, line 4b	No contributions were made to the 457(f) plan during the 2015 calendar year. Distributions made from the plan include \$804,711 to Diana Dennett, \$40,953 to Mary Beth Donahue, and \$803,015 to Charles Stellar.

Additional Data

Software ID:

Software Version:

EIN: 36-2087641

Name: AMERICA'S HEALTH INSURANCE PLANS inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Marilyn TAVENNER Incoming President & CEO	(i)	395,294		35,000		342	430,636	
	(ii)					-	-	
1KAREN IGNAGNI Outgoing President & CEO	(i)	1,027,932	700,000	1,428	19,150	19,387	1,767,897	
	(ii)					-	-	
2CHARLES STELLAR Outgoing Exec VP/Secretary	(i)	421,735		919,156	37,396	12,915	1,391,202	803,015
	(ii)					-	-	
3MARY BETH DONAHUE Executive VP	(i)	516,202	150,000	40,953	37,770	26,752	771,677	40,953
	(ii)					-	-	
4BETH LEONARD FABBRI Executive VP	(i)	397,648	125,000		18,405	24,329	565,382	
	(ii)					-	-	
5CARMELLA BOCCHINO Executive VP	(i)	524,902	180,000		37,760	14,062	756,724	
	(ii)					-	-	
6DANIEL DURHAM Executive VP	(i)	555,823	100,000		18,438	31,799	706,060	
	(ii)					-	-	
7THOMAS AMONTREE Executive VP	(i)	401,566	80,000		19,400	13,519	514,485	
	(ii)					-	-	
8MATT EYLESEXECUTIVE VP	(i)	442,761	150,000		1,555	26,431	620,747	
	(ii)					-	-	
9JOSEPH MILLER Outgoing General Counsel	(i)	494,158	90,000		19,834	25,258	629,250	
	(ii)					-	-	
10JULIE MILLER General Counsel	(i)	382,642	30,000		19,812	4,980	437,434	
	(ii)					-	-	
11DIANA DENNETT Counsel&VP of Global Affairs	(i)	97,850		978,384	28,584	23,502	1,128,320	804,711
	(ii)					-	-	
12MARK HAMELBURG Senior VP	(i)	419,780	125,000		19,875	26,856	591,511	
	(ii)					-	-	
13JEREMY ALLENSENIOR VP	(i)	352,512	140,000		19,084	22,791	534,387	
	(ii)					-	-	
14MARK PRATTSENIOR VP	(i)	399,086	85,000		19,844	24,482	528,412	
	(ii)					-	-	
15ERIK KOMENDANT Senior VP	(i)	304,908	40,000		19,875	27,563	392,346	
	(ii)					-	-	

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

Additional Data

Software ID:
Software Version:
EIN: 36-2087641
Name: AMERICA'S HEALTH INSURANCE PLANS inc

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHET BURRELL	BOARD MEMBER OF AHIP &	1,555,580	HEALTH INSURANCE PLAN		No
(2) -	PRESIDENT AND CEO OF		ON BEHALF OF		
(3) -	carefirst bcbs		AHIP		
(4) DANIEL NEARY	BOARD MEMBER OF AHIP &	180,938	SHORT AND LONG TERM		No
(5) -	PRESIDENT & CEO OF		DISABILITY PLAN ON		
(6) -	MUTUAL OF OMAHA INSURANCE		BEHALF OF AHIP		
(7) PATRICK GERAGHTY	BOARD MEMBER OF AHIP &	292,716	CDC FEDERAL GRANT PRE-		No
(8) -	PRESIDENT & CEO OF		APPROVED VENDOR		
(9) -	FLORIDA BLUE				
(10) J MARIO MOLINA	BOARD MEMBER OF AHIP &	257,351	CDC FEDERAL GRANT PRE-		No
(11) -	PRESIDENT & CEO OF MOLINA		APPROVED VENDOR		
(12) -	HEALTHCARE, INC				

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 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.**2015****Open to Public
Inspection**Name of the organization
AMERICA'S HEALTH INSURANCE PLANS Inc**Employer identification number**

36-2087641

**Return
Reference****Explanation**PART VI,
SECTION B,
QUESTION 15

THE BOARD MAINTAINS FORMAL PROCESSES AND PROCEDURES FOR DETERMINING COMPENSATION FOR THE PRESIDENT OF THE ORGANIZATION COMPARATIVE SALARY INFORMATION IS PROVIDED TO THE CHAIRMAN OF THE BOARD, PAST CHAIRMAN OF THE BOARD, & INCOMING CHAIRMAN OF THE BOARD WHEN MAJOR CHANGES ARE MADE, THESE INDIVIDUALS HAVE DEEMED IT NECESSARY TO EMPLOY OUTSIDE COMPENSATION CONSULTANTS TO REVIEW AND MAKE RECOMMENDATIONS BASED ON THEIR FINDINGS

Return Reference	Explanation
PART VI, SECTION C, QUESTION 19	The Organization's governing documents, conflict of interest policy, and IRS form 990 tax return are available upon request by telephone or in writing. The Organization's audited financial statements are not available to the Public.

Return Reference	Explanation
PART VI, SECTION B, QUESTION 11	VARIOUS A HIP DEPARTMENTS WILL COMPILE THE NECESSARY DATA TO BE SUPPLIED TO OUR TAX RETURN PREPARERS ONCE ASSEMBLED, THIS INFORMATION IS REVIEWED BY THE VICE PRESIDENT OF FINANCE/CONTROLLER, AND THE LEGAL DEPARTMENT OF THE ORGANIZATION IN ADDITION, THE DESIGNATED EXECUTIVE VICE PRESIDENTS REVIEW KEY SECTIONS OF THIS DATA WHEN A DRAFT OF THE 990 IS RECEIVED FROM TAX RETURN PREPARER, IT IS REVIEWED BY THE EVP OF PUBLIC AFFAIRS AND THE CHAIR OF THE BOARD OF DIRECTORS ONCE REVIEWED BY THE CEO AND THE A HIP CHAIR, THE RETURN IS FILED WITH THE IRS

Return Reference	Explanation
PART VI, SECTION B, QUESTION 12	The following is a summary of how the Organization monitors and enforces conflicts of interest as it applies to officers and directors ("AHIP individuals") 1 Monitoring The Corporate Secretary and/or CEO will be responsible for monitoring the compliance with and the effectiveness of the Conflicts of Interest Policy for AHIP Officers and Directors and shall provide regular reports to the Administrative Committee concerning the same. As part of such responsibilities, the Corporate Secretary and/or the CEO shall undertake or supervise the undertaking of the following actions: (a) Annually prepare the list of AHIP Individuals who shall be subject to the reporting requirements of the annual disclosure form, (b) Supervise the distribution, collection and review of forms, (c) Prepare the lists to track and organize the information gathered on the forms submitted and take other necessary measures to facilitate the timely identification of conflicts and accurate reporting on AHIP's annual IRS Form 990 information return, (d) Prepare an update form to allow for changes or updates to the annual form to be returned within 60 days of any such change or update, (e) Monitor procedures to ensure that once a conflict of interest is identified, proceedings comply with the procedures set forth in sections 2, 3, and 4 below, and (f) Address any deficiencies or measures for improvement of the procedures under this Policy with the Executive Committee 2 Resolution of Conflicts by AHIP CEO and Corporate Secretary When conflicts or potential conflicts arise, they should be evaluated thoroughly by the Corporate Secretary and/or CEO. Conflicts or potential conflicts of interest should be resolved, if possible, by the AHIP Individual involved and the Corporate Secretary and/or the CEO. Resolutions could include: (a) Taking no action, (b) Assuring full disclosure to the Board of Directors ("Board") and other individuals covered by this Policy, (c) Asking the person to recuse himself or herself from participation in related discussions or decisions within AHIP, or (d) Asking the person to resign from his or her AHIP position, or if the person refuses to resign, subjecting him or her to removal procedures 3 Conflicts Which Cannot Be Resolved by AHIP CEO and Corporate Secretary If any conflict or potential conflict cannot be resolved by the AHIP Individual involved and the Corporate Secretary and the CEO, the matter shall be resolved by the Executive Committee, which should report any such conflict or potential conflict and its resolution to the Board as soon as practicable. The Board shall ratify or alter the action of the Executive Committee with respect to any conflict or potential conflict 4 Conflicts Involving AHIP CEO If any conflict or potential conflict of interest involves the CEO, the matter in the first instance shall be referred to and resolved by the Executive Committee, with review by the Board 5 Compliance If the Board has reasonable cause to believe that an AHIP Individual has failed to comply with this Policy, the Board may counsel the AHIP Individual regarding such failure and, if the issue is not resolved to the Board's satisfaction, may consider additional corrective action as appropriate

Return Reference	Explanation
ADVOCACY - SCHEDULE O	AHIP incurred expenses to organizations as part of its advocacy efforts on health care issues associated with ensuring accessible, affordable and sustainable health insurance coverage for all Americans. Expenses were incurred to organizations that generally aligned with AHIP's views on issues facing the health insurance industry - namely, that policies, regulations, and laws must BUILD ON THE EMPLOYER-BASED SYSTEM, MAKE HEALTH CARE COVERAGE MORE AFFORDABLE FOR INDIVIDUALS, FAMILIES AND EMPLOYERS, RESTRUCTURE HEALTH CARE DELIVERY TO PROMOTE QUALITY, VALUE AND BETTER HEALTH OUTCOMES, AND PUT THE HEALTH CARE SYSTEM ON A PATH THAT IS FISCALLY RESPONSIBLE AND SUSTAINABLE. ACTIVITIES PERFORMED BY ORGANIZATIONS TO WHICH AHIP INCURRED EXPENSES INCLUDED GRASSROOTS OUTREACH, EDUCATION AND MOBILIZATION, PRINT, ONLINE, AND BROADCAST ADVERTISING, AND COALITION BUILDING EFFORTS. AHIP DID NOT CONTROL OR DIRECT ANY OF THESE ACTIVITIES. AHIP HAS DISCLOSED THESE EXPENSES ON PART IX, LINE 24B - ADVOCACY, IN ORDER TO MAKE CLEAR THAT THESE EXPENSES WERE UNENCUMBERED, ACCORDINGLY AHIP IS NOT REPORTING THESE EXPENSES ON PART IX, LINE 1 AS GRANT OR OTHER ASSISTANCE, OR ON PART IX, LINE 11D AS A LOBBYING FEE.

Return Reference	Explanation
FORM 990, PART XI, LINE 5	UNREALIZED LOSS ON INVESTMENT \$414,884

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICA'S HEALTH INSURANCE PLANS inc

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.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

36-2087641

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)AHIP FOUNDATION 601 PENNSYLVANIA AVE NW WASHINGTON, DC 20004 52-1910811	EDUCATION	DE	501(C)(3)	509(A)(1)	N/A		No
(2)AHIP PAC 601 PENNSYLVANNIA AVENUE NW WASHINGTON, DC 20004 20-2004189	political org	DE	527		NA		No
(3)AHIP PAC ADMIN 601 PENNSYLVANNIA AVENUE NW WASHINGTON, DC 20004 52-2273316	political org	DE	527		NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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

[illegible]

Part VII **Supplemental Information**

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

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