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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SOUTHERN HEALTH PLAN INC

Doing business as

BLUECROSS BLUESHIELD TN COM TR

Number and street (or P O box if mail is not delivered to street address)

1 CAMERON HILL CIRCLE

Room/suite

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

CHATTANOOGA, TN 37402

F Name and address of principal officer

TREY WHITE

1 CAMERON HILL CIRCLE

CHATTANOOGA, TN 37402

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ SEE SCHEDULE O

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1980

M State of legal domicile

TN

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCH O FORM 990, PART III, LINE 4A FOR DESCRIPTION			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-162,812	
Expenses	b Net unrelated business taxable income from Form 990-T, line 34	7b	-162,812	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
		0	0	
		0	0	
		406,125	670,229	
		0	0	
Net Assets or Fund Balances	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	406,125	670,229	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	647,532	786,819	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	202,204	175,040	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	849,736	961,859	
	19 Revenue less expenses Subtract line 18 from line 12	-443,611	-291,630	
		Beginning of Current Year	End of Year	
		12,075,368	11,081,540	
		12,194	13,205	
		12,063,174	11,068,335	

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

2016-10-13

Date

TREY WHITE CFO

Type or print name and title

Print/Type preparer's name

BECKY G MURPHY

Preparer's signature

BECKY G MURPHY

Date

Check ☐ if self-employed

PTIN
P01029295

Firm's name ▶ LBMC PC

Firm's EIN ▶ 62-1199757

Firm's address ▶ 605 CHESTNUT STREET SUITE 1100

Phone no (423) 756-6585

CHATTANOOGA, TN 37450

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

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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

2 Did the organization undertake any significant program services during the year which were not listed on

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

4a	(Code) (Expenses \$ 789,819 including grants of \$ 786,819) (Revenue \$)
	SEE SCH O FORM 990, PART III, LINE 4A FOR DESCRIPTION THE COMPANY SUPPORTED PROGRAMS THAT PROMOTE ACCESS TO HEALTH CARE SERVICES AND HEALTH EDUCATION THE COMPANY SUPPORTED PROGRAMS THAT PROMOTE WELLNESS AND ILLNESS PREVENTION, AS WELL AS EFFECTIVE, EFFICIENT DISEASE MANAGEMENT THE COMPANY SUPPORTED PROGRAMS FOR ALL LEVELS OF EDUCATION THUS BUILDING A COMPETENT WORKFORCE AND PROSPEROUS ECONOMY THE COMPANY SUPPORTED EVENTS AND PROGRAMS THAT EMPHASIZE ECONOMIC AND COMMUNITY DEVELOPMENT THE COMPANY DEMONSTRATED EXCELLENT CORPORATE CITIZENSHIP AND COMMITMENT TO TENNESSEANS, WITH THE PRIORITY TO SUPPORT THE COMMUNITIES IT SERVED, EMPHASIZING HEALTHY LIVING, HEALTH CARE ACCESS AND QUALITY OF LIFE

[illegible][illegible]

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

4e	Total program service expenses ▶	789,819
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9 Did the organization report an amount in Part X, line 21 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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	No
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? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	Yes
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? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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	Yes	
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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		No
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.	5	
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?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. 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		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		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?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

	Yes	No
10a		No
b		
11a	Yes	
b		
12a	Yes	
b	Yes	
c	Yes	
13	Yes	
14	Yes	
15		
a		No
b		No
16a		No
b		

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 TREY WHITE 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 (423) 535-7036

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CALVIN ANDERSON CHAIRPERSON, PRESIDENT & C	2 00 43 00	X		X				0	705,791	234,862
(2) MARK HOOTON BOARD MEMBER	1 00 44 00	X						0	280,577	48,297
(3) ANDREA WILLIS MD BOARD MEMBER	1 00 44 00	X						0	525,669	65,469
(4) T RALPH WOODARD JR TREASURER	1 50 43 50			X				0	467,318	63,354
(5) JIM ROCHET ASSISTANT TREASURER	0 50 44 50			X				0	192,160	30,017
(6) SHELIA CLEMONS SECRETARY	0 50 44 50			X				0	169,664	68,403
(7) TREY WHITE CFO	0 50 44 50			X				0	249,453	41,021
(8) KATHARINE LAURANCE ASSISTANT SECRETARY	0 50 44 50			X				0	80,952	21,752
(9) DANNY TIMBLIN FORMER TREASURER	0 00 45 00						X	0	335,405	68,243
(10) JOHN GIBLIN FORMER CFO	0 00 45 00						X	0	1,468,880	117,595

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	4,475,869	759,013

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 ▶ 0

		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) Name and business address	(B) Description of services	(C) Compensation

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 0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		107,271		-162,812	270,083
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents		(i) Real	(ii) Personal		
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
			6,880,974				
		b	Less cost or other basis and sales expenses	6,318,016			
		c	Gain or (loss)	562,958			
	d	Net gain or (loss)		562,958			562,958
	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				
	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				
	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				
	Miscellaneous Revenue		Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions		670,229	0	-162,812	833,041

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	786,819	786,819		
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				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	11,750		11,750	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	34,802		34,802	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	3,000	3,000		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	ADMINISTRATIVE EXPENSES	124,988		124,988	
b	NATIONAL ASSOCIATION DU	500		500	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	961,859	789,819	172,040	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			255,643	1	81,629
	2	Savings and temporary cash investments			305,223	2	339,113
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	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				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			6,654,894	11	9,294,675
	12	Investments—other securities See Part IV, line 11			3,881,978	12	1,231,747
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
15	Other assets See Part IV, line 11			977,630	15	134,376	
16	Total assets.Add lines 1 through 15 (must equal line 34)			12,075,368	16	11,081,540	
Liabilities	17	Accounts payable and accrued expenses			2,148	17	2,203
	18	Grants payable				18	
	19	Deferred revenue				19	
	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			10,046	25	11,002
	26	Total liabilities.Add lines 17 through 25			12,194	26	13,205
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			12,063,174	27	11,068,335
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			12,063,174	33	11,068,335
	34	Total liabilities and net assets/fund balances			12,075,368	34	11,081,540

Part XIReconciliation 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	670,229
2	Total expenses (must equal Part IX, column (A), line 25)	2	961,859
3	Revenue less expenses Subtract line 2 from line 1	3	-291,630
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,063,174
5	Net unrealized gains (losses) on investments	5	-866,021
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	162,812
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,068,335

Part XIIFinancial 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
2b 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	
2c 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?		No
3b 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		

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
SOUTHERN HEALTH PLAN INC

Employer identification number
58-1406632

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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

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

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2015

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

b

If "Yes" on 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

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	798,239	
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	-34,802	
e	Add lines 2a through 2d	2e	-34,802	
3	Subtract line 2e from line 1	3	833,041	
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		
b	Other (Describe in Part XIII)	4b	-162,812	
c	Add lines 4a and 4b	4c	-162,812	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	670,229	

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	1,793,077	
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	866,020	
e	Add lines 2a through 2d	2e	866,020	
3	Subtract line 2e from line 1	3	927,057	
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		
b	Other (Describe in Part XIII)	4b	34,802	
c	Add lines 4a and 4b	4c	34,802	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	961,859	

Part XIII Supplemental Information	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	EXTERNAL INVESTMENT EXPENSE -34,802
PART XI, LINE 4B - OTHER ADJUSTMENTS	UBTI FLOW THRU FROM AURORA SPA PARTNERS -162,812
PART XII, LINE 2D - OTHER ADJUSTMENTS	NET UNREALIZED INVESTMENT LOSS 866,020
PART XII, LINE 4B - OTHER ADJUSTMENTS	EXTERNAL INVESTMENT EXPENSE 34,802

[illegible]

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," on 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

2015

Open to Public
Inspection

Name of the organization
SOUTHERN HEALTH PLAN INC

Employer identification number
58-1406632

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

3

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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES CONFIRMATION OF SUPPORT WILL BE MADE BY FOLLOW-UP WITH ORGANIZATIONS AND EVALUATION FORM COMPLETED FOR PROGRAM BENEFITS

Additional Data

Software ID:
Software Version:
EIN: 58-1406632
Name: SOUTHERN HEALTH PLAN INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS,TX 75231	13-5613797	501(C)(3)	32,000				GENERAL SUPPORT
UC FOUNDATION 615 MCCALLIE AVENUE CHATTANOOGA,TN 37403	62-0476521	501(C)(3)	25,000				GENERAL SUPPORT
WOMEN'S FUND OF GREATER CHATTANOOGA 801 N HOLTZCLAW SUITE 125 CHATTANOOGA,TN 37404	46-5020109	501(C)(3)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CWLI PO BOX 4363 CHATTANOOGA,TN 37405	62-1827475	501(C)(3)	15,000				GENERAL SUPPORT
HUNTER MUSEUM OF AMERICAN ART 10 BLUFF VIEW STREET CHATTANOOGA,TN 37403	62-0511893	501(C)(3)	15,000				GENERAL SUPPORT
CHATTANOOGA PRESENTS LLC 400 EAST MAIN STREET CHATTANOOGA,TN 37408	80-0548067		15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMON TABLE HEALTH ALLIANCE 3203 N AVENEL COVE MEMPHIS, TN 38125	62-1820264	501(C)(3)	15,000				GENERAL SUPPORT
NATIONAL COMPASSION FUND 2000 M STREET NW SUITE 480 WASHINGTON, DC 20036	30-0022798	501(C)(3)	15,000				GENERAL SUPPORT
GIRL SCOUTS OF MIDDLE TENNESSEE 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEDICAL FOUNDATION OF CHATTANOOGA INC 1917 E 3RD ST CHATTANOOGA,TN 37404	58-1696660	501(C)(3)	10,000				GENERAL SUPPORT
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501(C)(3)	10,000				GENERAL SUPPORT
CRANIOFACIAL FOUNDATION OF AMERICA 975 EAST THIRD STREET CHATTANOOGA,TN 37403	62-1375732	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AUSTIN HATCHER FOUNDATION 6739 RINGGOLD RD STE G CHATTANOOGA,TN 37412	20-8065108	501(C)(3)	10,000				GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY 14TH FLOOR NEW YORK,NY 10004	23-1907729	501(C)(3)	10,000				GENERAL SUPPORT
SPORTS 4 ALL FOUNDATION 5827 CHARLOTTE PIKE NASHVILLE,TN 37209	20-2827993	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL CIVIL RIGHTS MUSEUM 450 MULBERRY STREET MEMPHIS,TN 38103	58-1484027	501(C)(3)	10,000				GENERAL SUPPORT
OVERTON PARK CONSERVANCY 1914 POPLAR AVENUE NO 202 MEMPHIS,TN 38104	45-2031097	501(C)(3)	9,000				GENERAL SUPPORT
CHILDREN'S ADVOCACY CENTER 419 N MARKET STREET CHATTANOOGA,TN 37405	58-1953669	501(C)(3)	8,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE PAT SUMMITT FOUNDATION A FUND OF EAST TENNESSEE FOUNDATION 520 W SUMMIT HILL DRIVE SUITE 1101 KNOXVILLE,TN 37902	62-0807696	501(C)(3)	7,500				GENERAL SUPPORT
LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION 850 POPLAR AVENUE BLD 2 MEMPHIS,TN 38105	62-1872938	501(C)(3)	7,500				GENERAL SUPPORT
FOOD ALLERGY RESEARCH & EDUCATION INC 7925 JONES BRANCH DR SUITE 1100 MCLEAN,VA 22102	13-3905508	501(C)(3)	7,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KOMEN MEMPHIS-MIDSOUTH 6645 POPLAR AVE SUITE 211 GERMANTOWN,TN 38138	75-2942859	501(C)(3)	7,500				GENERAL SUPPORT
MEMPHIS IN MAY INTERNATIONAL FESTIVAL 88 UNION AVENUE MEMPHIS,TN 38103	23-7308001	501(C)(3)	7,000				GENERAL SUPPORT
MEMPHIS BRANCH NAACP 588 VANCE AVE MEMPHIS,TN 38126	62-0637884	501(C)(3)	6,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JUNIOR ACHIEVEMENT INC 307 MADISON AVE MEMPHIS,TN 38103	62-0549549	501(C)(3)	6,000				GENERAL SUPPORT
PORTER-LEATH 868 N MANASSAS STREET MEMPHIS,TN 38107	62-0478095	501(C)(3)	6,000				GENERAL SUPPORT

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
SOUTHERN HEALTH PLAN INC

Employer identification number
58-1406632

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 idemnification 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	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		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b		No
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		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b		No
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		No
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		No
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
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CALVIN ANDERSON CHAIRPERSON, PRESIDENT & C	(i)	0	0	0	0	0	0	0
	(ii)	344,201	317,326	44,264	211,729	23,133	940,653	0
2 MARK HOOTON BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	209,629	67,313	3,635	32,824	15,473	328,874	0
3 ANDREA WILLIS MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	346,246	175,409	4,014	53,046	12,423	591,138	0
4 T RALPH WOODARD JR TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	263,199	199,020	5,099	42,936	20,418	530,672	0
5 JIM ROCHET ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	165,960	23,109	3,091	23,742	6,275	222,177	0
6 SHELIA CLEMONS SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	133,734	29,502	6,428	53,853	14,550	238,067	0
7 TREY WHITECFO	(i)	0	0	0	0	0	0	0
	(ii)	199,466	48,771	1,216	31,464	9,557	290,474	0
8 DANNY TIMBLIN FORMER TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	280,677	52,546	2,182	44,483	23,760	403,648	0
9 JOHN GIBLINFORMER CFO	(i)	0	0	0	0	0	0	0
	(ii)	560,477	898,039	10,364	94,727	22,868	1,586,475	0

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
PART I, LINE 4B	LISTED BELOW ARE THE COMPENSATED OFFICERS, AND KEY EMPLOYEES OF THE RELATED ORGANIZATION WHO ARE INCLUDED IN THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF THE RELATED ORGANIZATION BCBST. CALVIN ANDERSON (SERP) 161,688 JOHN GIBLIN (SERP) 50,852 DANNY TIMBLIN (SERP) 5,723 MARK HOOTON (SERP) 1,126 T RALPH WOODARD JR (SERP) 7,120 ANDREA WILLIS (SERP) 15,171

Additional Data

Software ID:
Software Version:
EIN: 58-1406632
Name: SOUTHERN HEALTH PLAN 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				
1 CALVIN ANDERSON CHAIRPERSON, PRESIDENT & C	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		344,201	317,326	44,264	211,729	23,133	940,653	0
1 MARK HOOTON BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		209,629	67,313	3,635	32,824	15,473	328,874	0
2 ANDREA WILLIS MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		346,246	175,409	4,014	53,046	12,423	591,138	0
3 T RALPH WOODARD JR TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		263,199	199,020	5,099	42,936	20,418	530,672	0
4 JIM ROCHET ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		165,960	23,109	3,091	23,742	6,275	222,177	0
5 SHELIA CLEMONS SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		133,734	29,502	6,428	53,853	14,550	238,067	0
6 TREY WHITECFO	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		199,466	48,771	1,216	31,464	9,557	290,474	0
7 DANNY TIMBLIN FORMER TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		280,677	52,546	2,182	44,483	23,760	403,648	0
8 JOHN GIBLINFORMER CFO	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		560,477	898,039	10,364	94,727	22,868	1,586,475	0

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization SOUTHERN HEALTH PLAN INC	Employer identification number 58-1406632
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INDIVIDUALS SERVE AS TRUSTEE, DIRECTOR, OR OFFICER FOR BOTH SHP AND BCBST, AND THEREFORE, HAVE A BUSINESS RELATIONSHIP CALVIN ANDERSON, CHAIRPERSON AND PRESIDENT TREY WHITE, CFO T RALPH WOODARD JR, TREASURER JIM ROCHAT, ASSISTANT TREASURER SHELIA CLEMONS, SECRETARY DR ANDREA WILLIS, BOARD MEMBER
FORM 990, PART VI, SECTION A, LINE 7A	ELECTION OF ONE OR MORE MEMBERS OF GOVERNING BODY PURSUANT TO ARTICLE VI, SECTION 2 OF TH E SHP BY LAWS, DIRECTORS SHALL BE APPOINTED BY THE BCBST BOARD
FORM 990, PART VI, SECTION A, LINE 7B	BY-LAWS STIPULATE THAT "THE BOARD SHALL NOT HAVE THE POWER OR AUTHORITY TO A) ELECT, APPO INT OR REMOVE DIRECTORS, OR SET THE COMPENSATION OF DIRECTORS, OR B) APPROVE A PLAN OF MER GER, CONSOLIDATION, CONVERSION OR DISSOLUTION, OR C) APPROVE A SALE, PLEDGE, OR ASSIGNMENT OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS, OR D) TAKE ACTIONS WHICH WOULD N OT BE PERMITTED BY APPLICABLE LAWS SUCH POWERS ARE RESERVED FOR ACTION BY THE BCBST BOARD "
FORM 990, PART VI, SECTION B, LINE 11	PROCESS USED TO REVIEW FORM 990 INTERNAL CONTROLS ARE IN PLACE TO INSURE AN ACCURATE RECO Rding OF TRANSACTIONS AND AN ACCURATE REPORTING OF THE RESULTS THE PROCESS TO REVIEW FORM 990 STARTS WITH THE PREPARATION OF THE WORK PAPERS, REVIEWED BY MANAGEMENT, AND THEN A FI NAL REVIEW OF FORM 990 IS MADE BY OFFICERS RESPONSIBLE FOR FILING OF THE RETURN A COPY OF THE FORM 990 WAS PROVIDED TO THE SOUTHERN HEALTH PLAN BOARD OF DIRECTORS BEFORE BEING FIL ED WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	THE COMPANY MAINTAINS AN ONGOING PROCESS FOR THE COLLECTION, EVALUATION, AND MONITORING OF BOTH INDIVIDUAL AND ORGANIZATIONAL BUSINESS ACTIVITIES TO FACILITATE REPORTING OBLIGATION S AND RISK MITIGATION EFFORTS ASSOCIATED WITH ANY ACTUAL OR POTENTIAL CONFLICTS OF INTERES T THE COMPANY COMMUNICATES TO ALL OFFICERS, DIRECTORS, AFFILIATES, AND BUSINESS ASSOCIATE S THE CLEAR EXPECTATION THAT THEY SUPPORT OUR EFFORTS IN THE AVOIDANCE OF CONFLICTS OF INT EREST AND PROMOTE A COMMITMENT TO INTEGRITY, SOUND BUSINESS PRACTICES, AND GOOD CORPORATE GOVERNANCE AN EXAMPLE OF WAYS IN WHICH WE MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLIC T OF INTEREST POLICY INCLUDE BUT ARE NOT LIMITED TO - UPON HIRE OR APPOINTMENT, AND AT LE AST ANNUALLY THEREAFTER, A CONFLICT OF INTEREST QUESTIONNAIRE MUST BE COMPLETED BY ALL OFF ICERS AND MEMBERS OF THE BOARD OF DIRECTORS - SEMI-ANNUALLY AN ORGANIZATIONAL CONFLICT OF INTEREST REMINDER NOTIFICATION IS DISTRIBUTED TO AN IDENTIFIED GROUP OF KEY PERSONNEL REP RESENTING VITAL AREAS OF THE COMPANY SOLICITING ANY CONCERNS ADDITIONAL INFORMATION CAN BE PROVIDED UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST P OLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VII, SECTION A, COLUMN B	CURRENT OFFICERS AND DIRECTORS LISTED ARE FULL-TIME EMPLOYEES OF A RELATED ORGANIZATION AN D WORK A TOTAL OF 40-50 HOURS PER WEEK ON AVERAGE COMBINED THEIR TIME IS DEVOTED TO SYSTE M WIDE ACTIVITIES WHICH COULD INCLUDE TIME SPENT ON ANY OF THE RELATED ORGANIZATIONS LISTE D IN SCHEDULE R
FORM 990, PART XI, LINE 9	FLOW THROUGH FROM PARTNERSHIP UNRELATED BUSINESS TAXABLE INCOME 162,812
FORM 990, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR
FORM 990, PAGE 1, LINE J	HTTP://WWW.BCBST.COM/WHY-BCBST/ABOUT-US/CORPORATE-RESPONSIBILITY/ COMMUNITY-TRUST PAGE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SOUTHERN HEALTH PLAN INC

Employer identification number
58-1406632

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)TENNESSEE HEALTH FOUNDATION INC 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 20-0298456	CHARITABLE GRANT MAKING	TN	501(C)(3)	PRIVATE FOUNDATION	BCBST		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
See Additional Data Table									

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)

YesNo

1aNo

1bNo

1cNo

1dNo

1eNo

1fNo

1gNo

1hNo

1iNo

1jNo

1kNo

1lNo

1mYes

1nYes

1oNo

1pYes

1qYes

1rNo

1sNo

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

Schedule R (Form 990) 2015

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
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Additional Data

Software ID:
Software Version:
EIN: 58-1406632
Name: SOUTHERN HEALTH PLAN INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
BLUECROSS BLUESHIELD OF (1) TENNESSEE (BCBST) 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 62-0427913	HEALTH INSURANCE	TN	N/A	C					No
GOLDEN SECURITY INSURANCE (1) COMPANY 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 62-1156312	STOP-LOSS INSURANCE	TN	N/A	C					No
(2) VOLUNTEER STATE HEALTH PLAN 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 62-1656610	HEALTH MAINTENANCE	TN	N/A	C					No
(3) GROUP INSURANCE SERVICES 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 62-0721232	INSURANCE BROKER	TN	N/A	C					No
(4) SOUTHERN DIVERSIFIED BUSINESS 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 62-1156889	HOLDING COMPANY	TN	N/A	C					No
(5) RIVERBEND GOVERNMENT BENEFIT 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 20-2469347	3RD PARTY ADMIN	TN	N/A	C					No
(6) RIVERTRUST SOLUTIONS INC 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 20-0528228	MEDICARE APPEALS	TN	N/A	C					No
(7) SECURITYCARE OF TENNESSEE INC 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 46-1548495	HMO	TN	N/A	C					No
(8) SHARED HEALTH INC 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 20-3484545	MEDICAID SERVICES CONSULTING	TN	N/A	C					No
(9) ONLIFE HEALTH INC 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 62-1631426	WELLNESS SERVICES	TN	N/A	C					No
(10) BENEVIVE INC 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402 20-8042682	HOLDING COMPANY	TN	N/A	C					No