Department of the

#### DLN: 93493318046880

2019

#### OMB No. 1545-0047 **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.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		ue Service 2019 ca		ning 01-01-2019 , and ending 12-	31-2019					
		oplicable: change	<b>C</b> Name of organization Affinity Health Plan Inc					fication number		
	me cha	-	% CRAIG BELLISE				0672			
	tial retu	urn ı/terminated	Doing business as							
☐ Am	nended	return	Number and street (or P.O. box if m 1776 EASTCHESTER ROAD	ail is not delivered to street address) Room/s	suite	E Telephor				
⊔ Ар	plicatio	n pending	City or town, state or province, cour	ntry, and ZIP or foreign postal code		(718) 7	94-7700	1		
			BRONX, NY 10461	icry, and 21F or foreign postar code		<b>G</b> Gross re	eceipts \$ 1	,399,580,239		
			<b>F</b> Name and address of principa	l officer:	H(a) I	s this a group re	turn for			
			Michael G Murphy 1776 EASTCHESTER ROAD			subordinates?		□Yes <b>☑</b> No		
			BRONX, NY 10461			Are all subordinatinction of the contraction of the	tes	☐ Yes ☐No		
Tax	x-exem	npt status:	<b>☑</b> 501(c)(3) <b>□</b> 501(c)( ) <b>◄</b>	(insert no.) $\square$ 4947(a)(1) or $\square$ 527	1	if "No," attach a	list. (see	instructions)		
J W	ebsite	e:▶ WW	W.AFFINITYPLAN.ORG		H(c) (	Group exemption	number	•		
<b>K</b> Forr	n of org	ganization:	✓ Corporation ☐ Trust ☐ Asso	ciation  Other	<b>L</b> Year of	formation: 1986	M State	of legal domicile: NY		
Ps	art I	Sumi	mary							
Гс			cribe the organization's mission o	r most significant activities:						
			ION OF AFFINITY HEALTH PLAN IS TIES IN COLLABORATION WITH P	S TO IMPROVE THE HEALTH AND WELL-	BEING OF	ITS MEMBERS, T	HEIR FA	MILIES, AND THEIR		
ace nce	=	OMMONI	TIES IN COLLABORATION WITH P	RIMART CARE PROVIDERS.						
e E	-									
Governance		Chaalathi	- hav <b>b</b>	scontinued its operations or disposed of		250/ of its mat a				
5				g body (Part VI, line 1a)			3 3	12		
<b>ა</b> შ დე	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	12		
МПе	5	Total num	nber of individuals employed in ca	lendar year 2019 (Part V, line 2a)			5	828		
Activities &	6	Total num	nber of volunteers (estimate if neo	cessary)			6	7		
⋖	7a -	Total unre	elated business revenue from Part	: VIII, column (C), line 12			7a	C		
	b	Net unrel	ated business taxable income fror	n Form 990-T, line 39			7b			
						Prior Year		Current Year		
<u>Qı</u>	8 (	Contribut	ions and grants (Part VIII, line 1h)				0	(		
Ravenue	9	Program :	service revenue (Part VIII, line 2g)		1,534,514,	333	1,304,530,050			
Αŝ	10	Investme	nt income (Part VIII, column (A), l		1,803,	574	3,613,14			
	11 (	Other rev	renue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		7,183,		12,221,19		
	12	Total reve	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)		1,543,501,	650	1,320,364,389		
	l		nd similar amounts paid (Part IX, c	• • •			0	(		
			paid to or for members (Part IX, co			0	(			
83				enefits (Part IX, column (A), lines 5–10)		60,273,	57,237,29			
Expenses			nal fundraising fees (Part IX, colur			0				
Š			aising expenses (Part IX, column (D),		1 474 711	1,239,506,94				
	l		penses (Part IX, column (A), lines enses. Add lines 13-17 (must equ	•						
		•	,	om line 12		8,516,		1,296,744,238		
ج ج و ح		Revenue	less expenses. Subtract line 10 III	5H HIC 12	Begir	nning of Current Y		End of Year		
Net Assets or Fund Balances	20 -	Total acco	ets (Part X, line 16)		<u> </u>	434,398,	057	364,330,819		
A B	l		ilities (Part X, line 26)			504,235,	<del></del>	406,136,79		
ž Š			s or fund balances. Subtract line 2			-69,837,		-41,805,97		
	rt II		ature Block			05,037,		11,003,57		
Jnder	pena	lties of pe	erjury, I declare that I have exam	ined this return, including accompanyin						
	edge . nowle		f, it is true, correct, and complete	. Declaration of preparer (other than of	ficer) is ba	sed on all inform	ation of	which preparer has		
		I k								
		******	re of officer			2020-11-12 Date				
Sign Here		,								
1616	•		EL G MURPHY PRESIDENT & CEO r print name and title							
		17	rint/Type preparer's name	Preparer's signature	Date	<del>                                     </del>	PTIN			
Paid	1		, /p = p - p 21 21 2 1 20 100		2020-11-04		P0124952	1		
	a pare	r Fi	irm's name FKPMG LLP			Firm's EIN ►				
	Onl	ւ. ⊢	irmle address 🏲 245 Baul: A			Discus (2.15)	750 070			
	<b>V</b> 111	·•   <sup>-</sup> '	irm's address ► 345 Park Ave	400		Phone no. (212)	/58-9700			
			New York, NY 101540							
VI - V +	ha IDO	C 4:	this return with the preparer show	um abayan (aaa imatuustiama)			<b>.</b> /  •	/os □No		

Form	990 (2019)					Page <b>2</b>							
Pa	art III Statement	of Program Se	rvice Accomplis	hments									
	Check if Sche	dule O contains a r	esponse or note to	any line in this Part III		🗹							
1	Briefly describe the o	organization's missi	on:	•									
					G OF ITS MEMBERS, THEIR F								
СОМ	MUNITIES IN COLLABO	DRATION WITH PRI	MARY CARE PROVID	ERS. FOR MORE INFO	RMATION, SEE SCHEDULE O	•							
_	Brillian												
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 the												
3	Did the organization cease conducting, or make significant changes in how it conducts, any program												
						. 🗹 Yes 🗌 No							
	If "Yes," describe the	ese changes on Sch	edule O.										
4		d 501(c)(4) organi	zations are required	to report the amount	largest program services, as of grants and allocations to c								
4a	(Code:	) (Expenses \$	885,585,438	including grants of \$	) (Revenue \$	964,063,608 )							
	See Additional Data												
4b	(Code:	) (Expenses \$	147,950,733	including grants of \$	) (Revenue \$	177,935,230 )							
	See Additional Data												
4c	(Code:	) (Expenses \$	109,385,326	including grants of \$	) (Revenue \$	126,082,027 )							
	See Additional Data					_							
		Table											
	See Additional Data	Table	Other program services (Describe in Schedule O.)										
4d			hedule O.)										
4d		ces (Describe in Sc	hedule O.) including grants of	\$	) (Revenue \$	36,449,185 )							

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20a

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Nο

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No

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Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

Form	990 (2019)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
	- · · · · · · · · · · · · · · · · · · ·	$\vdash$	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part	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? <i>If "Yes,"</i> 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, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes	
	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 2	11b		No
	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 2	11c		No
	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	Yes	
е	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	
	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?	12b		No

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

m '	990 (2019)			Page
ar	Checklist of Required Schedules (continued)	-		
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
ı	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
l	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<del></del> ;	Vac	∐ No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1.442		Yes	IN

1b

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 $\mathbf{c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

**1**c

Yes

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage <b>3</b>		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and					
20	Tax Statements, filed for the calendar year ending with or within the year covered by this return					
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?	3а		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				
	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)?  If "Yes," enter the name of the foreign country:	4a		No		
	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		
	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		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b				
	Organizations that may receive deductible contributions under section 170(c).					
а	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?			No		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	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?	<b>9</b> b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
U	against amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	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					
	Enter the amount of reserves on hand	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	- 75				
	parachute payment(s) during the year?	15 16	Yes			
	If "Yes," complete Form 4720, Schedule O.	-0		140		

Form	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	ines ✓
Se	ction A. Governing Body and Management			
		$\longrightarrow$	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure		ı	
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-A 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.			
19	Own website Another's website Upon request Other (explain in Schedule O)  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:  CRAIG BELLISE 1776 EASTCHESTER AVENUE BRONX, NY 10461 (718) 794-6855			
	FOR SELLOE 1770 ENGINEERING BROWN, WI TOTOL (710) / 9T-0000		orm 00	n (2019)

Part VII

TRUSTEE

 $\checkmark$ 

# 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  $\mbox{VII}\,\,$  . 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
- 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	•	ed orga						,	, , , , , , , , , , , , , , , , , , , ,	,	
<ul> <li>List all of the organization's former director organization, more than \$10,000 of reportable control</li> </ul>											
See instructions for the order in which to list the	•		-				,	J			
$oxedsymbol{\square}$ Check this box if neither the organization no	r any related or	ganiza	tion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee.		
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	related organizations	
(1) MICHAEL G MURPHY	37.5							4 400 500		22.020	
PRESIDENT & CEO	0.0			X				1,489,588	0	33,838	
(2) SCOTT BREIDBART MD	37.5										
CHIEF MEDICAL OFFICER				X				443,928	0	33,926	
(3) PHILIP MYONES	0.0 37.5										
SVP/Chief Information Officer				×				416,654	0	35,378	
	0.0 37.5										
(4) RACHEL AMALFITANO				×				420,183	0	0	
CONSULTANT/CFO	0.0										
(5) ERIC WALSH	37.5					×		360,135	0	9,668	
SVP/CONSUMER MKT (THRU 3/2019)	0.0							ŕ		, 	
(6) LISA MINGIONE	37.5			×				306,935	0	16,603	
VP/CHIEF COMPLIANCE OFFICER	0.0			^				300,933	0	10,003	
(7) LISA E KEEHN	37.5										
VP/EXC DIR MED OP(THRU 6/2019)	0.0					X		273,871	0	22,313	
(8) Craig Bellise VP/Controller	37.5					х		263,176	0	32,602	
(9) Clara Mercedes Hansen VP/CHIEF OF STAFF-CORP PLAN	37.5					х		252,988	0	35,520	
(10) DENISE J PESICH  VP/CHIEF MARKETING OFFICER	37.5					х		268,576	0	9,366	
(11) AMY KNAPP TRUSTEE	2.0	х						10,500	0	0	
(12) CALEB DESROSIERS TRUSTEE & vice chair	2.0	х		х				9,300	0	0	
(13) JOHN SARDELIS TRUSTEE	2.0	Х						6,500	0	0	
(14) YVETTE WALKER MD TRUSTEE	1.0	Х						6,400	0	0	
(15) NANETTE FALKENBERG TRUSTEE	1.0	Х						3,800	0	0	
(16) ROBERT SCHILLER MD	2.0 1.0			$\vdash$			<del>                                     </del>				
		Х						0	0	0	
TRUSTEE (47) VERONA CREENI AND	2.0						-				
(17) VERONA GREENLAND		Х						0	0	0	

BEDFORD, MA 01730 Tierpoint New York LLC,

ST LOUIS, MO 63131

12444 POWERSCOURT DRIVE STE 450

compensation from the organization ▶ 11

Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	hes	t Compensated	Employees (con	tinued)	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	ne bo oth a	n of or/t	not check more rules person officer and a rotrustee)  not check more Reportable compensation compensation from the rules report the compensation organization org		(E) Reportable compensation from related organizations (W-2/1099-	Estima amount of compen from organizat	ated of other sation the		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	relat organiz	ed
(18) PALOMA IZQUIERDO-HERNA	1.0	V						0			
TRUSTEE & CHAIR	2.0	×		Х				0	0		0
(19) LYNN SHERMAN	1.0	V		,,							0
TRUSTEE & Treasurer	2.0	x		Х				0	0		0
(20) Brian McIndoe	1.0	V						0			0
TRUSTEE	2.0	x						0	0		U
(21) LINDA MULLER	1.0	~		Х				0	0		0
TRUSTEE & SECRETARY	2.0							0	0		
(22) Judith Fairweather	1.0	~						0			
TRUSTEE	2.0	×						U	0		U
4h Code Tabal					Щ						
1b Sub-Total	II, Section A				•			4.522.524	0		220 244
d Total (add lines 1b and 1c)	not limited to t				/e) w		ceive	4,532,534 ed more than \$100	-		229,214
										Yes	No
3 Did the organization list any <b>former</b> office line 1a? <i>If "Yes," complete Schedule J for</i>			key e	empl	loye •	e, or h	ighe:	st compensated e	mployee on 3		No
For any individual listed on line 1a, is the organization and related organizations greindividual								. '		V	
5 Did any person listed on line 1a receive or services rendered to the organization? If "								anization or indivi			
	res, complete	Jeneuu	ie Ji	01 3	ucii ,	06/30/	•		5		No
Section B. Independent Contractors											
Complete this table for your five highest of from the organization. Report compensations	on for the caler								tax year.		
	(A) usiness address							Descrip	(B) tion of services	(C Compen	
COGNIZANT TECHNOLOGY SOLUTIONS, 500 GLENPOINTE CENTRE WEST TEANECK, NJ 07666								IT CONSULTIN	lG		601,147
PPT Solutions LLC, 9521 B Riverside Parkway 266 TULSA, OK 74137								MGMT CONSU	LTING		859,198
						630,906					
CASENET LLC, 36 CROSBY DR BEDFORD, MA 01730								IT SERVICE			610,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Form **990** (2019)

601,377

disaster recovery

		(2019)								Page <b>9</b>
Part	VIII				a resno	onse or note to any	line in this Part VIII			
		Check if Sched	aule C	Contains	а тезро	inse of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, s	1a	Federated campa	aigns	· ·	1a			revenue		312 - 314
ons, Gifts, Grants Similar Amounts	Ŀ	<b>b</b> Membership dues	s.		<b>1</b> b					
, G.	١	<b>c</b> Fundraising even	its .		1c					
ifts,	(	d Related organiza			1d					
3, G m:	6	e Government grants			1e					
ion	f	f All other contributio and similar amounts	ns, gif s not ii	fts, grants, ncluded	1f					
tributio Other	ي	above g Noncash contributio	ns inc	luded in						
Contributions, and Other Sim		lines 1a - 1f:\$			<b>1</b> g					
ಕ ಬ	'	<b>h Total.</b> Add lines :	1a-1f		•	•	0			
	_	MEDICAID				Business Code	964,063,608	964,063,608		
æ	2a	MEDICAID				900099	30.,000,000	30.,000,000		
Program Service Revenue	b	ESSENTIAL PLAN				900099	177,935,230	177,935,230		
æ	۰	MEDICARE					1,120,141	1,120,141		
'vice						900099	126 002 027	126,002,027		
æ	d	HARP				900099	126,082,027	126,082,027		
Jran.	e	CHILD HEALTH PLUS	PGRM	1		900099	35,329,044	35,329,044		
δ										
	f	All other program	servi	ce revenue						
		Total. Add lines 2				1,304,530,050	_		<u> </u>	
	<b>3</b> I	Investment income similar amounts)		uding divid		nterest, and other •	2,647,57	73		2,647,573
	l	Income from invest					•	0		
	5 F	Royalties	r.	(i) Re		(ii) Personal	•	0		
			╽┟	(1) 1(0	<u> </u>	(II) I CISONAI	1			
		Gross rents	6a				4			
	ייי	expenses	6b							
		Rental income or (loss)	6c		0	)	0			
	l	Net rental income	or (I	oss)				0		
				(i) Secur	ities	(ii) Other				
	7a	7a Gross amount from sales of assets other 7a 80,181,419			•					
		assets other than inventory								
	b	Less: cost or other basis and	7b	79,	215,850	)				
		sales expenses	$\vdash$				4			
	С	Gain or (loss)	7c		965,569	)				
	l	Net gain or (loss)		· · ·		· · · •	965,56	59		965,569
ne ne		Gross income from fu		of						
E		contributions reported See Part IV, line 18			8a	C	1			
Other Revenue	ь	Less: direct expen	ses		8b	C	_			
ther	С	: Net income or (los	s) fro	om fundrais	ing ev	ents	_	0		
		Gross income from		ng activities	.					
		See Part IV, line 19			9a	C				
	l	Less: direct expen : Net income or (los			9b	C		0		
	`	. Net income or (los	5) 110	om gaming	activiti	les <b>&gt;</b>	1			
	10a	aGross sales of inve returns and allowa			10-	C	,			
	b	Less: cost of good			10a 10b	C				
		Net income or (los			invent	ory ►		0		
		Miscellaneo				Business Code	0.652.46			0.652.465
	11	·aSALE OF MEDICA	RE AD	OVANTAGE	PGM	90009	9 9,653,16	)		9,653,165
	h	DCDID 0 VPD ADM	4751 5			90009	9 1,892,46	58 1,892,46	3	
	"	OSRIP & VBP ADM	IIIN. F	CE		30003		_,552,100		
	c	VIRTUAL CARD IN	ITERC	CHANGE &	OTHER	90009	9 675,56	675,564	1	
	d	All other revenue								
	e	Total. Add lines 1	1a-1:	1d		•	12,221,19	97		
	12	<b>Total revenue.</b> S	ee ins	structions			1,320,364,38		2	13,266,307
							, ,,	, , , , , , , , , , , , , , , , , , , ,	•	Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	complete all columns	All other organization	ons must complete colu	ımn (A)
Check if Schedule O contains a response or note to a		=		
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	·		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,233,535		3,233,535	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	43,657,540		43,657,540	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,539,977		1,539,977	
9 Other employee benefits	5,348,863		5,348,863	
<b>10</b> Payroll taxes	3,457,381		3,457,381	
<b>11</b> Fees for services (non-employees):				
a Management	0			
<b>b</b> Legal	500,390		500,390	_
c Accounting	575,036		575,036	
<b>d</b> Lobbying	12,664		12,664	
e Professional fundraising services. See Part IV, line 17	0			
${f f}$ Investment management fees $\ . \ . \ . \ . \ .$	211,676		211,676	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,207,049		5,207,049	
12 Advertising and promotion	1,657,664		1,657,664	
13 Office expenses	23,861,191		23,861,191	
14 Information technology	14,647,132		14,647,132	
<b>15</b> Royalties	0			
<b>16</b> Occupancy	10,421,988		10,421,988	
<b>17</b> Travel	267,358		267,358	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
<b>19</b> Conferences, conventions, and meetings	804,270		804,270	
<b>20</b> Interest	2,821,820		2,821,820	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,458,223		6,458,223	
23 Insurance	718,146		718,146	
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 INPATIENT CLAIMS	301,756,049	301,756,049		0
<b>b</b> PHARMACY	254,459,372	254,459,372		
c PHYSICIAN REFERRAL	144,276,228	144,276,228		
d PRIMARY CARE	78,176,656	78,176,656		
e All other expenses	392,674,030	392,674,030		
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,296,744,238	1,171,342,335	125,401,903	0
<b>Joint costs.</b> 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).				

Form 990 (2019)

1

11

12

19

20

Liabilities

Fund Balances

ō 29

Assets 30

27

28

31

32

33

137,887,556

74,723,734

434,398,057

427,734,404

50,542,139

25,958,758

504.235.301

-190,189,056

120,351,812

-69,837,244

434,398,057

11

12

14

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0 21

0 24 Page **11** 

102,846,213

66,642,949

364,330,819

375,662,691

0

0

0

0

0

322,435

30,151,668

406.136.794

-139.932.533

98,126,558

-41,805,975

364,330,819

Form 990 (2019)

Charle if Calandula O					11	Alada Dawa	IV.
Check if Schedule O	contains a	response o	or note t	o any	iine in	this Part	i

	Beginning of year		End of year
Cash-non-interest-bearing	111,245,298	1	100,616,098
Savings and temporary cash investments	6,386,782	2	15,364,579
	0		0

15,364,579 2 3 Pledges and grants receivable, net . 89.903.839 67.189.330 Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 0 5 

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0 6 0 Notes and loans receivable, net . . . 7

0 Assets 8 Inventories for sale or use . . Prepaid expenses and deferred charges . 2,253,681 9 3,382,419

10a Land, buildings, and equipment: cost or other 10a 73.915.550 basis. Complete Part VI of Schedule D 10b 65,626,319 11,997,167 10c 8,289,231 b Less: accumulated depreciation

13 Investments—program-related. See Part IV, line 11 14 Intangible assets . 15 Other assets. See Part IV, line 11 . . . 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses . 18 Grants payable .

Investments—other securities. See Part IV, line 11 .

Investments—publicly traded securities .

Deferred revenue . . .

Tax-exempt bond liabilities . .

21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties

23 Unsecured notes and loans payable to unrelated third parties . and other liabilities not included on lines 17 - 24).

24 25 Complete Part X of Schedule D

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Other liabilities (including federal income tax, payables to related third parties, Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

26

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square</a> and complete lines 27, 28, 32, and 33.

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 13-3330672

Name: Affinity Health Plan Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

MEDICAID PROGRAM - AFFINITY HEALTH PLAN'S MEDICAID PROGRAM IS FUNDED BY THE STATE OF NEW YORK TO MANAGE THE HEALTHCARE AND RELATED COSTS OF MEDICAID PATIENTS IN NEW YORK CITY AND THE SURROUNDING COUNTIES OF NASSAU, SUFFOLK, WESTCHESTER, ROCKLAND AND ORANGE COUNTY.

# ESSENTIAL PLAN - THE ESSENTIAL PLAN COVERS ESSENTIAL HEALTH BENEFITS, INCLUDING INPATIENT AND OUTPATIENT CARE, PHYSICIAN SERVICES, DIAGNOSTIC SERVICES AND PRESCRIPTION DRUGS AMONG OTHERS, WITH NO ANNUAL DEDUCTIBLE AND LOW OUT-OF-POCKET COSTS. PREVENTIVE CARE, SUCH AS ROUTINE OFFICE VISITS AND RECOMMENDED SCREENINGS ARE FREE. THE ESSENTIAL PLAN IS ADMINISTERED UNDER AN AGREEMENT BETWEEN AFFINITY HEALTH PLAN AND NYSDOH

Form 990, Part III, Line 4b:

AND EXTENDS THROUGH DECEMBER 31, 2020.

## Form 990, Part III, Line 4c:

HARP PROGRAM - HARP is an addendum to the Medicaid contract stated above and is subject to the same contract terms. HARP plans provide enhanced care management

for members to help them coordinate all their physical health, behavioral health, substance use disorder, and nonmedical support needs. HARP participants must be 21 or older, insured only by Medicaid, and be eligible for Medicaid managed care.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

others, the total expenses, and revenue, if any, for each program service reported.	

Section E01(a)(2) and (4) organizations and 4047(a)(1) trusts are required to report the amount of grants and allocations to

(Code:	) (Expenses \$	-388,203	including grants of \$	) (Revenue \$	1,120,141 )
MEDICARE (SEE PT I	III, LINE 3)				

(Code: ) (Expenses \$ including grants of \$ (Revenue \$ 35,329,044 28,809,041

CHILD HEALTH PLUS PRGM

efile GRAPHIC print - DO N			1t - DO NOT PI	ROCESS	As Filed Data -			DLN: 9	3493318046880
SCI	HED	ULE A	В	ublic (	harity Statu	s and Bul	olic Supp	ort	OMB No. 1545-0047
(Form 990 or 990EZ)			Complet	Attach to Form 990 or Form 990-EZ.				2019	
		the Treasury	► Go to	www.irs.	<i>gov/Form</i> 990 for in	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	ne organiza h Plan Inc	tion					Employer identific	ation number
								13-3330672	
	rt I				s (All organization			See instructions.	
1 ne c	rganiz		•		it is: (For lines 1 thro	-		(A)(:)	
		·		,	sociation of churches			(A)(I).	
2					. <b>)(A)(ii).</b> (Attach Sch	,	, ,		
3	<b>✓</b>	·	·	•	ice organization desci			-	
4		A medical r name, city,		ion operate	d in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for (iv). (Complete P		of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local gove	ernment or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
7			ation that normall <sup>®</sup> ( <b>0(b)(1)(A)(vi).</b>			s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust described	in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					scribed in <b>170(b)(1)</b> e instructions. Enter			with a land-grant coll college or university:	ege or university or a
10		from activit investment	ies related to its e	, exempt fund lated busine	tions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	is, membership fees, than 331/3% of its su ses acquired by the c	ipport from gross
11			=		exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more public	ly supported orga	anizations d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th ). See section 509(a s 12e, 12f, and 12g,	
а		<b>Type I.</b> A so	supporting organiz	ation opera regularly ap	ted, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting organ	ization supe ng organiza	tion vested in the san			organization(s), by having the supported orga	_
c		Type III f	unctionally integ	<b>jrated.</b> A si				nd functionally integra	ted with, its
d		Type III n	on-functionally integrated. The o	integrated organization	A supporting organi	zation operated fy a distribution	in connection wi	th its supported orgar an attentiveness req	
e		Check this	box if the organiza	ation receiv		ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported orga			-		<u> </u>	
g	Provi	de the follow	ing information al	oout the sup	oported organization(	s).			
	(i) N	Name of supp organization		ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota			tion Act Notice,			Cat. No. 11285		Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	r-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under	the tests listed i	pelow, please co	omplete Part II.	)	
	ection A. Public Support  Calendar year		1	Ī			
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4							
5							
	furnished by a governmental unit to						
_							
	_						
7a							
h							
_	received from other than disqualified						
	persons that exceed the greater of						
	·						
8							
Se			1				
		( ) 2015	(1) 2016	( ) 2047	(1) 2010	( ) 2010	(C) T
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
h							
_	(less section 511 taxes) from						
under section 513  4  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5  The value of services or facilities furnished by a governmental unit to the organization without charge  6  Total. Add lines 1 through 5  7a  Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  c  Add lines 7a and 7b.  8  Public support. (Subtract line 7c from line 6.)  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  9  Amounts from line 6  10a  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  b  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c  Add lines 10a and 10b.  11  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  12  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  13  Total support. (Add lines 9, 10c, 11, and 12.) .							
11							
12							
4.2							
13							
		11 1 11	n's first second th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) or	ganization,
14	First five years. If the Form 990 is fo	r tne organizatioi	i o ili oc, occoria, ci				
14	First five years. If the Form 990 is fo	-					▶ ⊔
	<b>First five years.</b> If the Form 990 is fo check this box and <b>stop here</b>						▶ ⊔
Se	First five years. If the Form 990 is fo	Support Perce	entage				▶ ⊔
Se 15	First five years. If the Form 990 is fo check this box and stop here	Support Perce e 8, column (f) d	entage livided by line 13,	column (f))		15	▶ ⊔
Se 15 16	First five years. If the Form 990 is fo check this box and stop here. ection C. Computation of Public S Public support percentage for 2019 (lin Public support percentage from 2018 S	Support Perce e 8, column (f) d chedule A, Part I	entage livided by line 13,	column (f))			▶ ⊔
Se 15 16 Se	First five years. If the Form 990 is fo check this box and stop here. Ection C. Computation of Public S Public support percentage for 2019 (lin Public support percentage from 2018 S Ection D. Computation of Investi	Support Perce e 8, column (f) d chedule A, Part I ment Income	entage livided by line 13, II, line 15 Percentage	column (f))		15 16	▶ ⊔
Se 15 16 Se 17	First five years. If the Form 990 is fo check this box and stop here.  Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (lin Public support percentage from 2018 Section D. Computation of Investment income percentage for 2019)	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu	entage livided by line 13, II, line 15 Percentage mn (f) divided by	column (f))	))	15 16	▶⊔
Se 15 16 Se 17 18	First five years. If the Form 990 is for check this box and stop here.  Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (line Public Support percentage from 2018 Section D. Computation of Investment income percentage from 2013 Investment Investm	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A,	entage livided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 .	column (f))	))	15 16 17 18	
Se 15 16 Se 17 18 19a	First five years. If the Form 990 is fo check this box and stop here.  Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (lin Public support percentage from 2018 Section D. Computation of Investment income percentage for 2019)	Support Perce e 8, column (f) d ichedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did i	entage livided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 . not check the box	column (f))	))	15 16 17 18 33 1/3%, and line	≥ 17 is not

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . .  $\blacktriangleright$ **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ □ Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
		110 2013	Allibant for 2013
1 Distributable amount for 2019 from Section C, line 6		110 2015	Allount for 2013

details in <b>Part VI</b> ). See instructions		(	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

#### **Additional Data**

#### Software ID: Software Version:

**EIN:** 13-3330672

Name: Affinity Health Plan Inc

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Go to www.irs.gov/Form990 for instructions and the latest information.

2019

DLN: 93493318046880

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

Open to Publ Inspection

Schedule C (Form 990 or 990-EZ) 2019

Cat. No. 50084S

• 8 • 8 f the • 8 • 8 f the Prox	Section 501(c) (other than section 5 Section 527 organizations: Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that e organization answered "Yes" or ky Tax) (see separate instruction	n Form 990, Part IV, Line 4, or Form 99 t have filed Form 5768 (election under so t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	I-A and C below. 90-EZ, Part VI, Iin ection 501(h)): Co der section 501(h)	e <b>47 (Lobbying Activities</b> mplete Part II-A. Do not co )): Complete Part II-B. Do r	mplete Part II-B. not complete Part II-A.
	Section 501(c)(4), (5), or (6) organized and the organized or the organization	zations: Complete Part III.		Employer iden	tification number
	nity Health Plan Inc			Linployer iden	tilication number
_				13-3330672	
	-	nization is exempt under section			
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political cam	npaign activities in	Part IV (see instructions for	or definition of
2	Political campaign activity expend	litures (see instructions)		<b>&gt;</b>	\$
3		aign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ction 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise ta	ax incurred by organization managers ur	nder section 4955		\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	his year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b					
Par	t I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	pt section 501(c)(3)	
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt functi	ion activities 🕨	\$
2		anization's funds contributed to other or		ction 527 exempt	\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and on	Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC). If additional space is needed,	unt paid from the ed to a separate po	filing organization's funds. olitical organization, such a	Also enter the amount
	(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
1					
2					
3					
1					
5					
5					

	•	on under section 501(h)).	(;	a)		(b)	
ectiv	•	ugh 1i below, provide in Part IV a detailed description of the lobbying	Yes	No	4	Amoun	ıt
1		anization attempt to influence foreign, national, state or local legislation, public opinion on a legislative matter or referendum, through the use of:					
	including any attempt to initialite	public opinion on a legislative matter of referendum, through the use of.					
а	Volunteers?			No			
b	Paid staff or management (include	e compensation in expenses reported on lines 1c through 1i)?		No	1		
С	Media advertisements?			No	1		
d	Mailings to members, legislators,	or the public?		No			
е	Publications, or published or broad	dcast statements?		No			
f	Grants to other organizations for I	obbying purposes?		No			
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars	, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		Yes			1	2,664
j	Total. Add lines 1c through 1i					1	2,664
a	Did the activities in line 1 cause th	ne organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any	tax incurred under section 4912			1		
c	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d	If the filing organization incurred a	a section 4912 tax, did it file Form 4720 for this year?					
_	501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c)				Yes	No
1	Were substantially all (90% or mo	re) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-	-house lobbying expenditures of \$2,000 or less?		-	2		
3		y over lobbying and political expenditures from the prior year?		t	3		
Par	Complete if the ord	ganization is exempt under section $501(c)(4)$ , section $501(c)$	(5), o	r sect	ion 5	01(c	)(6
	and if either (a) BO	OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				•	•
	answered "Yes."						
1	•	nounts from members	1				
2	expenses for which the section	bying and political expenditures (do not include amounts of political n 527(f) tax was paid).					
а	Current vear		2a				
b			2b				
С	Total		2c				
	Aggregate amount reported in sec	tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
3	the organization agree to carryove	int on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political	_				
3 4	expenditure next year?		4				
4	Tavalda anagonak ak lalah dina anal a						
4 5		olitical expenditures (see instructions)	5				
4 5 Pa	rt IV Supplemental Info	rmation					
4 5 Pro	<b>Supplemental Info</b> vide the descriptions required for Pa			A, lines	s 1 and	d 2 (se	e
<b>4</b> <b>5</b> Pro	<b>Supplemental Info</b> vide the descriptions required for Pa	rmation art I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list);		A, lines	s 1 and	d 2 (se	e

ALLOCABLE TO LOBBYING.

ASSOCIATION AND THE ASSOCIATION FOR COMMUNITY AFFILIATED PLANS, A PORTION OF WHICH ARE

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493318046880

OMB No. 1545-0047

**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.

2019

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

	me of the organization nity Health Plan Inc			Employer i	dentification	number	
AIIII	ncy nearth rian file			13-3330672			
Pa	rt I Organizations Maintaining Donor Advis			r Accounts.	•		
	Complete if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·	· .	(1) =			
	T	(a) Donor advis	ed funds	(b) Fur	nds and other a	ccounts	
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 adviso organization's property, subject to the organization's ex					Yes 🗌 No	
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for a	ny other purpose c		ermissible	Yes 🗌 No	
Pai	<b>Conservation Easements.</b> Complete if the organization answered "Ye	s" on Form 990, Part I	V, line 7.				
1	Purpose(s) of conservation easements held by the organ						
	Preservation of land for public use (e.g., recreation	or education)	Preservation of an	historically im	portant land a	rea	
	Protection of natural habitat	П	Preservation of a co	•			
			Preservation of a C	ertinea mstori	c structure		
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation cor	ntribution in the form		vation   at the End of	Salas Vaan	
а	Total number of conservation easements		1	2a Heid	at the End of	tne Year	
a b	Total acreage restricted by conservation easements			2b			
	Number of conservation easements on a certified histori		<b>F</b>	2c			
c d	Number of conservation easements included in (c) acqui	` '	<u> </u>	2d			
a	structure listed in the National Register	red after 7/25/00, and no	Con a historic	Zū			
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished	, or terminated by t	he organization	on during the		
4	Number of states where property subject to conservatio	n easement is located <b>&gt;</b>					
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			of violations,	☐ Yes	□ No	
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violation	s, and enforcing co	nservation ea			
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, an	d enforcing conserv	ation easeme	nts during the	year	
	<b>&gt;</b> \$						
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?			'0(h)(4)(B)(i)	☐ Yes	□ No	
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organizat					
Par	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye			er Similar <i>F</i>	\ssets.		
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education	on, or research in fu	tement and baurtherance of	alance sheet we public service,	orks of	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:						
(	i) Revenue included on Form 990, Part VIII, line 1			▶\$			
	i)Assets included in Form 990, Part X			_			
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:	cal treasures, or other sim	nilar assets for finar	_	vide the		
а	Revenue included on Form 990, Part VIII, line 1	· · · · ·		▶\$			
	Assets included in Form 990, Part X			· -			
	Assets included in Form 990, Part A					<del></del>	

Par	t IIII Organizations Mai	ntaining Collections of	of Art, Histor	ical Tı	reasures,	or Other	Similar As	ssets (conti	nued)	
3	Using the organization's acquisitems (check all that apply):	sition, accession, and other	records, check	any of	the following	g that are a	significant ા	use of its coll	ection	
а	Public exhibition		d		Loan or exc	change prog	grams			
b	Scholarly research		е		Other					
c	Preservation for future g	generations								
4	Provide a description of the or Part XIII.	ganization's collections and	explain how th	ey furtl	ner the orga	nization's e	xempt purpo	se in		
5	During the year, did the organ assets to be sold to raise fund:							☐ Yes	□ N	lo
Pai		dial Arrangements. anization answered "Yes	" on Form 990	), Part	IV, line 9,	or reporte	ed an amou		990,	Part
1a	Is the organization an agent, t included on Form 990, Part X?							☐ Yes	□ N	lo
b	If "Yes," explain the arrangem	ent in Part XIII and comple	ete the following	ı tahle:			Δ	mount		_
c	Beginning balance	'	_	•		1c				_
d	Additions during the year					1d				_
e	- ·					1e				_
f	Distributions during the year .					1f				_
' 2a	Ending balance						ability?	☐ Yes		— Io
b								_		
	rt V Endowment Funds									
		anization answered "Yes	" on Form 990	), Part	IV, line 10	١.				
		(a) Currer	nt year (b) I	Prior yea	r (c) Two	years back	(d) Three ye	ars back (e) F	our yea	rs back
1a	Beginning of year balance .									
b	Contributions									
С	Net investment earnings, gains,	, and losses								
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percent Board designated or quasi-end	•	l balance (line 1	g, colu	mn (a)) held	l as:	•	•		
a		10WITIETIC P								
b										
С	Temporarily restricted endown	***************************************	201							
_	The percentages on lines 2a, 2	,		l-	.1444	::				
3a	Are there endowment funds no organization by:	ot in the possession of the o	organization tha	it are n	eid and adm	inistered ro	r tne		Yes	No
	(i) unrelated organizations .							3a(i)		
	(ii) related organizations .							3a(ii)		
b	·		equired on Sch	edule R	?			3b		
4	Describe in Part XIII the intend	ded uses of the organizatio	n's endowment	funds.						
Pai	rt VI Land, Buildings, a	nd Equipment.								
	· · · · · · · · · · · · · · · · · · ·	anization answered "Yes								
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other	r basis (	other)   <b>(c)</b> A	Accumulated (	gepreciation	( <b>d)</b> Bo	ok valu	е
<b>1</b> a	Land									
	Buildings									
	Leasehold improvements	0		6,48	31,268		3,320,905		3	3,160,36
	Equipment				31,456		6,796,591			534,86
	Other				02,826		55,508,823			1,594,003
_		· · · · · · · · · · · · · · · · · · ·								

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

8,289,231

,	form 990) 2019				Page <b>3</b>
	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, P	art IV, li	ne 11b	.See Form 990, I	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Metho	d of valuation: -year market value
(1) Financial (2) Closely-h (3)Other	eld equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.  Complete if the organization answered 'Yes' on Form 990, P	art IV, li	ne 11c	. See Form 990,	Part X, line 13.
	(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(1)				
Part IX	(b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		<u>•</u>		
	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description	art IV, lir	ne 11d.	See Form 990, Par	(b) Book value
	S TO PROVIDERS & OTHER Y REBATE RECEIVABLE				56,072,661 10,570,288
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 15.)				66,642,949
Part X	Other Liabilities.				
1.	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability	iiciv, iii	ie iie	or III.3ee Form	(b) Book value
(1) Federal ir (3)	ncome taxes				0
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col.(B) line 25.)  runcertain tax positions. In Part XIII, provide the text of the footnote	to the o	ganizat	on's financial state	30,151,668 ments that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740). Check h				

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Total expenses and losses per audited financial statements . . . .

Investment expenses not included on Form 990, Part VIII, line 7b .

Supplemental Information

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b . .

Net unrealized gains (losses) on investments . . .

Other (Describe in Part XIII.)

Donated services and use of facilities . . . .

Recoveries of prior year grants . . . . .

Add lines 2a through 2d . .

Subtract line 2e from line 1 . . .

Part XI

2

b

d

3

5

1

2

C

d

b

Part XIII

5

3 4

Part XII

Schedule D (Form 990) 2019

1

2e

3

5

2e

3

4,411,118

Page 4

4,411,118

1,320,364,389

1,320,364,389

1,296,744,238

1,296,744,238

4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>	·		4c	

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

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

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

2a

2b

2c

2d

2a 2b

2c

2d

Amounts included on Form 990, Part IX, line 25, but not on line 1:

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

4a 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

5 1.296.744.238 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	s 2d and 4b. Also complete this part to provide any additional information.
Return Reference	Explanation
See Additional Data Table	
	Schedule D (Form 990) 2019

chedule D (Form 990) 2019 Page !				
Part XIII	Supplemental Info	rmation (continued)		
Retur	n Reference	Explanation		

Schedule D (Form 990) 2019

### **Additional Data**

**Software ID: Software Version:** 

2019 AND 2018.

**EIN:** 13-3330672

Name: Affinity Health Plan Inc

ED THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED AS OF DECEMBER 31,

Supplemental Information	
Return Reference	Explanation
ASC 740 FOOTNOTE	SCHEDULE D, PART X, LINE 2 THE PLAN IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ITS INCOME IS NOT SUBJECT TO FEDERAL, NEW YORK STATE, OR LOCAL INCOME TAXES. THE PLAN RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MEDITS OF THE POSITION WAS CONCLUDED.

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	8046	880
Sch	edule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047
(Forr	n 990)	For certain Office  Complete if the org		2019				
			▶ Attach	to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	<i>v/Form990</i> for	instructions and the latest inform	nation.	Open ( Insp	co Pui ectio	
Nar	ne of the organiza	ation			Employer identifica			
Affir	nity Health Plan Inc				13-3330672			
Pa	rt I Questi	ons Regarding Compensat	tion					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of person				
		nification and gross-up payments		Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauf	Teur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lir	ie la?			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
	✓ Compens	ation committee		Written employment contract				
	_ '	ent compensation consultant	<b>☑</b>	Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a	Yes	
b		r receive payment from, a supple				4b	100	No
c	•		•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	t III.			
	Only 501/5//2	) F01(-)(4)						
5		), 501(c)(4), and 501(c)(29)	=	the organization pay or accrue any				
,		ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes	n A, line 1a, did t ," describe in Pa	the organization provide any nonfixed rt III	d 	7	Yes	
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		No
9	If "Yes" on line	8, did the organization also follow	w the rebuttable	presumption procedure described in	Regulations section	9		No_
For F	Panerwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990 Cat No. 5	50053T Schedule		990)	2019

Schedule J (Form 990) 2019

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

(A) Name and Title		( <b>B)</b> Breakdown of W-2 and/or 1099-MISC compensation			and other	(D) Nontaxable benefits	columns	(F) Compensation ir
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table								
	_							
	+							

Chedule J (Form 990) 2019								
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							
SEVERANCE PAYMENTS	FORM 990, SCHEDULE J, PART I, LINE 4A A SEVERANCE PAYMENT IN THE AMOUNT OF \$285,000 PAID TO ERIC WALSH IS REPORTED AS TAXABLE COMPENSATION IN COLUMN (B)(III). A SEVERANCE PAYMENT IN THE AMOUNT OF \$58,750 PAID TO LISA KEEHN IS REPORTED AS TAXABLE COMPENSATION IN COLUMN (B) (III). NON-FIXED PAYMENTS FORM 990, SCHEDULE J, PART I, LINE 7 INDIVIDUALS LISTED ON SCHEDULE J, PART II RECEIVED DISCRETIONARY BONUS COMPENSATION. WITH RESPECT TO THE PRESIDENT'S BONUS, The total of \$895,035 constitutes two incentive bonus payments paid in 2019 to Mr. Murphy - one for \$295,035 for the 2017 performance review year, and a second, in the amount of \$600,000, for the 2018 performance review year. The bonus payments were based on the achievement of financial and operational metrics, which were established by the Board of Directors. The original 2019 Form W-2 reported \$445,035 for the 2017 performance review year; however, upon review, it was determined \$150,000 of this payment was not subject to a substantial risk of forfeiture as of December 31, 2017 and should have been reported on the 2017 Form W-2. Affinity Health Plan is working with tax advisors to amend prior year Forms W-2 and							

correct any and all withholding obligations.

Schedule 1 (Form 990) 2019

#### **Additional Data**

(i)

(ii)

(i)

(ii)

(ii) (i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

Form (A)

1MICHAEL G MURPHY

1RACHEL AMALFITANO

SVP/CONSUMER MKT (THRU

3Clara Mercedes Hansen

4PHILIP MYONES

**6**LISA MINGIONE

**7**LISA E KEEHN

**8**DENISE J PESICH

VP/CHIEF MARKETING

SVP/Chief Information

**5**SCOTT BREIDBART MD

CHIEF MEDICAL OFFICER

VP/CHIEF COMPLIANCE

VP/EXC DIR MED OP(THRU

VP/CHIEF OF STAFF-CORP

PRESIDENT & CEO

CONSULTANT/CFO

2ERIC WALSH

3/2019)

PLAN

Officer

OFFICER

6/2019)

OFFICER

9Craig Bellise

VP/Controller

**Software Version:** 

592,573

420,183

57,437

220,098

340,896

366,801

264,235

121,150

228,141

221,986

Affinity Hoalth Blan Inc.

Other reportable

compensation

1,980

302,698

690

11,883

2,127

300

65,771

3,810

690

compensation

16,015

4,604

13,800

16,800

14,005

13,637

8,587

6,867

13,765

(E) Total of columns

(B)(i)-(D)

1,523,426

420,183

369,803

288,508

452,032

477,854

323,538

296,184

277,942

295,778

17,823

5,064

21,720

18,578

19,921

2,966

13,726

2,499

18,837

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

		Name: /	Ammiy nealth Plan I	nc		
990. Schedule J.	Part II - Officers,	Directors, Trustees, Key	/ Employees, and H	Highest Compensate	d Employees	
	I,					$\neg$

n 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and I	lighest Compensate	d Employees
Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable

#### other deferred benefits (i) Base Compensation (iii)

**EIN:** 13-3330672

895,035

32,200

63,875

75,000

42,400

86,950

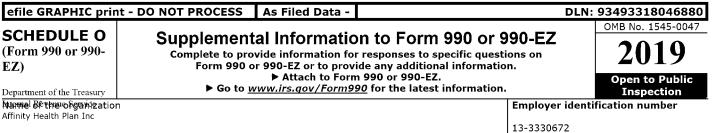
36,625

40,500

Software ID:

Bonus & incentive

compensation



990	<b>S</b> chedule	Ο,	Supplemental	Information

Return Reference	Explanation
ORGANIZATION'S MISSION	·

990 Schedule O, Supplemental Information Return Reference Explanation

ORGANIZATION'S SE THEMSELVES FROM DECISIONS RELATED TO THE CONFLICT.
MISSION

Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, QUESTIONS 15A AND 15B THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO AND CFO INCLUDE THE REVIEW AND APPROVAL BY A COMPENSATION COMMITTEE (THE "COMMITTEE") COMPRISED OF INDEPENDENT DIRECTORS CHARGED WITH THIS RESPONSIBILITY, CONSIDERATION OF COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION AND DOCUMENTATION OF THE DELIBERATION AND DECISION. AFFINITY HEALTH PLAN'S COMPENSATION PROGRAM FOR THESE POSITIONS AND OTHER OFFICERS AND KEY EMPLOYEES INCLUDES: A) COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS ESTABLISHED BY THE COMPENSATION COMMITTEE AND RATIFIED BY THE BOARD OF DIRECTORS OF AFFINITY HEALTH PLAN. THE BOARD AND THE COMMITTEE HAVE ESTABLISHED COMPENSATION TERMS FOR THE CEO CONSIDERING COMPARABILITY DATA FOR CEO POSITIONS IN SIMILAR ORGANIZATIONS IN THEIR DELIBERATIONS AND DECISION MAKING. THESE DECISIONS ARE DOCUMENTED IN ACCORDANCE WITH LEGAL REQUIREMENTS AND BEST PRACTICES. B) COMPENSATION DECISIONS APPLICABLE FOR OTHER OFFICERS AND KEY EMPLOYEES, INCLUDING INCENTIVE BONUSES, MERIT INCREASES, PROMOTIONAL SALARY ADJUSTMENTS, AND STARTING SALARIES FOR NEWLY HIRED OFFICERS AND KEY EMPLOYEES ARE MADE AFTER REVIEW OF COMPARABILITY DATA FROM PUBLISHED SOURCES FOR SIMILAR POSITIONS IN THE RELEVANT LABOR MARKET. PUBLISHED COMPARABILITY DATA THOR UTILIZED INCLUDES INDUSTRY SPECIFIC DATA. INTERNAL DATA IS REVIEWED AS WELL WITH THE OBJECTIVE OF ENSURING INTERNAL EQUITY WITH SIMILARLY SITUATED STAFF. COMPENSATION DECISIONS IMPACTING THOSE OF THE FOREGOING POSITIONS THAT ARE ALSO DEEMED TO BE "DISQUALIFIED PERSONS" UNDER THE INTERNAL REVENUE CODE (E.G., CHIEF FINANCIAL OFFICER) ARE MADE BY THE COMMITTEE (AND RATIFIED BY THE BOARD) IN ACCORDANCE WITH "INTERMEDIATE SANCTIONS SAFE HARBOR" STANDARDS UTILIZING THE SAME PROCESSES AS ARE APPLIED TO THE CEO (DISCUSSED ABOVE). DOCUMENT DISCLOSURE FORM 990, PART VI, QUESTION 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Return Explanation
Reference

FORM 990 DESCRIPTION:BEACON IBNR EXPENSE TOTAL EXPENSES:95226548 PROGRAM SERVICES:95226548
LINE 24 OTHER
EXPENSES

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:EMERGENCY ROOM CLAIMS TOTAL EXPENSES:117679598 PROGRAM SERVICES:117679598

Return Explanation
Reference

FORM 990
PART IX
LINE 24 OTHER
EXPENSES

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:PROFESSION SERVICE-IBNR TOTAL EXPENSES:-11954199 PROGRAM SERVICES:-11954199

Return Explanation

FORM 990 DESCRIPTION:SHARE SAVINGS EXPENSE TOTAL EXPENSES:3146594 PROGRAM SERVICES:3146594

LINE 24 OTHER

EXPENSES

990 Schedule O, Supplemental Information

Return
Reference

Explanation

FORM 990	DESCRIPTION:OUTPATIENT CLAIMS-IBNR TOTAL EXPENSES:-15704053 PROGRAM SERVICES:-15704053
PART IX	
LINE 24 -	
OTHER	
EXPENSES	

990 Schedule O, Supplemental Information

Return Explanation

Poference

Kelefelice	
FORM 990	DESCRIPTION:OUTPATIENT NON VALUATED EXPENS TOTAL EXPENSES:1794223 PROGRAM SERVICES:1794223
PART IX	
LINE 24 -	
OTHER	
EXPENSES	

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:OTHER PROFESSIONAL SERVICES - TOTAL EXPENSES:110062205 PROGRAM SERVICES:110062205

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:OTHER PROFESSIONAL SVC-HCRA TOTAL EXPENSES:3318777 PROGRAM SERVICES:3318777

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:THIRD PARTY RECOVERIES - REINS TOTAL EXPENSES:-19343252 PROGRAM SERVICES:-19343252

Return Explanation
Reference

FORM 990 DESCRIPTION:HEALTH HOME CLAIMS TOTAL EXPENSES:16275905 PROGRAM SERVICES:16275905
LINE 24 OTHER
EXPENSES

Return Explanation
Reference

FORM 990	DESCRIPTION:DENTAL CAPITATION TOTAL EXPENSES:25941921 PROGRAM SERVICES:25941921
PART IX LINE 24 -	
OTHER	
EXPENSES	

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990 PART IX	DESCRIPTION:BEHAVIORAL HEALTH CAPITATION TOTAL EXPENSES:895850 PROGRAM SERVICES:895850
LINE 24 -	
OTHER	
EXPENSES	

Return Explanation
Reference

FORM 990 DESCRIPTION:DENTAL HCRA TOTAL EXPENSES:186834 PROGRAM SERVICES:186834
LINE 24 OTHER
EXPENSES

Return Explanation
Reference

FORM 990 DESCRIPTION:BEACON HCRA TOTAL EXPENSES:1418830 PROGRAM SERVICES:1418830

PART IX

LINE 24 
OTHER

EXPENSES

Return

Reference	Lapiananon
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:DIAGNOSTIC TEST LAB & X-RAY CL TOTAL EXPENSES:31809327 PROGRAM SERVICES:31809327

Evolunation

Return Explanation
Reference

FORM 990 DESCRIPTION:LAB HCRA TOTAL EXPENSES:2427978 PROGRAM SERVICES:2427978

PART IX

LINE 24 
OTHER

EXPENSES

990 Schedule O, Supplemental Information

Return Explanation

FORM 990
PART IX
LINE 24 OTHER
EXPENSES

Return Explanation
Reference

FORM 990 DESCRIPTION:FAMILY PLANNING TOTAL EXPENSES:141 PROGRAM SERVICES:141

LINE 24 OTHER

EXPENSES

Return Explanation
Reference

FORM 990 DESCRIPTION:NURSING FACILITY TOTAL EXPENSES:2047864 PROGRAM SERVICES:2047864
LINE 24 OTHER
EXPENSES

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:TRANSPORTATION NON-EMERGENT TOTAL EXPENSES:-30635 PROGRAM SERVICES:-30635

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:VISION CAPITATION TOTAL EXPENSES:3210241 PROGRAM SERVICES:3210241

Return Explanation

FORM 990
PART IX
LINE 24 OTHER
EXPENSES:

DESCRIPTION:OUTPATIENT PHYSICAL THERAPY TOTAL EXPENSES:1319 PROGRAM SERVICES:1319

DESCRIPTION:OUTPATIENT PHYSICAL THERAPY TOTAL EXPENSES:1319 PROGRAM SERVICES:1319

DESCRIPTION:OUTPATIENT PHYSICAL THERAPY TOTAL EXPENSES:1319 PROGRAM SERVICES:1319

EXPENSES

Return Explanation
Reference

FORM 990 DESCRIPTION:CHIROPRACTIC TOTAL EXPENSES:264928 PROGRAM SERVICES:264928
LINE 24 OTHER
EXPENSES

Return Explanation

FORM 990 DESCRIPTION:ACUPUNCTURE TOTAL EXPENSES:359 PROGRAM SERVICES:359

LINE 24 OTHER

EXPENSES

Return

Reference	— <del></del>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:DME, MEDICAL SUPPLIES TOTAL EXPENSES:435 PROGRAM SERVICES:435

Explanation

Return Explanation
Reference

FORM 990	DESCRIPTION:AMBULATORY SURGERY TOTAL EXPENSES:18880 PROGRAM SERVICES:18880
PART IX	
LINE 24 -	
OTHER	
EXPENSES	

Return

Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:HOME HEALTH CARE TOTAL EXPENSES:55 PROGRAM SERVICES:55

Evolunation

Return Explanation
Reference

FORM 990	DESCRIPTION:OTHER MEDICAL TOTAL EXPENSES:1008334 PROGRAM SERVICES:1008334
PART IX	
LINE 24 -	
OTHER	
EXPENSES	

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990	DESCRIPTION:PRENATAL/POSTPARTUM CARE TOTAL EXPENSES:1208 PROGRAM SERVICES:1208
PART IX	
LINE 24 -	
OTHER	
EXPENSES	

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:MEDICAID STOP LOSS INSURANCE TOTAL EXPENSES:15116716 PROGRAM SERVICES:15116716

Return Explanation
Reference

FORM 990 DESCRIPTION:COVERED LIVES TOTAL EXPENSES:6027117 PROGRAM SERVICES:6027117
LINE 24 OTHER
EXPENSES

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318046880 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Affinity Health Plan Inc 13-3330672 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) 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. (b) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

one or more related organizations treat	ed as a partnership o	during the ta	x year.													
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity		(e) Predomina income(rela unrelated excluded fr tax unde sections 5: 514)	ant Sh ated, total d, rom er	(f) are of income	(g) Share of e end-of-year assets	(h) Disproprtionat r allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentag ownershi	
						514)				Yes	No		Yes	No		
Part IV Identification of Related Organizati because it had one or more related organization.	<b>ons Taxable as a C</b> anizations treated as	<b>orporation</b> a corporatio	<b>or Trus</b> n or tru	<b>t.</b> Comp st durin	olete g the	if the org tax year	anizatio -	n ansv	wered "Yes	on F	orm 9	90, Part IV	, line			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le dor (state o	c) egal nicile or foreign ntry)	ſ	Direct o	(d) controlling ntity (	(e) Type of er (C corp, S or trust	corp,	(f) Share of total income	Share	( <b>g)</b> of end- year assets	of- Perce owne	ntage	(1	L3) con entit	y?
(1)AHP ENTERPRISES INC	MGMT SVCS		E	A	HSH		C CORP		0			0			Yes	No No
1776 EASTCHESTER ROAD BRONX, NY 10461 47-3885217																
(2)AFFINITY HEALTH SERVICES HOLDINGS INC 1776 EASTCHESTER ROAD BRONX, NY 10461 47-3909849	HOLDING CO	С	E	N	IA	C	CORP		0	L		0				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

Page **3** 

art V	Transactions with i	Related Organizations.	Complete if the organization answered	res on Form 990,	Part IV, line 34, 350, or 36.	
Note	- Complete line 1 if any as	ation is like and in Decade II III .	T\ / - E +  - :      -			

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	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)	<b>1</b> b		No					
С	Gift, grant, or capital contribution from related organization(s)	1c		No					
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No					
е	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)	<b>1</b> g		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					
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No					
0	Sharing of paid employees with related organization(s)	10		No					
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No					
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No					
r	Other transfer of cash or property to related organization(s)	1r		No					
s	Other transfer of cash or property from related organization(s)	<b>1</b> s		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 Method of determining an	nount i	nvolved						

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

<b>(a)</b> Name, address, and EIN of entity	domicile   income   section   total   enc		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I nartner? I		<b>(k)</b> Percentage ownership				
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Fo	rm 990) 2019		Page <b>5</b>			
Part VII	Supplemental Info	ormation				
Provide additional information for responses to questions on Schedule R. (see instructions).						
Retu	ırn Reference	Explanation				