

**PUBLIC INSPECTION COPY**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>AMERICA'S HEALTH INSURANCE PLANS INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>601 PENNSYLVANIA AVE NW SUITE 500</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20004</b> <b>F Name and address of principal officer: MATTHEW EYLES</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>36-2087641</b> <b>E Telephone number</b> <b>202-778-3200</b> <b>G Gross receipts \$</b> <b>61,757,254.</b> <b>H(a) Is this a group return for subordinates? .....</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.AHIP.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> <b>1959</b>		<b>M State of legal domicile:</b> <b>DE</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>38</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>36</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>158</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>413,511.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>451,421.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,503,143.</b>	<b>Current Year</b> <b>15,344.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>62,352,268.</b>	<b>60,422,170.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>339,930.</b>	<b>462,872.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>744,333.</b>	<b>856,868.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>64,939,674.</b>	<b>61,757,254.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>26,825,132.</b>	<b>27,137,156.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>34,204,084.</b>	<b>32,480,973.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>61,029,216.</b>	<b>59,618,129.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,910,458.</b>	<b>2,139,125.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>36,494,977.</b>	<b>End of Year</b> <b>37,444,804.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>31,689,023.</b>	<b>31,213,609.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,805,954.</b>	<b>6,231,195.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MATTHEW EYLES, PRESIDENT &amp; CEO</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ANNE SCHRANTZ</b>	Preparer's signature <b>ANNE SCHRANTZ</b>
	Firm's name ▶ <b>COHNREZNICK LLP</b> Firm's address ▶ <b>7501 WISCONSIN AVENUE, SUITE 400E</b> <b>BETHESDA, MD 20814</b>	Date <b>11/14/19</b>
		Check if self-employed <input type="checkbox"/> PTIN <b>P00230625</b> Firm's EIN ▶ <b>22-1478099</b> Phone no. <b>301-652-9100</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O

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

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with columns for question number, description, Yes, and No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> 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 .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 38		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 36		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **DAWN BANDA - 202-778-3200**  
**601 PENNSYLVANIA AVENUE, NW, #500, WASHINGTON, DC 20004**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BAACKES BOARD MEMBER	1.00	X						0.	0.	0.
(2) JOHN BENNETT BOARD MEMBER	1.00	X						0.	0.	0.
(3) GARY BHOJWANI BOARD MEMBER	1.00	X						0.	0.	0.
(4) GAIL BOUDREAU BOARD MEMBER	1.00	X						0.	0.	0.
(5) KENNETH BURDICK BOARD MEMBER	1.00	X						0.	0.	0.
(6) WILLIAM CAMERON BOARD MEMBER	1.00	X						0.	0.	0.
(7) MICHAEL CARSON BOARD MEMBER	1.00	X						0.	0.	0.
(8) KEVIN CONLIN BOARD MEMBER	1.00	X						0.	0.	0.
(9) PATRICK CONWAY BOARD MEMBER	1.00	X						0.	0.	0.
(10) DAVID CORDANI CHAIR ELECT	1.00	X		X				0.	0.	0.
(11) MICHAEL CROPP BOARD MEMBER	1.00	X						0.	0.	0.
(12) THOMAS CROSWELL BOARD MEMBER	1.00	X						0.	0.	0.
(13) MICHAEL GALLAGHER BOARD MEMBER	1.00	X						0.	0.	0.
(14) MARK GANZ PAST CHAIR	1.00	X		X				0.	0.	0.
(15) PATRICK GERAGHTY BOARD MEMBER	1.00	X						0.	0.	0.
(16) RICK HAINES BOARD MEMBER	1.00	X						0.	0.	0.
(17) J.D. HICKEY BOARD MEMBER	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANIEL HILFERTY BOARD MEMBER	1.00	X					0.	0.	0.	
(19) DAVID HOLMBERG BOARD MEMBER	1.00	X					0.	0.	0.	
(20) DANIEL LOEPP BOARD MEMBER	1.00	X					0.	0.	0.	
(21) PETER MARINO BOARD MEMBER	1.00	X					0.	0.	0.	
(22) PAUL MARKOVICH BOARD MEMBER	1.00	X					0.	0.	0.	
(23) DENNIS MATHEIS BOARD MEMBER	1.00	X					0.	0.	0.	
(24) MICHAEL NEIDORFF BOARD MEMBER	1.00	X					0.	0.	0.	
(25) ERHARDT PREITAUER BOARD MEMBER	1.00	X					0.	0.	0.	
(26) ROBERT REED, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							6,560,980.	0.	403,011.	
<b>d Total (add lines 1b and 1c)</b>							6,560,980.	0.	403,011.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **13**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
LOCUST STREET GROUP 100 M ST SE, STE 600, WASHINGTON, DC 20003	ADVOCACY	2,861,919.
WEB COURSEWORKS, 7617 MINERAL POINT ROAD, STE 301, MADISON, WI 53717	LMS SERVICES	2,395,476.
NOBODY MEDIA, LLC, 926 N. STREET, REAR, SUITE 3, NW, WASHINGTON, DC 20001	ADVOCACY	907,724.
GLOBAL STRATEGY GROUP, LLC, 215 PARK AVENUE SOUTH, 15TH FLOOR, NEW YORK, NY	ADVOCACY	824,904.
MARRIOTT BUSINESS SERVICES P.O. BOX 406474, ATLANTA, GA 30384	CONFERENCES	777,416.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **59**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) CRAIG SAMITT BOARD MEMBER	1.00	X						0.	0.	0.	
(28) MICHAEL SCHRADER BOARD MEMBER	1.00	X						0.	0.	0.	
(29) RICHARD A. SHINTO BOARD MEMBER	1.00	X						0.	0.	0.	
(30) PAULA STEINER BOARD MEMBER	1.00	X						0.	0.	0.	
(31) TOM SWANK BOARD MEMBER	1.00	X						0.	0.	0.	
(32) BERNARD TYSON BOARD CHAIR	1.00	X		X				0.	0.	0.	
(33) ANDREA M. WALSH BOARD MEMBER	1.00	X						0.	0.	0.	
(34) PAT WANG BOARD MEMBER	1.00	X						0.	0.	0.	
(35) TERESA L. WHITE BOARD MEMBER	1.00	X						0.	0.	0.	
(36) STEVEN YOUSO BOARD MEMBER	1.00	X						0.	0.	0.	
(37) JOSEPH ZUBRETSKY BOARD MEMBER	1.00	X						0.	0.	0.	
(38) MATTHEW EYLES PRESIDENT & CEO - INCOMING	39.00 1.00			X				908,496.	0.	49,222.	
(39) JULIE MILLER GENERAL COUNSEL/SECRETARY	39.00 1.00			X				525,807.	0.	20,387.	
(40) MARILYN TAVENNER PRESIDENT & CEO - OUTGOING	39.00 1.00			X				1,384,286.	0.	999.	
(41) THOMAS AMONTREE EXECUTIVE VP	40.00				X			450,303.	0.	29,393.	
(42) DAWN BANDA CHIEF FINANCIAL OFFICER	40.00				X			348,874.	0.	27,916.	
(43) RICHARD BANKOWITZ CHIEF MEDICAL OFFICER - OUTGOING	40.00				X			352,001.	0.	23,898.	
(44) DAVID Q MERRITT EXECUTIVE VP	40.00				X			480,465.	0.	18,032.	
(45) ADRIENNE MORRELL EXECUTIVE VP - OUTGOING	40.00				X			384,941.	0.	23,111.	
(46) LEANNE GASSAWAY SENIOR VP	40.00					X		351,280.	0.	36,881.	
Total to Part VII, Section A, line 1c											

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MARK HAMELBURG SENIOR VP	40.00					X		470,288.	0.	45,456.
(48) HOLLY MACMORAN VICE PRESIDENT	40.00					X		298,403.	0.	38,342.
(49) LISA SHREVE SENIOR VP	40.00					X		307,949.	0.	41,945.
(50) MICHAEL SPECTOR DEPUTY GENERAL COUNSEL	40.00					X		297,887.	0.	47,429.
Total to Part VII, Section A, line 1c .....								6,560,980.		403,011.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	15,344.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		15,344.				
<b>Program Service Revenue</b>	<b>2 a</b> MEMBERSHIP DUES & ASSESSMENTS	<b>Business Code</b> 900099	33,343,785.	33,343,785.			
	<b>b</b> EDUCATIONAL PROGRAMS	900099	14,400,963.	14,400,963.			
	<b>c</b> CONFERENCE SPONSORSHIP	900099	7,538,126.	7,538,126.			
	<b>d</b> CONFERENCE REGISTRATION	900099	3,777,378.	3,777,378.			
	<b>e</b> ENGAGEMENT PROGRAMS AND ALLIANCES	900099	1,361,918.	1,361,918.			
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		60,422,170.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		462,872.			462,872.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		413,511.		413,511.		
	<b>6 a</b> Gross rents .....	(i) Real	261,867.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	0.				
		<b>c</b> Rental income or (loss) .....	261,867.				
	<b>d</b> Net rental income or (loss) .....		261,867.			261,867.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS	900099	181,490.	181,490.				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		181,490.					
<b>12 Total revenue.</b> See instructions .....		61,757,254.	60,603,660.	413,511.	724,739.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	5,028,130.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	18,036,521.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,083,959.			
9 Other employee benefits .....	1,719,306.			
10 Payroll taxes .....	1,269,240.			
11 Fees for services (non-employees):				
a Management .....	1,565,179.			
b Legal .....	877,438.			
c Accounting .....	226,227.			
d Lobbying .....	7,436,258.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	63,975.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,536,360.			
12 Advertising and promotion .....	974,091.			
13 Office expenses .....	1,621,989.			
14 Information technology .....	1,014,107.			
15 Royalties .....				
16 Occupancy .....	3,503,128.			
17 Travel .....	669,159.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	4,333,145.			
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,458,500.			
23 Insurance .....	268,198.			
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 <b>INSURANCE EDUCATION PRO</b>	2,981,475.			
b <b>ADVOCACY - SCHEDULE O</b>	100,000.			
c _____				
d _____				
e All other expenses _____	1,851,744.			
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>59,618,129.</b>			
<b>26 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	17,948,298.	<b>1</b>	20,448,180.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	80,122.	<b>3</b>	
	<b>4</b> Accounts receivable, net .....	479,174.	<b>4</b>	862,378.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,109,469.	<b>9</b>	849,473.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,691,258.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,387,651.	400,160.	<b>10c</b> 303,607.
	<b>11</b> Investments - publicly traded securities .....	12,788,015.	<b>11</b>	12,127,645.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	3,441,168.	<b>14</b>	2,742,163.
	<b>15</b> Other assets. See Part IV, line 11 .....	248,571.	<b>15</b>	111,358.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	36,494,977.	<b>16</b>	37,444,804.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,941,034.	<b>17</b>	6,235,702.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	18,385,660.	<b>19</b>	18,046,266.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	7,362,329.	<b>25</b>	6,931,641.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	31,689,023.	<b>26</b>	31,213,609.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	4,805,954.	<b>27</b>	6,231,195.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	4,805,954.	<b>33</b>	6,231,195.	
<b>34</b> Total liabilities and net assets/fund balances .....	36,494,977.	<b>34</b>	37,444,804.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,757,254.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,618,129.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,139,125.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,805,954.
5	Net unrealized gains (losses) on investments	5	-713,884.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,231,195.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2018)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization

**AMERICA'S HEALTH INSURANCE PLANS INC.**

Employer identification number

**36-2087641**

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

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

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

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2018**



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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	33,343,785.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	12,993,016.
<b>b</b> Carryover from last year .....	<b>2b</b>	-5,105,545.
<b>c</b> Total .....	<b>2c</b>	7,887,471.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	11,140,722.
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	-3,253,251.

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,691,258.	1,387,651.	303,607.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				303,607.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	4,406,828.
(3) DEFERRED COMPENSATION	1,111,849.
(4) ACCRUED POSTRETIREMENT HEALTH	1,412,964.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,931,641.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

AHIP HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX EXEMPT ENTITY PURSUANT TO SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. AHIP IS SUBJECT TO INCOME TAXES ON REVENUE GENERATED FROM OTHER SOURCES UNRELATED TO ITS EXEMPT PURPOSE. DUE TO ITS TAX EXEMPT STATUS, AHIP IS NOT SUBJECT TO INCOME TAXES ON REVENUES THAT ARE GENERATED RELATED TO ITS EXEMPT PURPOSE. AHIP IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL STATEMENTS REFLECT PROVISIONS FOR UNRELATED BUSINESS INCOME TAXES. UNRELATED BUSINESS INCOME, NET OF EXPENSES, WAS \$255,470 FOR THE YEAR ENDED DECEMBER 31, 2018. INCOME TAX EXPENSE FOR UNRELATED BUSINESS INCOME FOR THE YEAR ENDED

**Part XIII** Supplemental Information (continued)

DECEMBER 31, 2018 WAS \$137,887.

AHIP COMPLIES WITH THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES. THE FASB ASC REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. DURING THE YEAR ENDED 2018, AHIP DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. INCOME TAX RETURNS FILED BY AHIP ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2015 REMAIN OPEN.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **AMERICA'S HEALTH INSURANCE PLANS INC.**  
 Employer identification number: **36-2087641**

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **1b**

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ..... **7**

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

Schedule J (Form 990) 2018



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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MATTHEW EYLES PRESIDENT & CEO - INCOMING	(i)	808,496.	100,000.	0.	14,608.	34,614.	957,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIE MILLER GENERAL COUNSEL/SECRETARY	(i)	475,807.	50,000.	0.	15,024.	5,363.	546,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARILYN TAVENNER PRESIDENT & CEO - OUTGOING	(i)	619,286.	765,000.	0.	0.	999.	1,385,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THOMAS AMONTREE EXECUTIVE VP	(i)	425,303.	25,000.	0.	14,560.	14,833.	479,696.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAWN BANDA CHIEF FINANCIAL OFFICER	(i)	273,874.	75,000.	0.	13,843.	14,073.	376,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RICHARD BANKOWITZ CHIEF MEDICAL OFFICER - OUTGOING	(i)	337,001.	15,000.	0.	12,231.	11,667.	375,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID Q MERRITT EXECUTIVE VP	(i)	430,465.	50,000.	0.	15,125.	2,907.	498,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ADRIENNE MORRELL EXECUTIVE VP - OUTGOING	(i)	334,941.	50,000.	0.	11,879.	11,232.	408,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LEANNE GASSAWAY SENIOR VP	(i)	331,280.	20,000.	0.	12,375.	24,506.	388,161.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARK HAMELBERG SENIOR VP	(i)	450,288.	20,000.	0.	14,562.	30,894.	515,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HOLLY MACMORAN VICE PRESIDENT	(i)	298,403.	0.	0.	13,241.	25,101.	336,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LISA SHREVE SENIOR VP	(i)	287,949.	20,000.	0.	14,000.	27,945.	349,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MICHAEL SPECTOR DEPUTY GENERAL COUNSEL	(i)	277,887.	20,000.	0.	15,006.	32,423.	345,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE L**  
(Form 990 or 990-EZ)

**Transactions With Interested Persons**

OMB No. 1545-0047

**2018**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **AMERICA'S HEALTH INSURANCE PLANS INC.**      Employer identification number: **36-2087641**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....						▶ \$ _____						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID M. CORDANI	BOARD MEMBER & CHAI	1,755,637.	VENDOR - HE		X

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID M. CORDANI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER & CHAIR-ELECT OF AHIP

(D) DESCRIPTION OF TRANSACTION: VENDOR - HEALTH INSURANCE PROVIDER

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

AMERICA'S HEALTH INSURANCE PLANS INC.

Employer identification number

36-2087641

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF AMERICA'S HEALTH INSURANCE PLANS (AHIP) AND ITS PLANS IS  
TO PROVIDE COVERAGE AND HEALTH-RELATED SERVICES THAT IMPROVE AND  
PROTECT THE HEALTH AND FINANCIAL SECURITY OF CONSUMERS, FAMILIES,  
BUSINESSES, COMMUNITIES, AND THE NATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AHIP IS THE NATIONAL ASSOCIATION WHOSE MEMBERS PROVIDE COVERAGE FOR  
HEALTH CARE AND RELATED SERVICES TO MILLIONS OF AMERICANS THROUGH  
EMPLOYER-SPONSORED COVERAGE, THE INDIVIDUAL INSURANCE MARKET, AND  
PUBLIC PROGRAMS SUCH AS MEDICARE AND MEDICAID. AHIP ADVOCATES FOR  
PUBLIC POLICIES THAT EXPAND ACCESS TO AFFORDABLE HEALTH CARE COVERAGE  
TO ALL AMERICANS THROUGH A COMPETITIVE MARKETPLACE THAT FOSTERS CHOICE,  
QUALITY AND INNOVATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ADVOCACY: THE FEDERAL AFFAIRS TEAM DIRECTS THE ASSOCIATION'S  
LEGISLATIVE STRATEGY, ADVOCATES THE INDUSTRY'S POSITIONS, EDUCATES  
POLICYMAKERS ON INDUSTRY ISSUES AND MANAGES RELATIONSHIPS ON CAPITOL  
HILL AND WITH THE ADMINISTRATION. FEDERAL AFFAIRS ACTIVELY WORKS ON ALL  
SIGNIFICANT PIECES OF HEALTH CARE LEGISLATION, AS WELL AS COORDINATING  
THE INDUSTRY'S RESPONSE TO CONGRESSIONAL OVERSIGHT ACTIVITIES. AHIP'S  
STATE AFFAIRS TEAM COORDINATES THE INDUSTRY'S ADVOCACY EFFORTS ON  
LEGISLATION AND REGULATION IN ALL 50 STATES, WORKING CLOSELY WITH  
MEMBER-COMPRISED STATE STRATEGY TEAMS, AS WELL AS STATE-BASED HEALTH  
INSURANCE PLAN TRADE ASSOCIATIONS. AHIP'S STATE AFFAIRS MANAGES A

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization AMERICA'S HEALTH INSURANCE PLANS INC.	Employer identification number 36-2087641
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NATIONAL NETWORK OF LOBBYING CONSULTANTS AND TRACKS MORE THAN 10,000  
PIECES OF LEGISLATION AND REGULATIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

POLICY, REGULATORY AND CLINICAL AFFAIRS: AHIP'S ADVOCACY IS  
COMPLEMENTED BY A ROBUST POLICY, REGULATORY, CLINICAL AND LEGAL  
OPERATION. THE POLICY & REGULATORY AFFAIRS (PRA) TEAM LEADS THE  
INDUSTRY'S PUBLIC POLICY STRATEGY, PROVIDES ANALYSIS OF LEGISLATION AND  
POLICY PROPOSALS, AND DEVELOPS POLICY PROPOSALS. THE PRA OPERATION  
INCLUDES A TEAM OF EXPERTS DEVOTED TO SPECIFIC INSURANCE PRODUCTS AND  
CROSS-CUTTING ISSUES THAT AFFECT THE ENTIRE INDUSTRY. THIS TEAM BRINGS  
A SOLUTIONS-ORIENTED APPROACH TO ITS ANALYSIS OF PRIVATE MARKET  
REGULATION AND FUNDING TO FOSTER CHOICE AND COMPETITION FOR CONSUMERS.  
IT ALSO ENGAGES WITH ALL THE KEY FEDERAL AGENCIES AS WELL AS THE NAIC  
AND STATE INSURANCE COMMISSIONERS. THE CLINICAL AFFAIRS TEAM WORKS  
CLOSELY WITH INDUSTRY CHIEF MEDICAL OFFICERS, CHIEF PHARMACY OFFICERS,  
MEDICAL DIRECTORS, AND OTHER CLINICAL STAFF TO SPEARHEAD A WIDE RANGE  
OF INITIATIVES RELATED TO THE INDUSTRY'S VALUE PROPOSITION,  
TRANSFORMATION OF THE DELIVERY SYSTEM, RECOGNITION AND ENHANCEMENT OF  
MEDICAL MANAGEMENT TOOLS AND IMPROVING THE OVERALL QUALITY OF HEALTH  
CARE AND BETTER HEALTH OUTCOMES FOR THEIR MEMBERS. AFFAIRS AND  
RESEARCH: AHIP CONDUCTS AND PUBLISHES ORIGINAL RESEARCH AND PROVIDES  
ANALYSIS AND COMMENTARY ON THE RESEARCH OF OTHERS. THEY SEEK TO  
DEMONSTRATE THE VALUE PROPOSITION OF PRIVATE HEALTH INSURANCE PLANS,  
AND EDUCATE THE POLICY COMMUNITY AND NEWS MEDIA ABOUT KEY PROGRAMS,  
PRODUCTS AND MARKET SEGMENTS THAT ARE OF INTEREST TO POLICYMAKERS.  
AHIP'S PUBLIC AFFAIRS STAFF WORKS PROACTIVELY TO SHAPE MEDIA COVERAGE  
AND OPINION LEADER DIALOGUE AROUND IMPORTANT HEALTH POLICY AND INDUSTRY

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SPECIFIC ISSUES. PUBLIC AFFAIRS STAFF CONDUCTS PUBLIC OPINION RESEARCH TO MONITOR INDUSTRY ISSUES AND DEVELOP EFFECTIVE MESSAGES, WHILE ALSO UTILIZING NEW MEDIA TOOLS FOR RAPID RESPONSE AND FACT CHECKING. IN ADDITION, PUBLIC AFFAIRS ENGAGES IN COALITION BUILDING WITH ORGANIZATIONS THAT ARE ALLIED WITH AHIP ON KEY ISSUES AND TOPICS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CONFERENCES AND EDUCATION: FOR MORE THAN 50 YEARS, AMERICA'S HEALTH INSURANCE PLANS HAS BEEN EDUCATING HEALTH CARE PROFESSIONALS FOCUSED ON CONTINUOUSLY IMPROVING OUR HEALTH CARE SYSTEM. AHIP'S UNIQUE COMBINATION OF CONFERENCES, SELF STUDY COURSES, MULTIMEDIA, WHITE PAPERS, AND DESIGNATION PROGRAMS PROVIDE THE FLEXIBILITY TO MEET THE DIVERSE NEEDS OF PROFESSIONALS OF ALL LEVELS. OUR EDUCATIONAL PROGRAMS FOCUS ON THE NEWEST APPROACHES, TRENDS AND EMERGING ISSUES. THE CONFERENCES AND EDUCATION STAFF CONTINUOUSLY UPDATE PROGRAMS TO ENSURE THEY ARE RELEVANT AND BENEFICIAL TO THE EVOLVING HEALTH CARE SYSTEM.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MAJOR MEDICAL AND NON-MAJOR MEDICAL MEMBERS WITH VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S MAJOR MEDICAL AND NON-MAJOR MEDICAL MEMBERS HAVE THE POWER TO ELECT DIRECTORS OF THE ORGANIZATION AND THE ORGANIZATION'S EXECUTIVE COMMITTEE HAS THE POWER TO APPOINT A DIRECTOR TO FILL A VACANCY AND MANAGE THE AFFAIRS OF THE CORPORATION AS DELEGATED BY THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

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THE ORGANIZATION'S MAJOR MEDICAL AND NON-MAJOR MEDICAL MEMBERS HAVE APPROVAL RIGHTS OVER CERTAIN GOVERNANCE DECISIONS OF THE ORGANIZATION AND THE ORGANIZATION'S EXECUTIVE COMMITTEE HAS THE AUTHORITY TO MAKE DECISIONS ON THE BOARD'S BEHALF IN CERTAIN MATTERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY CFO, GENERAL COUNSEL AND AHIP MANAGEMENT PRIOR TO FILING. RESPONSES TO QUESTIONS AND ADDITIONAL INFORMATION ARE REVIEWED FOR APPROPRIATENESS. ADDITIONALLY, FORM 990 IS REVIEWED AND APPROVED BY CEO AND AHIP BOARD CHAIR PRIOR TO FINAL FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOLLOWING IS A SUMMARY OF HOW THE ORGANIZATION MONITORS AND ENFORCES CONFLICTS OF INTEREST AS IT APPLIES TO OFFICERS AND DIRECTORS ("AHIP INDIVIDUALS"): 1. MONITORING. THE SECRETARY AND/OR CEO WILL BE RESPONSIBLE FOR MONITORING THE COMPLIANCE WITH AND THE EFFECTIVENESS OF THE CONFLICTS OF INTEREST POLICY FOR AHIP OFFICERS AND DIRECTORS AND SHALL PROVIDE REGULAR REPORTS TO THE ADMINISTRATIVE COMMITTEE CONCERNING THE SAME. AS PART OF SUCH RESPONSIBILITIES, THE SECRETARY AND/OR THE CEO SHALL UNDERTAKE OR SUPERVISE THE UNDERTAKING OF THE FOLLOWING ACTIONS: (A) ANNUALLY PREPARE THE LIST OF AHIP INDIVIDUALS WHO SHALL BE SUBJECT TO THE REPORTING REQUIREMENTS OF THE ANNUAL DISCLOSURE FORM; (B) SUPERVISE THE DISTRIBUTION, COLLECTION AND REVIEW OF FORMS; (C) PREPARE THE LISTS TO TRACK AND ORGANIZE THE INFORMATION GATHERED ON THE FORMS SUBMITTED AND TAKE OTHER NECESSARY MEASURES TO FACILITATE THE TIMELY IDENTIFICATION OF CONFLICTS AND ACCURATE REPORTING ON AHIP'S ANNUAL IRS FORM 990 INFORMATION RETURN; (D) PREPARE AN UPDATE FORM TO ALLOW FOR CHANGES OR UPDATES TO THE ANNUAL FORM TO BE RETURNED WITHIN 60 DAYS OF ANY SUCH CHANGE OR UPDATE; (E) MONITOR



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PROCEDURES TO ENSURE THAT ONCE A CONFLICT OF INTEREST IS IDENTIFIED, PROCEEDINGS COMPLY WITH THE PROCEDURES SET FORTH IN SECTIONS 2, 3, AND 4 BELOW; AND (F) ADDRESS ANY DEFICIENCIES OR MEASURES FOR IMPROVEMENT OF THE PROCEDURES UNDER THIS POLICY WITH THE EXECUTIVE COMMITTEE. 2. RESOLUTION OF CONFLICTS BY AHIP CEO AND SECRETARY. WHEN CONFLICTS OR POTENTIAL CONFLICTS ARISE, THEY SHOULD BE EVALUATED THOROUGHLY BY THE SECRETARY AND/OR CEO. CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST SHOULD BE RESOLVED, IF POSSIBLE, BY THE AHIP INDIVIDUAL INVOLVED AND THE SECRETARY AND/OR THE CEO. RESOLUTIONS COULD INCLUDE: (A) TAKING NO ACTION; (B) ASSURING FULL DISCLOSURE TO THE BOARD OF DIRECTORS ("BOARD") AND OTHER INDIVIDUALS COVERED BY THIS POLICY; (C) ASKING THE PERSON TO RECUSE HIMSELF OR HERSELF FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN AHIP; OR (D) ASKING THE PERSON TO RESIGN FROM HIS OR HER AHIP POSITION, OR IF THE PERSON REFUSES TO RESIGN, SUBJECTING HIM OR HER TO REMOVAL PROCEDURES. 3. CONFLICTS WHICH CANNOT BE RESOLVED BY AHIP CEO AND SECRETARY. IF ANY CONFLICT OR POTENTIAL CONFLICT CANNOT BE RESOLVED BY THE AHIP INDIVIDUAL INVOLVED AND THE SECRETARY AND THE CEO, THE MATTER SHALL BE RESOLVED BY THE EXECUTIVE COMMITTEE, WHICH SHOULD REPORT ANY SUCH CONFLICT OR POTENTIAL CONFLICT AND ITS RESOLUTION TO THE BOARD AS SOON AS PRACTICABLE. THE BOARD SHALL RATIFY OR ALTER THE ACTION OF THE EXECUTIVE COMMITTEE WITH RESPECT TO ANY CONFLICT OR POTENTIAL CONFLICT. 4. CONFLICTS INVOLVING AHIP CEO. IF ANY CONFLICT OR POTENTIAL CONFLICT OF INTEREST INVOLVES THE CEO, THE MATTER IN THE FIRST INSTANCE SHALL BE REFERRED TO AND RESOLVED BY THE EXECUTIVE COMMITTEE, WITH REVIEW BY THE BOARD. 5. COMPLIANCE. IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE THAT AN AHIP INDIVIDUAL HAS FAILED TO COMPLY WITH THIS POLICY, THE BOARD MAY COUNSEL THE AHIP INDIVIDUAL REGARDING SUCH FAILURE AND, IF THE ISSUE IS NOT RESOLVED TO THE BOARD'S SATISFACTION, MAY CONSIDER ADDITIONAL CORRECTIVE ACTION AS APPROPRIATE.

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FORM 990, PART VI, SECTION B, LINE 15A:

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND IRS FORM 990 TAX RETURN ARE AVAILABLE UPON REQUEST BY TELEPHONE OR IN WRITING. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 24B:

AHIP INCURRED EXPENSES TO ORGANIZATIONS AS PART OF ITS ADVOCACY EFFORTS ON HEALTH CARE ISSUES ASSOCIATED WITH ENSURING ACCESSIBLE, AFFORDABLE AND SUSTAINABLE HEALTH INSURANCE COVERAGE FOR ALL AMERICANS. EXPENSES WERE INCURRED TO ORGANIZATIONS THAT GENERALLY ALIGNED WITH AHIP'S VIEWS ON ISSUES FACING THE HEALTH INSURANCE INDUSTRY - NAMELY, THAT POLICIES, REGULATIONS, AND LAWS MUST BUILD ON THE EMPLOYER-BASED SYSTEM; MAKE HEALTH CARE COVERAGE MORE AFFORDABLE FOR INDIVIDUALS, FAMILIES AND EMPLOYERS; RESTRUCTURE HEALTH CARE DELIVERY TO PROMOTE QUALITY, VALUE AND BETTER HEALTH OUTCOMES; AND PUT THE HEALTH CARE SYSTEM ON A PATH THAT IS FISCALLY RESPONSIBLE AND SUSTAINABLE. ACTIVITIES PERFORMED BY ORGANIZATIONS TO WHICH AHIP INCURRED EXPENSES INCLUDED GRASSROOTS OUTREACH, EDUCATION AND MOBILIZATION; PRINT, ONLINE, AND BROADCAST

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ADVERTISING; AND COALITION BUILDING EFFORTS. AHIP DID NOT CONTROL OR  
 DIRECT ANY OF THESE ACTIVITIES. AHIP HAS DISCLOSED THESE EXPENSES ON  
 PART IX, LINE 24B - ADVOCACY, IN ORDER TO MAKE CLEAR THAT THESE  
 EXPENSES WERE UNENCUMBERED; ACCORDINGLY AHIP IS NOT REPORTING THESE  
 EXPENSES ON PART IX, LINE 1 AS GRANT OR OTHER ASSISTANCE, OR ON PART  
 IX, LINE 11D AS A LOBBYING FEE.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AHIP FOUNDATION - 52-1910811 601 PENNSYLVANIA AVE, NW WASHINGTON, DC 20004	EDUCATION	DELAWARE	501(C)(3)	LINE 7	AHIP	X	
AHIP PAC - 20-2004189 601 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004	POLITICAL ORG	DELAWARE	527		AHIP	X	

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

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

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

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>AMERICA'S HEALTH INSURANCE PLANS INC.</b>	Employer identification number (EIN) or <b>36-2087641</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>601 PENNSYLVANIA AVE NW SUITE 500</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20004</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**DAWN BANDA**

- The books are in the care of ▶ **601 PENNSYLVANIA AVENUE, NW, #500 - WASHINGTON, DC 20004**  
Telephone No. ▶ **202-778-3200** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.