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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

KAISER FOUNDATION HEALTH PLAN INC

% SVP CC AND CAO

Doing business as

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

ONE KAISER PLAZA SUITE 15L

Room/suite

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

OAKLAND, CA 94612

F Name and address of principal officer

BERNARD J TYSON

ONE KAISER PLAZA SUITE 15L

OAKLAND, CA 94612

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

D Employer identification number

94-1340523

E Telephone number

(510) 271-6611

G Gross receipts \$ 69,442,050,277

I Tax-exempt status

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

J Website: ▶ www.kp.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1955

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

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

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

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

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

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

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

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

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

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Part II Signature Block

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

Sign Here

Signature of officer

ALFONSE UPSHAW SVP, CC AND CAO

Type or print name and title

2017-10-16

Date

Paid Preparer Use Only

Print/Type preparer's name

Robert W Friz

Preparer's signature

Robert W Friz

Date

2017-10-15

Check ☐ if self-employed

PTIN

P00438748

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 2001 MARKET ST SUITE 1800

Phone no (267) 330-3000

PHILADELPHIA, PA 19103

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 44,853,323,048 including grants of \$ 11,434,011) (Revenue \$ 49,105,872,962)
See Additional Data	

4b	(Code) (Expenses \$ 2,842,952,737 including grants of \$) (Revenue \$ 1,817,834,739)
See Additional Data	

4c	(Code) (Expenses \$ 260,369,636 including grants of \$) (Revenue \$ 6,312,564)
See Additional Data	

(Code) (Expenses \$ 29,305,123 including grants of \$ 10,801,282) (Revenue \$)
See Community Benefit Report in Sch O

4d	Other program services (Describe in Schedule O)
(Expenses \$ 29,305,123 including grants of \$ 10,801,282) (Revenue \$)	

4e	Total program service expenses ▶ 47,985,950,544
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	20,625
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	27,375
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country ▶ BD, EI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	No

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶SVP CC AND CAO ONE KAISER PLAZA STE 15L OAKLAND, CA 94612 (510) 271-6385

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

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								68,208,402	37,308	11,299,710

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 ▶ 8,471

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KAISER FOUNDATION HOSPITALS, 393 E WALNUT ST PASADENA, CA 91188	MEDICAL SERVICES	17,185,580,587
THE PERMANENTE MEDICAL GROUP, 1800 HARRISON ST OAKLAND, CA 94612	MEDICAL SERVICES	10,524,292,959
SOUTHERN CA PERMANENTE MEDICAL GROU, 100 S LOS ROBLES PASADENA, CA 91101	MEDICAL SERVICES	8,832,073,115
HAWAII PERMANENTE MEDICAL GROUP, 501 Alakawa St HONOLULU, HI 96817	MEDICAL SERVICES	274,070,702
SCRIPPS HEALTH, 4275 CAMPUS POINT CT SAN DIEGO, CA 92121	MEDICAL SERVICES	116,131,970

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 ▶ 1,998

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a						
	b Membership dues . . .	1b						
	c Fundraising events . . .	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	300					
	g Noncash contributions included in lines 1a-1f \$ _____							
	h Total. Add lines 1a-1f			300				
Program Service Revenue			Business Code					
	2a MEMBER HEALTH CARE		900099	34,331,265,522	34,331,265,522			
	b MEDICARE		900099	12,654,189,807	12,654,189,807			
	c SUPPLEMENTAL REVENUE		900099	1,642,062,422	1,642,062,422			
	d NON-PLAN & INDUSTRY		900099	66,620,617	57,869,869	8,750,748		
	e OTHER PROGRAM SVCS		900099	2,235,881,897	2,235,416,383	465,514		
	f All other program service revenue							
g Total. Add lines 2a-2f			50,930,020,265					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		86,232,773				86,232,773	
	4 Income from investment of tax-exempt bond proceeds		0					
	5 Royalties		0					
	6a Gross rents	(i) Real	(ii) Personal					
		6,058,784						
		b Less rental expenses						
		c Rental income or (loss)	6,058,784	0				
	d Net rental income or (loss)			6,058,784			6,058,784	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		18,409,908,720	7,316,974					
		b Less cost or other basis and sales expenses	18,369,270,573	7,063,170				
		c Gain or (loss)	40,638,147	253,804				
	d Net gain or (loss)			40,891,951			40,891,951	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0					
		b Less direct expenses	b	0				
		c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities See Part IV, line 19	a	0					
		b Less direct expenses	b	0				
		c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances	a	0					
b Less cost of goods sold		b	0					
c Net income or (loss) from sales of inventory				0				
Miscellaneous Revenue		Business Code						
11a PARKING GARAGES		812930	2,512,461		10,188	2,502,273		
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d			2,512,461					
12 Total revenue. See Instructions			51,065,716,534	50,920,804,003	9,226,450	135,685,781		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	22,235,293	22,235,293		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	70,408,086	61,663,240	8,744,846	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	829,023	726,056	102,967	
7 Other salaries and wages.	2,213,880,482	1,938,911,414	274,969,068	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	373,035,831	366,911,255	6,124,576	
9 Other employee benefits.	310,667,671	205,593,338	105,074,333	
10 Payroll taxes.	162,936,471	160,519,963	2,416,508	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	54,855,171		54,855,171	
c Accounting.	1,242,139		1,242,139	
d Lobbying.	413,000		413,000	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	12,865,948		12,865,948	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12 Advertising and promotion.	91,120,567	30,851,842	60,268,725	
13 Office expenses.	86,157,031	50,316,039	35,840,992	
14 Information technology.	2,702,980,338	2,460,938,983	242,041,355	
15 Royalties.	0			
16 Occupancy.	218,932,676	218,611,614	321,062	
17 Travel.	50,529,050	41,765,717	8,763,333	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	21,735,060		21,735,060	
20 Interest.	237,090,546	237,090,546		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	280,886,992	280,886,992		
23 Insurance.	206,000,325	205,999,838	487	
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 BASIC CONTRACTUAL PAYMENTS	33,098,509,865	33,098,509,865		0
b SUPPLIES	4,100,443,323	3,869,436,871	231,006,452	0
c PURCHASED MEDICAL SERVICES	3,622,946,308	3,621,128,484	1,817,824	0
d NON-MEDICAL PURCHASED SVC	1,295,397,824	761,036,267	534,361,557	0
e All other expenses	1,741,571,167	352,816,927	1,388,754,240	
25 Total functional expenses. Add lines 1 through 24e.	50,977,670,187	47,985,950,544	2,991,719,643	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		33,669,750	1	49,937,953
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		7,074,384,181	4	7,014,299,278
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		350,000	5	425,000
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		1,490,000	7	1,212,500
	8	Inventories for sale or use		230,881,188	8	237,451,702
	9	Prepaid expenses and deferred charges		55,573,722	9	57,791,302
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	8,087,575,185		
	b	Less: accumulated depreciation	10b	3,971,543,046		
				3,777,043,288	10c	4,116,032,139
	11	Investments—publicly traded securities		6,645,853,456	11	7,355,453,379
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
15	Other assets. See Part IV, line 11		1,353,897,666	15	1,098,978,372	
16	Total assets. Add lines 1 through 15 (must equal line 34)		19,173,143,251	16	19,931,581,625	
Liabilities	17	Accounts payable and accrued expenses		4,075,307,448	17	5,025,333,281
	18	Grants payable		0	18	0
	19	Deferred revenue		564,499,356	19	578,625,790
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		11,518,726,487	25	11,645,681,956
	26	Total liabilities. Add lines 17 through 25		16,158,533,291	26	17,249,641,027
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		-283,143,923	31	-279,618,427
	32	Retained earnings, endowment, accumulated income, or other funds		3,297,753,883	32	2,961,559,025
33	Total net assets or fund balances		3,014,609,960	33	2,681,940,598	
34	Total liabilities and net assets/fund balances		19,173,143,251	34	19,931,581,625	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,065,716,534
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,977,670,187
3	Revenue less expenses Subtract line 2 from line 1	3	88,046,347
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,014,609,960
5	Net unrealized gains (losses) on investments	5	96,889,622
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	-517,605,331
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,681,940,598

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 94-1340523
Name: KAISER FOUNDATION HEALTH PLAN INC

Form 990 (2016)

Form 990, Part III, Line 4a:

-Member Health Care Services and Medical Training to Improve Care- Kaiser Foundation Health Plan, Inc (KFHP, Inc) provides medical and surgical care, including urgent care services, extended care and home health care, for its members without regards to age, sex, race, religion or national origin or the ability to pay KFHP, Inc educates and trains medical students and other health care professionals and promotes scientific and nursing education in order to improve care

Form 990, Part III, Line 4b:

- MEDICAID AND OTHER GOVERNMENT SPONSORED PROGRAMS - Kaiser Foundation Health Plan (KFHP, Inc) is committed to improving medical care for beneficiaries of Medicaid and other government sponsored programs, not only for KFHP, Inc members, but also within the communities we serve At the end of 2016, over 583,000 individuals were receiving the benefits of full membership in KFHP, Inc s Medicaid managed care programs in the states of California and Hawaii Approximately 149,000 more individuals were members of the Childrens Health Insurance Program (CHIP) In addition, KFHP, Inc provided health care on a fee-for-service basis for Medicaid beneficiaries who were not enrolled as KFHP, Inc members

Form 990, Part III, Line 4c:

- CHARITY CARE(MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE)- Kaiser Foundation Health Plan, Inc provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs KFHP, Inc offers financial assistance through the MFA program to help families and individuals with a demonstrated financial need pay for all or part of the cost of emergency or medically necessary care provided in Kaiser Permanente facilities and/or by Kaiser Permanente providers In 2016, this program assisted approximately 164,000 qualifying applicants, including more than 36,000 patients who were not covered by a KFHP, Inc product The CHC programs offer regular Kaiser Foundation Health Plan membership at minimal cost to low income families who are not eligible for other public or privately sponsored coverage Approximately 57,000 individuals were receiving comprehensive health care through these programs at the end of 2016

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ramon F Baez Director	2 0 3 0	X						152,591	0	0
Regina M Benjamin MD MBA Director	3 0 5 5	X						197,178	0	0
Jeffrey E Epstein Director	3 0 5 0	X						206,871	0	0
Leslie S Heisz Director	2 0 3 0	X						215,118	0	0
David Hoffmeister Director	4 0 4 0	X						225,809	0	0
Judith A Johansen JD Director	4 0 4 5	X						240,707	0	0
Kim J Kaiser Director	2 5 5 0	X						216,547	0	0
Philip A Marineau Director	2 4 4 04	X						229,371	0	0
Edward Pei Director	3 5 4 0	X						226,739	0	18,000
Margaret E Porfido JD Director	2 0 4 5	X						247,358	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard Shannon MD Director	2 0 3 5	X						212,000	0	0
Cynthia A Telles PhD Director	3 0 4 5	X						214,309	9,500	0
Bernard Tyson Chairman & CEO	12 0 38 0	X		X				8,529,498	0	1,509,737
Eugene Washington MD Director	3 0 4 0	X						186,626	0	0
Gregory Adams EVP, Group President	10 0 40 0			X				2,457,650	0	688,025
Mary Ann Barnes Region President - Hawaii	0 0 50 0			X				1,120,503	0	159,041
Anthony Barrueta SVP, Government Relations	25 0 25 0			X				1,076,323	0	269,446
Raymond Baxter SVP, CB Research & Hlth Policy	25 0 25 0			X				1,292,333	0	69,748
Vanessa Benavides SVP, Chief Comp & Priv Officer	30 0 20 0			X				620,543	0	189,748
Charles Bevilacqua SVP, HP Products, Svc & Admin	50 0 0 0			X				1,155,388	0	207,102

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Maryann Bodayle Assistant Secretary	22 0 28 0			X				166,251	0	33,529
Bechara Choucair SVP,Community Health & Benefit	25 0 25 0			X				480,507	0	14,329
Benjamin Chu SVP,GP & Region President SCAL	25 0 25 0			X				2,371,766	0	164,429
Charles Columbus SVP, Chief HR Officer	25 0 25 0			X				1,527,720	0	436,769
Patrick Courneya SVP, Chief Medical Officer	25 0 25 0			X				906,260	0	511,023
Richard Daniels SVP, CIO	46 0 4 0			X				1,786,816	0	387,359
Sandra Golze Assistant Secretary - NCAL	25 0 25 0			X				567,331	0	171,428
Kathryn Lancaster SVP & CFO	15 0 35 0			X				2,681,226	0	588,601
Janet Liang Regional President - NCAL	25 0 25 0			X				1,386,290	0	389,244
Donna Lynne SVP, GP & Region Pres - CO	0 0 50 0			X				5,214,011	0	131,383

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gerald McCall SVP Operations	0 0 50 0			X				962,147	0	180,579
Thomas Meier SVP, Corporate Treasurer	20 0 30 0			X				1,050,818	0	138,764
Julie Miller-Phipps Regional President - SCAL	9 0 41 0			X				1,097,514	0	210,358
Donald Orndoff SVP, NFS	15 0 35 0			X				935,840	0	216,315
Wade Overgaard SVP, Health Plan Ops - CA	44 0 6 0			X				1,821,601	0	191,697
Frank Richardson Assistant Secretary - HI	25 0 25 0			X				309,105	0	126,007
Rochelle Roth Assistant Secretary	27 0 23 0			X				274,594	0	117,866
Jacqueline Sellers Assistant Secretary	15 0 35 0			X				265,122	0	88,088
Arthur Southam EVP, Health Plan Operations	25 0 25 0			X				2,775,635	0	464,416
Deborah Stokes SVP,Corporate Controller & CAO	16 5 33 5			X				503,944	0	3,920

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Paul M Swenson VP & Chief Strategy Officer	50 0 0 0			X				1,099,290	0	178,847
Alfonse Upshaw VP, Corporate Controller & CAO	16 5 33 5			X				616,612	0	108,314
Cesar Villalpando VP, Enterprise Shared Svcs	25 0 25 0			X				1,045,511	0	303,641
John Yamamoto Assistant Secretary	50 0 0 0			X				643,745	0	195,832
Hong-Sze Yu Assistant Secretary	14 0 36 0			X				304,345	0	126,932
Carlos Zaragoza Assistant Secretary	25 0 25 0			X				408,667	0	20,355
Mark Zemelman VP, General Counsel & Secy	21 0 29 0			X				1,630,173	0	369,974
Robert Belтч Chief Audit Executive	50 0 0 0				X			866,223	0	121,052
Thomas Curtin VP, Natl Sales & Acct Mgmt	50 0 0 0				X			830,904	0	177,995
Mick Diede VP, Chief Actuary	30 0 20 0				X			820,356	0	164,024

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
George Disalvo SVP, CFO - SCAL	30 0 20 0				X			1,063,099	0	240,977
Kendall Hunter SVP, Health Ins Exchange Opns	50 0 0 0				X			439,375	0	10,639
Laurel Junk VP, Chief Procurement Officer	50 0 0 0				X			640,447	0	136,913
Christine Paige SVP, Marketing & Internet Svcs	50 0 0 0				X			785,988	0	171,036
Michael Rowe SVP, CFO - NCAL	30 0 20 0				X			1,309,692	0	207,222
James Simpson SVP, Finance - BU & ROC	25 0 25 0				X			835,636	0	197,862
Wayne Swafford VP, Natl Facilities Svc - ROC	50 0 0 0				X			404,630	0	146,864
Debora Lynn Catsavas SVP, HR - NCAL	50 0 0 0					X		916,974	0	180,321
Dennis L Dabney SVP, LABOR RELATIONS	50 0 0 0					X		885,307	0	152,959
Daniel Garcia SVP, Chief Compliance Officer	21 0 29 0					X		1,137,595	0	2,170

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Don Groepper SVP & Area Manager	50 0 0 0					X		874,686	0	130,457
Gay Westfall SVP, SPECIAL PROJECTS	50 0 0 0					X		874,988	0	102,596
Thomas W Chapman EDD Director	0 0 0 0						X	513,713	0	0
Eugene Grisby III PhD Director	0 0 0 0						X	27,039	0	0
George Halvorson Chairman	0 0 0 0						X	37,258	0	4,120
Neal Purcell Director	0 0 0 0						X	18,192	27,808	0
Jerry C Fleming SVP, Health Reform Implement	0 0 0 0						X	592,295	0	-9,018
Diane Gage-Lofgren SVP, Brand Mgmt & Comm	0 0 0 0						X	127,244	0	35,063
Mitchell Goodstein SVP, Actuarial, U/W & Pricing	0 0 0 0						X	156,270	0	0
Herman Weil SVP, Federal & State Programs	0 0 0 0						X	142,478	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jed Weissberg SVP, Quality & Care Del Excel	0 0 0 0						X	156,354	0	-2,107
Victoria Zatkan VP, Off of Brd & Corp Gov Svcs	14 0 36 0						X	216,783	0	1,728
Karen Emmons VP, Research and Dir, KFRI	50 0 0 0						X	383,747	0	-17,770
David Kvancz VP, Natl Pharmacy Pgms & Svcs	0 0 0 0						X	435,604	0	16,744
Christopher Ohman VP, Health Plan Expansion	50 0 0 0						X	697,454	0	153,029
Cynthia Overmyer SVP, Internal Audit	0 0 0 0						X	161,768	0	-6,012

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

KAISER FOUNDATION HEALTH PLAN INC

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

94-1340523

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☒

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

☐

Enter the number of supported organizations _____
- g

☐

Provide the following information about the supported organization(s) _____

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,627,449	0	63	0	300	8,627,812
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	39,934,143,428	42,237,748,540	45,254,173,266	48,338,326,786	50,920,804,003	226,685,196,023
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	39,942,770,877	42,237,748,540	45,254,173,329	48,338,326,786	50,920,804,303	226,693,823,835
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						226,693,823,835

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	39,942,770,877	42,237,748,540	45,254,173,329	48,338,326,786	50,920,804,303	226,693,823,835
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,280,675	83,016,438	97,415,016	73,196,928	92,291,557	395,200,614
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	49,280,675	83,016,438	97,415,016	73,196,928	92,291,557	395,200,614
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,946,899	4,106,851	2,256,291	2,785,620	2,886,478	15,982,139
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,050,253	4,891,955	3,836,033	2,289,802	2,502,273	18,570,316
13 Total support. (Add lines 9, 10c, 11, and 12.)	40,001,048,704	42,329,763,784	45,357,680,669	48,416,599,136	51,018,484,611	227,123,576,904
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.811 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.824 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.174 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.160 %

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

Name of the organization KAISER FOUNDATION HEALTH PLAN INC	Employer identification number 94-1340523
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ \$ 1,478

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 148

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0

3 If the organization incurred a section 4955 tax, did it file Form 7202 for this year? ☒ Yes ☐ No

4a Was a correction made? ☐ Yes ☒ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		10,000
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		9,712,710
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,120,551
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		2,520,009
j	Total Add lines 1c through 1i			13,363,270
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1, PART I-B LINE 4b	KAISER FOUNDATION HEALTH PLAN, INC ("KFHP") OBTAINED A RULING FROM THE INTERNAL REVENUE SERVICE IN 2001 UNDER WHICH IT IS PERMITTED TO COLLECT VOLUNTARY EMPLOYEE CONTRIBUTIONS TO CERTAIN LABOR UNION COMMITTEES ON POLITICAL EDUCATION ("COPEs") AS PART OF ITS PAYROLL ADMINISTRATION AND TRANSFER THOSE CONTRIBUTIONS TO THE COPEs WITHOUT TAX CONSEQUENCE SO LONG AS IT IS FULLY REIMBURSED FOR ALL COSTS OF ADMINISTRATION BY THE UNIONS. KFHP DUE TO AN ADMINISTRATIVE ERROR HAD NOT HISTORICALLY COLLECTED THE COSTS FROM THE UNIONS BEGINNING IN 2016. KFHP COMMENCED BILLING AND INITIATED COLLECTION OF THE COSTS. KFHP HAS FILED FORMS 4720 AND PAID EXCISE TAXES UNDER SECTION 4955 AND FILED FORMS 1120-POL AND PAID CERTAIN INCOME TAXES ASSOCIATED WITH THE INDIRECT POLITICAL EXPENDITURES UNDER SECTION 527(F). KFHP HAS IMPLEMENTED CORRECTIVE ACTION BY INVOICING EACH LABOR UNION FOR ITS SHARE OF THE COSTS OF ESTABLISHING AND OPERATING THE PAYROLL ADMINISTRATION SERVICE FOR WITHHOLDING OF VOLUNTARY EMPLOYEE CONTRIBUTIONS TO COPEs. KFHP IS PURSUING AVAILABLE LEGAL AVENUES, INCLUDING ITS DISPUTE RESOLUTION AND ARBITRATION PROCESSES UNDER THE APPLICABLE COLLECTIVE BARGAINING AGREEMENTS, TO SEEK AND OBTAIN REIMBURSEMENT TO PREVENT FUTURE ERRORS. KFHP HAS ADOPTED PROCESSES AND PROCEDURES FOR REIMBURSEMENT. KFHP BILLS TIMELY FOR ALL COSTS FROM EACH LABOR UNION AND REQUIRES TIMELY PAYMENT FOR A UNION TO CONTINUE TO PARTICIPATE IN THIS ADMINISTRATION SERVICE. THE ANNUAL COST OF ADMINISTRATION INCURRED AND BILLED FOR 2016 WAS \$23,011, OF WHICH \$21,533 WAS REIMBURSED BY THE LABOR UNIONS IN 2016. KFHP IS EXPECTED TO RECEIVE THE REMAINING \$1,478 IN THE NEAR FUTURE.
SCHEDULE C, PART II-B, LINE 1A THROUGH 1I	THE ORGANIZATION (HEALTH PLAN) IS A MEMBER OF THE KAISER PERMANENTE MEDICAL CARE PROGRAM AND PARTICIPATED IN AND BENEFITED FROM LOBBYING ACTIVITIES CONDUCTED AT THE REGIONAL AND NATIONAL LEVELS FOR THE BENEFIT OF ITS ENROLLED MEMBERS, THE BROADER COMMUNITY AND FOR THE HEALTH CARE INDUSTRY AS A WHOLE. AS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), KAISER FOUNDATION HEALTH PLAN, INC (KFHP) HAS A POLICY PROHIBITING ANY OF KFHP'S RESOURCES BEING USED IN ANY POLITICAL CAMPAIGNS. THIS POLICY IS CLOSELY MONITORED FOR COMPLIANCE. DURING THE YEAR THIS ORGANIZATION MADE COMMENTS OR STATEMENTS CONCERNING LEGISLATION AND BALLOT INITIATIVES WHICH MAY AFFECT THE HEALTH CARE INDUSTRY. KFHP ENGAGED IN CONVERSATIONS WITH AND/OR WRITTEN COMMUNICATIONS TO VARIOUS FEDERAL, STATE, AND LOCAL OFFICIALS REGARDING MATTERS WHICH AFFECTED THE HEALTHCARE INDUSTRY AS A WHOLE. THE AMOUNT OF MONEY INVOLVED IN THE ACTIVITIES IS DETAILED ON LINES A THROUGH I. KFHP EMPLOYS INDIVIDUALS, INCLUDING ONE OR MORE REGISTERED LOBBYISTS AND/OR MAY RETAIN ONE OR MORE PROFESSIONAL CONSULTANTS TO REPRESENT KFHP'S INTERESTS IN VARIOUS LEGISLATIVE AND REGULATORY BODIES AND FROM TIME-TO-TIME TO KEEP INFORMED ABOUT FEDERAL AND STATE LEGISLATION HAVING AN IMPACT ON KFHP'S CHARITABLE ACTIVITIES AS AN EXEMPT HEALTH MAINTENANCE ORGANIZATION. THESE INDIVIDUALS ATTEMPT TO ENSURE THAT PROPOSED LEGISLATION AND ENACTED LAWS ARE COMPATIBLE WITH THE INTERESTS OF KFHP, ITS MEMBERS AND ITS PATIENTS BY PERFORMING THE FOLLOWING ACTIVITIES: - COLLECTING, ANALYZING AND DISTRIBUTING WITHIN THE ORGANIZATION, PUBLIC AND PRIVATE POLICY RECOMMENDATIONS REGARDING PROPOSED LEGISLATION THAT AFFECT THE OPERATION OF KFHP AND ITS ABILITY TO PROVIDE QUALITY HEALTH AND MEDICAL CARE SERVICES TO ITS MEMBERS AND THE BROADER COMMUNITY IN A COST EFFECTIVE MANNER. - PROVIDING APPROPRIATE INFORMATIONAL MATERIALS TO LEGISLATORS AND THEIR STAFFS THAT PERTAIN TO MATTERS OF COMMON INTEREST IN THE HEALTH CARE COMMUNITY AND IN THE NOT-FOR-PROFIT COMMUNITY. - PREPARING WRITTEN AND ORAL TESTIMONY, APPEARING AT LEGISLATIVE HEARINGS, MONITORING LEGISLATIVE PROCEEDINGS AND MEETING WITH LEGISLATORS AND/OR THEIR STAFFS REGARDING ISSUES PERTINENT TO THE MISSION OF KFHP. INDIVIDUALS APPEARING AT SUCH HEARINGS AND MEETINGS FOR AND ON BEHALF OF KFHP OFTEN ARE REPRESENTING THE INTERESTS OF COMMON INTEREST GROUPS AS WELL AS THE INTERESTS OF THE MEMBERS AND PATIENTS OF KFHP. OTHER EMPLOYEES AND OFFICERS PERFORM SERVICES BY DELIVERING SPEECHES AT VARIOUS PUBLIC AND PRIVATE FUNCTIONS AND IN SERVING AS FACULTY IN HEALTHCARE RELATED EDUCATIONAL PROGRAMS THROUGHOUT THE COMMUNITY.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493313025487	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization KAISER FOUNDATION HEALTH PLAN INC				Employer identification number 94-1340523	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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		696,117,875		696,117,875
b Buildings		4,693,277,676	2,321,270,884	2,372,006,792
c Leasehold improvements		983,725,636	780,910,978	202,814,658
d Equipment		562,629,841	448,535,909	114,093,932
e Other		1,151,824,158	420,825,276	730,998,882
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,116,032,139

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)		
Total. (Column (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)		
Total. (Column (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) OTHER ASSETS	642,365,026
(2) EQUITY - OAKTREE ASSURANCE LTD	282,437
(3) EQUITY - KP INSURANCE COMPANY	28,674,922
(4) EQUITY - LOKAHI ASSURANCE, LTD	1,241,610
(5) BROKER RECEIVABLE	403,328,736
(6) OTHER CURRENT ASSETS	23,085,641
(7) ASSETS HELD FOR SALE	0
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	1,098,978,372

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	0	
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	11,645,681,956	

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.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-1340523
Name: KAISER FOUNDATION HEALTH PLAN INC

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	RESERVE - PHYSICIAN RETIREMENT	6,751,414,655
	SELF INSURED RISKS	893,451,917
	LONG TERM EXTERNAL LIABILITIES	5,849,702
	POST RETIREMENT BENEFIT LIAB	2,091,214,493
	OTHER CURRENT LIABILITIES	598,865,536
	OTHER CURRENT INSTALLMENTS	715,551
	OTHER LONG-TERM LIABILITIES	368,931,623
	SECURITIES LENDING PAYABLE	308,738,340
	DUE TO AFFILIATED ORGANIZATION	7,368,262
	BROKER PAYABLE	619,131,877

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740 FOOTNOTE THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE UNDER ASC 740

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number

94-1340523

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		1			18,925,473
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			18,925,473

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 3, COLUMN F	ACCOUNTING METHOD ACCRUAL

Additional Data

Software ID:

Software Version:

EIN: 94-1340523

Name: KAISER FOUNDATION HEALTH PLAN INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		1	Program Services	PP&L INSURANCE	5,661,740
Central America and the Caribbean			Conduct board meetings		3,278
Europe (Including Iceland and Greenland)			Investments		13,260,455

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313025487

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number
94-1340523

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 141

3 Enter total number of other organizations listed in the line 1 table 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2	- PROCEDURES FOR MONITORING GRANTS - Grantees are required to submit a final report that describes progress toward goals, impact to date, as well as a financial accounting for how funds were used

Additional Data

Software ID:
Software Version:
EIN: 94-1340523
Name: KAISER FOUNDATION HEALTH PLAN INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
10-33 Foundation Inc 2010-A Harbison 306 Vacaville, CA 95687	45-5250843	501(c)(3)	20,000				Fundraising Activities
Alameda Health System Foundation 350 Ogawa Plaza Ste 900 Oakland, CA 94612	94-3103136	501(c)(3)	6,750				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance for Climate Education 4696 Broadway STE 2 Boulder, CO 80304	26-3106566	501(c)(3)	130,000				Project Support
Alonzo King's Lines Contemporary Ballet 26 7th Street San Francisco, CA 94103	94-2933309	501(c)(3)	8,000				Spring Gala

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimer's Association 3675 Mt Diablo 250 Lafayette, CA 94549	94-2897949	501(c)(3)	12,000				Project Support
America Walk Inc PO Box 10581 Portland, OR 97296	43-4013230	501(c)(3)	200,000				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society Inc 6355 Riverside Ave Riverside, CA 92506	13-1788491	501(c)(3)	88,975				Events/Sponsorships
American Heart Association Inc 677 Ala Moana Blvd 600 Honolulu, HI 96813	13-5613797	501(c)(3)	51,375				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Leadership Forum 1601 Response Rd 350 Sacramento, CA 95815	91-1792774	501(c)(3)	9,400				Scholarship Fund
API Cultural Center Inc 388 9th Street Suite 290 Oakland, CA 94607	73-1649335	501(c)(3)	8,000				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Area Agency on Aging 400 Contra Costa St Vallejo, CA 94590	94-2742309	501(c)(3)	10,000				Events/Sponsorships
Baltimore Urban League Inc 512 Orchard St Baltimore, MD 21201	52-0591585	501(c)(3)	100,000				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Sunday 6111 Melrose Ave Los Angeles, CA 90038	42-1765317	501(c)(3)	15,000				Events/Sponsorships
Bipartisan Policy Center Inc 1225 Eye St NW 1000 Washington, DC 20005	73-1628382	501(c)(3)	100,000				Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Club of Honolulu 345 Queen St Suite 900 Honolulu, HI 96813	99-6005407	501(c)(3)	34,460				Project Support
Boys & Girls Club of Maui Inc 100 Kanaloa Avenue Kahului, HI 96732	99-0272347	501(c)(3)	35,010				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Center for Civic Participation 1220 H Street Ste 102 Sacramento, CA 95814	23-7182049	501(c)(3)	8,560				Events/Sponsorships
California Musical Theater 1510 J Street Ste 200 Sacramento, CA 95814	95-1744392	501(c)(3)	26,976				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Storm of Sacramento 4041 American River Dr Sacramento, CA 95864	56-2655243	501(c)(3)	10,000				Events/Sponsorships
Catholic Charities Hawaii 1822 Keeaumoku St Honolulu, HI 96822	99-0073547	501(c)(3)	22,444				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Health Policy 50 Monument Square Portland, ME 04101	52-1576801	501(c)(3)	150,000				Project Support
Center for Tomorrow's Leaders 677 Ala Moana Blvd1100 Honolulu, HI 96813	46-3490591	501(c)(3)	39,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Volunteer & Nonprofit Leadershp 65 Mitchell Blvd 101 San Rafael, CA 94903	68-0101012	501(c)(3)	12,850				Events/Sponsorships
Children's Network of Solano County 827 Missouri St Ste 5 Fairfield, CA 94533	68-0014506	501(c)(3)	11,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Clean Production Action Inc 1310 Broadway STE 101 Somerville, MA 02144	45-3560728	501(c)(3)	107,000				Project Support
Climate Ride Inc 111 N Higgins Ave415 Missoula, MT 59802	27-1777457	501(c)(3)	9,700				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Collaborative Alliance for Nursing 2410 Camino Ramon 360 San Ramon, CA 94583	27-3440795	501(c)(3)	204,818				Annual Participation Fee
Collective Impact 1050 McAllister St San Francisco, CA 94115	20-8964069	501(c)(3)	9,500				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Commonwealth Club of California 555 Post Street San Francisco, CA 94102	94-0399260	501(c)(3)	9,000				Citizen Award Gala
Community Partners FBO Westside Coalition 211 3rd Ave Venice, CA 90291	95-4302067	501(c)(3)	245,500				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Concordia College Corporation 901 8th Street South Moorhead, MN 56562	41-0693977	501(c)(3)	12,500				Board Matching Gift Program
Continental of Omega Boys & Girls Club 1 Positive Place Vallejo, CA 94589	23-7129424	501(c)(3)	7,800				Gift Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Coro Southern California Inc 1000 N Alameda St Los Angeles, CA 90012	95-4274561	501(c)(3)	9,000				Events/Sponsorships
Council on Aging Services for Seniors 30 Kawana Springs Road Santa Rosa, CA 95404	94-6138714	501(c)(3)	25,000				Country Games

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
County of Maui Dept of Housing & Human 401 Alakapa Place Paia Maui, HI 96779	99-6000618	Government or P	7,400				Conference Support
Daly City Dept Library & Recreation Srvcs 111 Lake Merced Blvd Daly City, CA 94015	94-6000318	Government or P	7,000				Conference Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Diablo Regional Arts Association 1601 Civic Drive Walnut Creek, CA 94596	23-7043920	501(c)(3)	25,000				Arts Access School Time Program
Dunwoody United Methodist Church Inc 1548 Mt Vernon Rd Dunwoody, GA 30338	58-1994231	501(c)(3)	20,000				Gift Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Bay Asian Local Development Corp 310 Eighth St Ste 200 Oakland, CA 94607	51-0171851	501(c)(3)	20,000				Annual Regional Convening
East Bay Community Foundation 200 Frank H Pl Oakland, CA 94612	94-6070996	501(c)(3)	10,000,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Enroll America PO Box 75224 Baltimore, MD 21275	27-1661221	501(c)(3)	500,000				General Support
Enterprise for High School Students 200 Pine St 600 San Francisco, CA 94104	23-7139082	501(c)(3)	13,800				Internship Stipends

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Equality California Institute 202 W 1st St 3-0130 Los Angeles, CA 90012	68-0438008	501(c)(3)	16,250				Project Support
Essential Hospital Institute 1301 Pennsylvania Ave Washington, DC 20004	52-1535611	501(c)(3)	550,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fairfield Main Street Association 1000 Webster St Ste A Fairfield, CA 94533	27-2275002	501(c)(6)	15,000				Project Support
Fairfield-Suisun Rotary Club Foundation PO Box 477 Fairfield, CA 94533	94-6094539	501(c)(4)	10,000				Scholarship Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Violence & Sexual Assault Institute 10065 OldGroveRdSte101 SanDiego, CA 92121	75-2401334	501(c)(3)	12,670				Events/Sponsorships
Friends of the Arts Commission 1030 15th St Ste 240 Sacramento, CA 95814	94-2796782	501(c)(3)	9,200				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girl Scouts of Orange County 9500 Toledo Way Suite 100 Irvine, CA 92618	95-2023244	501(c)(3)	10,000				Events/Sponsorships
Global Education Fund PO Box 548 Boulder, CO 80306	84-1437310	501(c)(3)	5,592				Gift Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Sacramento Urban League 3725 Marysville Blvd Sacramento, CA 95838	94-1686314	501(c)(3)	16,400				Events/Sponsorships
Hale Makua 472 Kaulana St Kahului, HI 96732	99-0080460	501(c)(3)	8,400				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hawaii Agricultural Foundation 3538 Waialae Ave 023 Honolulu, HI 96816	26-0639538	501(c)(3)	10,000				General Support
Hawaii Family Law Clinic 677 Ala Moana 1005 Honolulu, HI 96813	54-2155420	501(c)(3)	25,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hawaii Public Health Institute 850 Richards Ste 201 Honolulu, HI 96813	68-0637054	501(c)(3)	20,000				Project Support
Hawaii Women's Legal Foundation PO Box 2576 Honolulu, HI 96803	99-0217537	501(c)(3)	11,540				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Health Care Cost Institute 1100 G St NW STE 600 Washington, DC 20005	38-3917409	501(c)(3)	350,000				Legacy Payment
Healthy Schools Campaign 175 N Franklin St STE 300 Chicago, IL 60606	36-4308068	501(c)(3)	100,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Helping Hands Hawaii 2100 N Nimitz Hwy Honolulu, HI 96818	23-7365077	501(c)(3)	36,300				Events/Sponsorships
Holy Family Day Homes of San Francisco 299 Dolores St San Francisco, CA 94103	94-1156492	501(c)(3)	14,925				Gift Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Honolulu Theatre for Youth 1149 Bethel Ste 700 Honolulu, HI 96813	99-0107563	501(c)(3)	25,000				Project Support
Institute for People Place and Possibility 501 Fay St STE 206 Columbia, MO 65201	27-3888796	501(c)(3)	150,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Instituto Laboral De La Raza 2947 - 16th Street San Francisco, CA 94103	94-2890401	501(c)(3)	8,500				National Labor-Community Awards
Jewish Vocational & Career Counseling Srvc 225 Bush StSte 400 San Francisco, CA 94104	94-2213100	501(c)(3)	23,123				Vocational Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Ka'ala Farm Inc 85-555 Farrington Hwy Waianae, HI 96792	99-0242181	501(c)(3)	10,000				Events/Sponsorships
Kauai Path Inc 1890 Leleiona Street Lihue, HI 96766	27-3343903	501(c)(3)	15,100				Conference Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kihei Youth Center 131 S Kihei Rd Kihei, HI 96753	99-0222885	501(c)(3)	6,000				Events/Sponsorships
King Ridge Foundation Inc PO Box 5873 Santa Rosa, CA 95402	27-0420906	501(c)(3)	12,500				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Knowledge Ecology International 1621 Connecticut Ave Washington, DC 20009	83-0461554	501(c)(3)	250,000				Project Support
La Bella Vita Inc Foundation 925 Cedarcrest Dr Vacaville, CA 95687	26-3777918	501(c)(3)	10,000				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Latino Health Access 450 W 4th St STE 130 Santa Ana, CA 92701	33-0562943	501(c)(3)	200,000				Project Support
Leaven Program 2220 Boynton Dr Ste A Fairfield, CA 94533	26-3653717	501(c)(3)	8,000				Leaven Event Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Make A Wish Foundation 2800 Club Center Drive Sacramento, CA 95835	68-0027351	501(c)(3)	9,000				Events/Sponsorships
March of Dimes Foundation - Hawaii 1580 Makaloa St 1200 Honolulu, HI 96814	13-1846366	501(c)(3)	23,000				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Matter Of Trust Inc 99 Sanit Germain San Francisco, CA 94114	06-1530091	501(c)(3)	20,000				Events/Sponsorships
Maui Economic Development Board Inc 1305 N Holopono Ste 1 Kihei, HI 96753	99-0226377	501(c)(3)	23,551				Conference Sponsor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Maui Memorial Med Ctr Foundation Inc 285 Mahalani St Wailuku, HI 96793	99-0330698	501(c)(3)	19,700				Events/Sponsorships
Mayor Arakawa Community Kokua Fund PO Box 1101 Wailuku, HI 96793	71-0916023	501(c)(3)	8,250				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Memorial Sloan Kettering Cancer Center 1275 York Ave New York, NY 10065	13-1924236	501(c)(3)	550,000				Project Support
Michaels Community Services Corporation 1475 Linapuni Ste 100 Honolulu, HI 96819	45-3199958	501(c)(3)	16,267				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Moorehouse School of Medicine 720 Westview Dr SW Atlanta, GA 30310	58-1438873	501(c)(3)	1,000,000				Events/Sponsorships
Na Lei Wili Area Health Education Center 4442 Hardy Ste 205 Lihue, HI 96766	99-0337948	501(c)(3)	70,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Napa Valley Marathon PO Box 4307 Napa, CA 94558	68-0147558	501(c)(3)	49,340				Events/Sponsorships
National Academy of Sciences 500 5th St NW Washington, DC 20001	53-0196932	501(c)(3)	462,500				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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National Health Law Program Inc 3701 Wilshire Blvd STE 750 LA, CA 90010	95-3080947	501(c)(3)	200,000				Project Support
National Medical Fellowships Inc 347 Fifth Ave STE 510 New York, NY 10016	36-2125449	501(c)(3)	333,333				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Nature Conservancy 821 SE 14th Ave Portland, OR 97214	53-0242652	501(c)(3)	7,500				Gift Program
Nehemiah Community Foundation 640 Bercut Dr Ste A Sacramento, CA 95811	68-0449972	501(c)(3)	7,500				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NICOS Chinese Health Coalition 1208 Mason Street San Francisco, CA 94108	94-3184812	501(c)(3)	6,000				Annual Fair
North Bay Operation Hand Up PO Box 2395 Vacaville, CA 95696	26-1899796	501(c)(3)	10,000				Fundraising Activities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OneOC 1505 E 17th St Santa Ana, CA 92705	95-2021700	501(c)(3)	10,000				Events/Sponsorships
Papahana Kuaola 46-403 Haiku Rd Kaneohe, HI 96744	20-2565007	501(c)(3)	16,200				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Partnership For Quality Care 555 West 57th Street Fl 15 NY, NY 10019	26-0355572	501(c)(3)	1,000,000				Sustanining Contribution
PATH - Peoples Advocacy for Trails Hawaii PO Box 62 KailuaKona, HI 96745	99-0248675	501(c)(3)	18,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Potrero Hill Neighborhood House Inc 953 De Haro Street San Francisco, CA 94107	94-1156289	501(c)(3)	25,000				Donation
Powerhouse Science Center 3615 Auburn Blvd Sacramento, CA 95821	68-0321106	501(c)(3)	25,000				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project Vision Hawaii PO Box 23212 Honolulu, HI 96823	27-2831637	501(c)(3)	35,000				Project Support
Renaissance Parents of Success 1800 Oakdale 510 San Francisco, CA 94124	94-3155564	501(c)(3)	6,000				Annual Health Fair

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Revival Center Ministries 910 Tennessee St Vallejo, CA 94590	55-3642299	501(c)(3)	30,000				Project Support
Richmond Area Multi-Services Inc 639 14th Avenue San Francisco, CA 94118	23-7389436	501(c)(3)	6,000				Annual Health Festival

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Richmond District Neighborhood Center Inc 741 30th Avenue San Francisco, CA 94121	94-2684271	501(c)(3)	9,700				Events/Sponsorships
Riverside University Health System 26520 Cactus Ave Moreno Valley, CA 92552	33-0374018	501(c)(3)	11,300				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Sacramento Ballet 2420 N St Ste 100 Sacramento, CA 95816	94-1674349	501(c)(3)	49,400				Events/Sponsorships
Sacramento Convention & Visitors Bureau 1608 I Street Sacramento, CA 95814	94-0824640	Government or P	20,224				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Sacramento Region Community Foundation 955 University Ave A Sacramento, CA 95825	94-2891517	501(c)(3)	10,000				Events/Sponsorships
Safe Harbor Outreach Ministries Inc PO Box 554 Vacaville, CA 95696	76-0822599	501(c)(3)	15,700				Fundraising Activities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Sakura Matsuri 1832 Buchanan 202 San Francisco, CA 94115	93-1141006	501(c)(3)	10,000				Annual Festival
San Francisco Ballet Association 455 Franklin Street San Francisco, CA 94102	94-1415298	501(c)(3)	21,228				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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San Francisco Botanical Garden Society 1199 9th Ave San Francisco, CA 94122	94-6050168	501(c)(3)	21,800				Program Support
San Francisco General Hospital Foundation 2789 25th St 2028 San Francisco, CA 94110	94-3189424	501(c)(3)	11,750				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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San Francisco Green Film Festival 145 9th St Ste 220 San Francisco, CA 94103	47-1454754	501(c)(3)	20,000				Project Support
San Francisco -Marin Food Bank 900 Pennsylvania San Francisco, CA 94107	94-3041517	501(c)(3)	24,000				Annual Gala

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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San Francisco Opera Association 301 Van Ness Avenue San Francisco, CA 94102	94-0836240	501(c)(3)	60,130				Program and Event Support
San Francisco Parks Alliance 1663 Mission 320 San Francisco, CA 94103	23-7131784	501(c)(3)	7,000				Fundraising Activities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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San Francisco Planng & Urban Rsearch Assn 654 Mission Street San Francisco, CA 94105	94-1498232	501(c)(3)	75,000				Project Support
San Francisco Recreation & Park Dept 501 Stanyan St San Francisco, CA 94117	94-6000417	Government or P	20,000				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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San Gabriel Valley Foundation 4900 Rivergrade Rd Irwindale, CA 91706	95-4643569	501(c)(3)	7,000				Events/Sponsorships
SFMade Inc 926 Howard Street San Francisco, CA 94103	27-2850703	501(c)(3)	25,000				Stipend Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Shriners Hospitals for Children 1310 Punahou Street Honolulu, HI 96826	36-2193608	501(c)(3)	50,000				Project Support
Smart Growth America 1707 L St NW STE 250 Washington, DC 20036	27-0038938	501(c)(3)	200,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Smithsonian Institution 1000 Jefferson RC 035 Washington, DC 20560	53-0206027	501(c)(3)	2,000,000				Events/Sponsorships
Solano Co Health & Social Services Dept 275 Beck Ave MS 5-200 Fairfield, CA 94533	94-6000538	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Solano Coalition for Better Health 1 Harbor Center 270 Suisun City, CA 94585	94-3189914	501(c)(3)	14,600				Events/Sponsorships
Sonoma Valley Vintners & Growers Alliance 783 Broadway Sonoma, CA 95476	91-1934463	501(c)(3)	7,500				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Stanford University Board of Trustees 326 Galvez St Stanford, CA 94305	94-1156365	501(c)(3)	15,000				Gift Program
The Davis Street Community Center Inc 3081 Teagarden Street San Leandro, CA 84577	94-3121699	501(c)(3)	10,000				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Exploratorium Pier 15/17 San Francisco, CA 94111	94-1696494	501(c)(3)	9,870				Spring Gala
The Kohala Center Inc PO Box 437462 Kamuela, HI 96743	99-0354676	501(c)(3)	35,000				Project Support

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The Salvation Army - Sacramento Corps 2626 Pacific St San Bernardino, CA 92346	94-1156347	501(c)(3)	8,405				Events/Sponsorships
The Trust for Public Land 1003 Bishop St 740 Honolulu, HI 96813	23-7222333	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Training Institute for Leadership Enrichment 920 Peralta St Ste 2A Oakland, CA 94607	68-0437852	501(c)(3)	11,320				Project Support
Trustees of Princeton University 330 Alexander St Princeton, NJ 08543	21-0634501	501(c)(3)	7,500				Gift Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Hawaii 2440 Campus Box 368 Honolulu, HI 96822	99-6000354	Government or P	25,999				Project Support
University of Hawaii Foundation 2444DoleStBachmanHall105 Honolulu, HI 96822	99-0085260	501(c)(3)	197,780				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Vacaville Neighborhood Boys & Girls Club 100 Holly Lane Vacaville, CA 95688	13-4223488	501(c)(3)	9,000				Project Support
Vacaville Social Services Corporation 785 Alamo Dr Suite 130 Vacaville, CA 95688	68-0364021	501(c)(3)	7,500				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Volunteer Center of Sonoma County Inc 153 Stony Cir Ste 100 Santa Rosa, CA 95401	94-1751375	501(c)(3)	15,000				Project Support
Waianae Dist Comprehensive Health & Hosp 86-260 Farrington Highway Waianae, HI 96792	99-0148164	501(c)(3)	24,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Warriors Community Foundation 1011 Broadway Oakland, CA 94607	45-4001645	501(c)(3)	30,000				Events/Sponsorships
Washington State University Foundation PO Box 641927 Pullman, WA 99164	91-1075542	501(c)(3)	15,000				Gift Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women's Fund of Hawaii PO Box 438 Honolulu, HI 96809	30-0273733	501(c)(3)	7,850				Events/Sponsorships
YMCA of Metropolitan Los Angeles 625 S New Hampshire Los Angeles, CA 90005	95-1644052	501(c)(3)	11,750				Events/Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Young Mens Christian Assn Of Honolulu 1441 Pali Highway Honolulu, HI 96813	99-0073533	501(c)(3)	30,000				Project Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization KAISER FOUNDATION HEALTH PLAN INC	Employer identification number 94-1340523
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Part I

Questions Regarding Compensation

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 94-1340523
Name: KAISER FOUNDATION HEALTH PLAN INC

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1	FIRST CLASS TRAVEL FIRST CLASS TRAVEL IS PERMISSIBLE AS AN ORDINARY BUSINESS EXPENSE FOR ALL BOARD OF DIRECTORS, CHIEF EXECUTIVE OFFICER, THIRTEEN OTHER OFFICERS, AND ONE KEY EMPLOYEE AS APPROVED BY THE COMPENSATION COMMITTEE, CHIEF EXECUTIVE OFFICER, OR CHIEF HUMAN RESOURCES OFFICER THE VALUE OF THESE CHARGES ARE NOT INCLUDED IN THE RECIPIENTS COMPENSATION TRAVEL FOR COMPANIONS AS APPROVED BY SENIOR MANAGEMENT INFREQUENTLY WHERE BUSINESS REQUIREMENT DICTATES THE VALUE OF THESE CHARGES ARE NOT INCLUDED IN THE RECIPIENTS COMPENSATION PERSONAL SERVICES CAR AND SECURITY SERVICE IS APPROVED FOR SENIOR MANAGEMENT IN CONNECTION WITH BUSINESS RELATED TRAVEL CEO'S NONBUSINESS TRANSPORTATION IS BOARD APPROVED AND INCLUDED IN COMPENSATION TAX INDEMNIFICATION AND GROSS-UP PAYMENTS LIMITED TO PARTIAL TAX GROSS-UP UNDER RELOCATION POLICY, CEO TRANSPORTATION AND SECURITY, AND AS APPROVED ON A LIMITED BASIS BY SENIOR MANAGEMENT THESE PAYMENTS ARE INCLUDED IN COMPENSATION HOUSING ALLOWANCE PROVIDED ON A LIMITED BASIS TO FOUR OFFICERS AND ONE KEY EMPLOYEE FOR RELOCATION IN CONFORMITY WITH THE LAW PROVIDED ON A LIMITED BASIS AS COMPENSATION

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 3	- METHODS USED TO ESTABLISH COMPENSATION OF CEO/EXECUTIVE DIRECTOR - Kaiser Foundation Health Plan, Inc used one or more of the methods described below to establish the top management officials' compensation - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Written employment contract - Compensation survey or study, and - Approval by the board or compensation committee of a related organization

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4A	- Severance Payments - DAVID KVANCZ 435,375 LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO SEVERANCE BENEFITS IN THE EVENT OF TERMINATION BY THE ORGANIZATION WITHOUT CAUSE OR DUE TO JOB ELIMINATION DEPENDING ON POSITION LEVEL, TENURE, AND TERMINATION REASON, SEVERANCE BENEFITS PAYABLE UNDER THESE ARRANGEMENTS PROVIDE FOR PAY AND HEALTH BENEFITS CONTINUATION PLUS PAYMENT OF ACCRUED OBLIGATIONS IN ADDITION, FOR SOME OF THE LISTED PERSONS, SEVERANCE BENEFITS PAYABLE INCLUDE PRORATED INCENTIVE AWARDS FOR PERFORMANCE PERIODS NOT YET ENDED NONE OF THE LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO CHANGE-OF-CONTROL PAYMENTS

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4B	- Supplemental NonQualified Retirement Plan Payments - Gregory Adams \$292,234 Mary Ann Barnes 446,577 Anthony Barrueta 863 Robert Beltch 280,584 Benjamin Chu 275,641 Dennis L Dabney 123,168 Richard Daniels 161,600 Jerry C Fleming 468,718 Sandra Golze 56,755 Kendall Hunter 77,755 Kathryn Lancaster 322,425 Donna Lynne 3,229,867 Gerald Mccall 110,466 Thomas Meier 105,522 Julie Miller-Phipps 107,654 Wade Overgaard 667,549 Cynthia Overmyer 119,896 Christine Paige 79,032 Arthur Southam 352,920 Deborah Stokes 59,716 Bernard Tyson 815,201 Gay Westfall 246,046 John Yamamoto 76,678 Carlos Zaragoza 43,573 Victoria Zatkin 85,158 Mark Zemelman 197,189 SOME OF THE PARTICIPANTS LISTED IN SCHEDULE J, PART II PARTICIPATED IN NONQUALIFIED SUPPLEMENTAL RETIREMENT PLANS UNDER THESE PLANS, THE ORGANIZATION MAKES ANNUAL CONTRIBUTIONS TO A NOTIONAL ACCOUNT ON BEHALF OF EACH PARTICIPANT CONTRIBUTIONS VARY BY POSITION, LEVEL AND PAY, AND VEST OVER TIME BASED ON AGE AND/OR SERVICE PARTICIPANT ACCOUNTS ARE CREDITED WITH A FIXED RATE OF INTEREST, INVESTED IN AVAILABLE MUTUAL FUNDS OR A COMBINATION OF BOTH CERTAIN OFFICERS ACCRUE A BENEFIT THAT VESTS BASED ON AGE AND SERVICE AND TARGETS A PERCENTAGE OF FINAL AVERAGE PAY LESS PRIOR PLAN OFFSETS UNVESTED AMOUNTS ARE SUBJECT TO RISK OF FORFEITURE

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 7	- Non-Fixed Payments - THE ORGANIZATION PROVIDED NON-FIXED PAYMENTS TO SOME OF THE PERSONS LISTED PAYMENTS WERE MADE UNDER INCENTIVE PLANS, BASED ON ATTAINMENT OF ORGANIZATIONAL PERFORMANCE GOALS AND INDIVIDUAL PERFORMANCE, DESIGNED TO SUPPORT THE ORGANIZATION'S MISSION TO PROVIDE HIGH-QUALITY, AFFORDABLE CARE AND IMPROVE THE HEALTH OF ITS MEMBERS AND THE COMMUNITIES IT SERVES THE PLANS' ORGANIZATIONAL PERFORMANCE GOALS INCLUDED QUALITY OF CARE AND SERVICE, MEMBERSHIP GROWTH, OPERATING INCOME, PER MEMBER EXPENSE TREND, AND COMMUNITY BENEFIT PLAN DESIGNS, PERFORMANCE, AND PAYOUT LEVELS, AS WELL AS INDIVIDUAL PAYMENTS TO CERTAIN PERSONS, WERE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, COMPRISED OF INDEPENDENT DIRECTORS

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 8	Certain amounts reported in Form 990, Part VII, were paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3). Fixed payments were paid to or accrued for THREE OFFICERS and TWO KEY EMPLOYEES in 2016.

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part II, Column C	The actuarial value for some individuals' defined benefit plan declined in 2016, resulting in negative values in column (C) in some instances

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part II, Column F	Amounts included in Schedule J, Part II, Column F include amounts previously reported as deferred compensation, as well as, distributions from a 457(b) plan that were previously reported as reportable compensation in accordance with Form 990 Instructions

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Gregory Adams EVP, Group President	(i)	895,570	1,220,621	341,459	661,797	26,228	3,145,675	0
	(ii)	0	0	0	0	0	0	0
1 Ramon F BaezDirector	(i)	141,676	0	10,915	0	0	152,591	0
	(ii)	0	0	0	0	0	0	0
2 Mary Ann Barnes Region President - Hawaii	(i)	424,596	217,060	478,847	138,731	20,310	1,279,544	306,640
	(ii)	0	0	0	0	0	0	0
3 Anthony Barrueta SVP, Government Relations	(i)	441,713	593,635	40,975	249,714	19,732	1,345,769	863
	(ii)	0	0	0	0	0	0	0
4 Raymond Baxter SVP, CB Research & Hlth Policy	(i)	342,974	906,714	42,645	51,878	17,870	1,362,081	0
	(ii)	0	0	0	0	0	0	0
5 Robert Belтч Chief Audit Executive	(i)	310,265	234,995	320,963	99,984	21,068	987,275	221,770
	(ii)	0	0	0	0	0	0	0
6 Vanessa Benavides SVP, Chief Comp & Prnv Officer	(i)	383,496	150,000	87,047	170,663	19,085	810,291	22,145
	(ii)	0	0	0	0	0	0	0
7 Regina M Benjamin MD MBA Director	(i)	189,500	0	7,678	0	0	197,178	0
	(ii)	0	0	0	0	0	0	0
8 Charles Bevilacqua SVP, HP Products, Svc & Admin	(i)	520,619	612,929	21,840	186,194	20,908	1,362,490	0
	(ii)	0	0	0	0	0	0	0
9 Maryann Bodayle Assistant Secretary	(i)	149,101	14,912	2,238	24,809	8,720	199,780	0
	(ii)	0	0	0	0	0	0	0
10 Debora Lynn Catsavas SVP, HR - NCAL	(i)	375,332	428,943	112,699	164,389	15,932	1,097,295	0
	(ii)	0	0	0	0	0	0	0
11 Thomas W Chapman EDD Director	(i)	0	0	513,713	0	0	513,713	448,199
	(ii)	0	0	0	0	0	0	0
12 Bechara Choucair SVP,Community Health & Benefit	(i)	28,846	450,000	1,661	13,174	1,155	494,836	0
	(ii)	0	0	0	0	0	0	0
13 Benjamin Chu EVP,GP & Region President SCAL	(i)	271,507	1,812,183	288,076	156,196	8,233	2,536,195	0
	(ii)	0	0	0	0	0	0	0
14 Charles Columbus SVP, Chief HR Officer	(i)	541,459	939,929	46,332	403,457	33,312	1,964,489	0
	(ii)	0	0	0	0	0	0	0
15 Patnck Courneya EVP, Chief Medical Officer	(i)	473,417	389,924	42,919	491,572	19,451	1,417,283	0
	(ii)	0	0	0	0	0	0	0
16 Thomas Curtin SVP, Natl Sales & Acct Mgmt	(i)	376,392	418,435	36,077	152,379	25,616	1,008,899	0
	(ii)	0	0	0	0	0	0	0
17 Dennis L Dabney SVP, LABOR RELATIONS	(i)	350,635	370,395	164,277	127,993	24,966	1,038,266	90,248
	(ii)	0	0	0	0	0	0	0
18 Richard DanielsEVP, CIO	(i)	684,663	907,109	195,044	355,738	31,621	2,174,175	101,730
	(ii)	0	0	0	0	0	0	0
19 Mick Diede SVP, Chief Actuary	(i)	387,687	394,591	38,078	144,795	19,229	984,380	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21George Disalvo SVP, CFO - SCAL	(i)	525,787	496,295	41,017	223,282	17,695	1,304,076	0
	(ii)	0	0	0	0	0	0	0
1Karen Emmons VP, Research and Dir, KFRI	(i)	243,970	124,978	14,799	-39,392	21,622	365,977	0
	(ii)	0	0	0	0	0	0	0
2Jeffrey E EpsteinDirector	(i)	199,500	0	7,371	0	0	206,871	0
	(ii)	0	0	0	0	0	0	0
3Jerry C Fleming SVP, Health Reform Implement	(i)	0	117,651	474,644	-9,018	0	583,277	468,718
	(ii)	0	0	0	0	0	0	0
4Diane Gage-Lofgren SVP, Brand Mgmt & Comm	(i)	0	0	127,244	35,063	0	162,307	127,244
	(ii)	0	0	0	0	0	0	0
5Daniel Garcia SVP, Chief Compliance Officer	(i)	274,311	828,960	34,324	-13,502	15,672	1,139,765	0
	(ii)	0	0	0	0	0	0	0
6Sandra Golze Assistant Secretary - NCAL	(i)	257,586	216,688	93,057	150,338	21,090	738,759	43,838
	(ii)	0	0	0	0	0	0	0
7Mitchell Goodstein SVP, Actuanal, U/W & Pricing	(i)	0	156,270	0	0	0	156,270	0
	(ii)	0	0	0	0	0	0	0
8J Eugene Gnsby III PhD Director	(i)	0	0	27,039	0	0	27,039	27,039
	(ii)	0	0	0	0	0	0	0
9Ron Groepper SVP & Area Manager	(i)	402,614	189,581	282,491	107,530	22,927	1,005,143	0
	(ii)	0	0	0	0	0	0	0
10George Halvorson Chairman	(i)	0	0	37,258	4,120	0	41,378	17,548
	(ii)	0	0	0	0	0	0	0
11Leslie S HeiszDirector	(i)	199,500	0	15,618	0	0	215,118	0
	(ii)	0	0	0	0	0	0	0
12David HoffmeisterDirector	(i)	214,500	0	11,309	0	0	225,809	0
	(ii)	0	0	0	0	0	0	0
13Kendall Hunter SVP, Health Ins Exchange Opns	(i)	92,521	258,909	87,945	4,651	5,988	450,014	27,388
	(ii)	0	0	0	0	0	0	0
14Judith A Johansen JD Director	(i)	227,000	0	13,707	0	0	240,707	0
	(ii)	0	0	0	0	0	0	0
15Laurel Junk VP, Chief Procurement Officer	(i)	402,573	219,416	18,458	124,775	12,138	777,360	0
	(ii)	0	0	0	0	0	0	0
16Kim J KaiserDirector	(i)	204,500	0	12,047	0	0	216,547	0
	(ii)	0	0	0	0	0	0	0
17David Kvancz VP, Natl Pharmacy Pgms & Svcs	(i)	0	0	435,604	16,744	0	452,348	0
	(ii)	0	0	0	0	0	0	0
18Kathryn Lancaster EVP & CFO	(i)	823,192	1,486,990	371,044	570,456	18,145	3,269,827	15,594
	(ii)	0	0	0	0	0	0	0
19Janet Liang Regional President - NCAL	(i)	576,297	618,759	191,234	360,441	28,803	1,775,534	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41Donna Lynne EVP, GP & Region Pres - CO	(i)	250,147	1,703,753	3,260,111	120,565	10,818	5,345,394	2,322,965
	(ii)	0	0	0	0	0	0	0
1Philip A ManneauDirector	(i)	222,000	0	7,371	0	0	229,371	0
	(ii)	0	0	0	0	0	0	0
2Gerald MccallSVP Operations	(i)	490,970	329,171	142,006	153,233	27,346	1,142,726	40,991
	(ii)	0	0	0	0	0	0	0
3Thomas Meier SVP, Corporate Treasurer	(i)	382,345	523,823	144,650	111,392	27,372	1,189,582	42,160
	(ii)	0	0	0	0	0	0	0
4Julie Miller-Phipps Regional President - SCAL	(i)	506,896	302,297	288,321	192,552	17,806	1,307,872	0
	(ii)	0	0	0	0	0	0	0
5Chnstopher Ohman VP, Health Plan Expansion	(i)	338,930	319,117	39,407	123,060	29,969	850,483	0
	(ii)	0	0	0	0	0	0	0
6Donald OrmdoffSVP, NFS	(i)	418,115	491,764	25,961	185,822	30,493	1,152,155	0
	(ii)	0	0	0	0	0	0	0
7Wade Overgaard SVP, Health Plan Ops - CA	(i)	507,682	621,259	692,660	161,755	29,942	2,013,298	519,769
	(ii)	0	0	0	0	0	0	0
8Cynthia Overmyer SVP, Internal Audit	(i)	0	34,692	127,076	-6,012	0	155,756	119,896
	(ii)	0	0	0	0	0	0	0
9Chnstine Paige SVP, Marketing & Internet Svcs	(i)	372,885	312,471	100,632	150,896	20,140	957,024	21,668
	(ii)	0	0	0	0	0	0	0
10Edward PeiDirector	(i)	214,000	0	12,739	18,000	0	244,739	0
	(ii)	0	0	0	0	0	0	0
11Margaret E Porfido JD Director	(i)	229,500	0	17,858	0	0	247,358	0
	(ii)	0	0	0	0	0	0	0
12J Neal PurcellDirector	(i)	0	0	18,192	0	0	18,192	18,192
	(ii)	11,000	0	16,808	0	0	27,808	0
13Frank Richardson Assistant Secretary - HI	(i)	215,458	82,062	11,585	100,219	25,788	435,112	0
	(ii)	0	0	0	0	0	0	0
14Rochelle Roth Assistant Secretary	(i)	178,161	71,788	24,645	99,908	17,958	392,460	0
	(ii)	0	0	0	0	0	0	0
15Michael Rowe SVP, CFO - NCAL	(i)	587,510	699,374	22,808	182,556	24,666	1,516,914	0
	(ii)	0	0	0	0	0	0	0
16Jacqueline Sellers Assistant Secretary	(i)	195,357	60,644	9,121	75,309	12,779	353,210	0
	(ii)	0	0	0	0	0	0	0
17Richard Shannon MD Director	(i)	212,000	0	0	0	0	212,000	0
	(ii)	0	0	0	0	0	0	0
18James Simpson SVP, Finance - BU & ROC	(i)	368,952	430,444	36,240	173,898	23,964	1,033,498	0
	(ii)	0	0	0	0	0	0	0
19Arthur Southam EVP, Health Plan Operations	(i)	851,992	1,521,837	401,806	438,204	26,212	3,240,051	7,159
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61Deborah Stokes SVP, Corporate Controller & CAO	(i)	42,705	395,366	65,873	2,147	1,773	507,864	0
	(ii)	0	0	0	0	- 0	- 0	0
1Wayne Swafford VP, Natl Facilities Svc - ROC	(i)	236,064	129,545	39,021	117,459	29,405	551,494	0
	(ii)	0	0	0	0	- 0	- 0	0
2Paul M Swenson SVP & Chief Strategy Officer	(i)	543,997	508,966	46,327	151,503	27,344	1,278,137	0
	(ii)	0	0	0	0	- 0	- 0	0
3Cynthia A Telles PhDDirector	(i)	203,000	0	11,309	0	0	214,309	0
	(ii)	9,500	0	0	0	- 0	- 9,500	0
4Bernard Tyson Chairman & CEO	(i)	1,274,847	6,056,494	1,198,157	1,475,632	34,105	10,039,235	0
	(ii)	0	0	0	0	- 0	- 0	0
5Alfonse Upshaw SVP, Corporate Controller & CAO	(i)	330,597	250,737	35,278	83,390	24,924	724,926	0
	(ii)	0	0	0	0	- 0	- 0	0
6Cesar Villalpando SVP, Enterprise Shared Svcs	(i)	508,219	496,428	40,864	279,929	23,712	1,349,152	0
	(ii)	0	0	0	0	- 0	- 0	0
7Eugene Washington MD Director	(i)	186,176	0	450	0	0	186,626	0
	(ii)	0	0	0	0	- 0	- 0	0
8Herman Weil SVP, Federal & State Programs	(i)	0	72,926	69,552	0	0	142,478	55,591
	(ii)	0	0	0	0	- 0	- 0	0
9Jed Weissberg SVP, Quality & Care Del Excel	(i)	0	151,929	4,425	-2,107	0	154,247	0
	(ii)	0	0	0	0	- 0	- 0	0
10Gay Westfall SVP, SPECIAL PROJECTS	(i)	303,596	282,804	288,588	85,854	16,742	977,584	0
	(ii)	0	0	0	0	- 0	- 0	0
11John Yamamoto Assistant Secretary	(i)	328,654	220,856	94,235	131,602	64,230	839,577	26,910
	(ii)	0	0	0	0	- 0	- 0	0
12Hong-Sze Yu Assistant Secretary	(i)	219,652	68,784	15,909	104,663	22,269	431,277	0
	(ii)	0	0	0	0	- 0	- 0	0
13Carlos Zaragoza Assistant Secretary	(i)	142,121	182,257	84,289	8,121	12,234	429,022	0
	(ii)	0	0	0	0	- 0	- 0	0
14Victoria Zatkın VP, Off of Brd & Corp Gov Svcs	(i)	25,068	99,763	91,952	1,394	334	218,511	85,158
	(ii)	0	0	0	0	- 0	- 0	0
15Mark Zemelman SVP, General Counsel & Secy	(i)	547,086	839,524	243,563	339,949	30,025	2,000,147	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number
94-1340523

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 organization managers or disqualified persons during the year under section 4958 ► \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) ROBERT BELTCH	EMPLOYEE	EMPLOYEE RELOCATION		X	100,000	100,000		No	Yes		Yes	
Total						► \$ 100,000						

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
(1) RACHEL BARNES	FAMILY MEMBER OF OFFICER	156,232	COMPENSATION		No
(2) Karen N Villalpando	FAMILY MEMBER OF OFFICER	95,141	COMPENSATION		No
(3) Nicholas Marcus Ohman	FAM Mbr OF Fmr Key Empl	70,248	COMPENSATION		No
(4) Steven R Zatkan	FAM MBR OF FMR OFFICER	507,402	COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493313025487
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016 Open to Public Inspection
Name of the organization KAISER FOUNDATION HEALTH PLAN INC		Employer identification number 94-1340523	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4A-4D	<p>- Exempt Purpose Achievements - Legal Affiliation with Kaiser Foundation Hospitals Kaiser Foundation Hospitals (KFH) and Kaiser Foundation Health Plan, Inc (KFHP, Inc) are separate corporations governed by identical boards of directors KFHP, Inc provides and arranges comprehensive health care services for members on a predominantly prepaid basis Kaiser Foundation Health Plan, Inc fulfills its contractual obligations to group and individual members by contracting with KFH facilities and Permanente Medical Group physicians to provide health care services for its members through market leading performance in quality and service KFHP, Inc primarily conducts its operations in the states of California and Hawaii, with four principal operating subsidiaries located in other states These tax-exempt subsidiary health plans are Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan of Georgia, Inc , Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc , and Kaiser Foundation Health Plan of the Northwest Kaiser Foundation Health Plan Inc's Commitment to the Community Membership in KFHP, Inc and its health plan subsidiaries is available without regard to age, sex, race, religion, or national origin, or to the individuals ability to pay Health plan members are broadly representative of the communities served Once enrolled, a member may maintain membership regardless of health or employment status As a nonprofit organization, Kaiser Foundation Health Plan, Inc is committed to improving the health of the communities beyond its enrolled membership Annual investments in a range of Community Benefit programs are a fundamental embodiment of the organizations ongoing commitment to improve the general wellbeing within the broader community These investments result in intentional, planned, measurable, and accountable benefits intended to address many of the health challenges faced at the individual, local, state, and national levels In 2007, the board of directors of Kaiser Foundation Health Plan, Inc and Kaiser Foundation Hospitals refined the focus of the organization's Community Benefit programs and established the following four priority areas, which have come to be known as "Streams of Work"</p> <ul style="list-style-type: none"> A Care and Coverage for Low-Income People - Creates and supports programs that lower the financial barriers for the under- and uninsured B Community Health Initiatives (CHI) Seeks to measurably improve the health of the communities we serve Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods C Safety Net Partnerships Builds partnerships with community clinics, local health departments, and public hospitals Provides funding, technical assistance, dissemination of care management and quality improvements technology to help improve care and expand treatment capacity for vulnerable populations D Developing and Disseminating Knowledge Improves health

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Return Reference	Explanation
Form 990, Part III, Line 4A-4D	<p>care by sharing our knowledge - educating practitioners, advancing research, empowering consumers, and informing policymakers about evidence-based care and health. In addition to the streams of work above, KFHP, Inc. also made contributions to benefit the communities served in the following areas:</p> <p>E. Other Community Benefit Investments Support Community Benefit activities and programs beyond the national streams of work, including the administrative expenses of regional Community Benefit departments dedicated to supporting the organizations' Community Benefit programs and services and coordinating related initiatives.</p> <p>F. Environmental Stewardship Protecting and improving the natural environment is a key component of KFHP, Inc.'s mission to improve the health of the community it serves. Although costs associated with this initiative are not included in the dollars reported as Community Benefit investments, efforts in this area contribute to advancing a broader vision emphasizing healthy people and healthy environments while also improving health care quality and affordability. The following are details of the Community Benefit activities provided by Kaiser Foundation Health Plan, Inc.: In 2016, Kaiser Foundation Health Plan, Inc. served over 8.5 million members and expended approximately \$1.3 billion (at cost, net of \$1.8 billion of related revenues) to support Community Benefit activities. The following summarizes many of the signature Community Benefit programs and services grouped according to the national Streams of Work:</p> <p>A. Care and Coverage for Low-Income People Improving health care access for those with limited incomes and resources is fundamental to Kaiser Foundation Health Plan, Inc.'s mission. In 2016, KFHP, Inc. expended approximately \$1.3 billion (at cost, net of \$1.8 billion of related revenues) to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age, or other factors. Program beneficiaries (under- and uninsured) received free or discounted care in a Kaiser Permanente facility or by a Permanente provider.</p> <p>A.1 Charitable Care (Medical Financial Assistance and Charitable Health Coverage Programs) KFHP, Inc. provides charity care to low-income vulnerable populations through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) programs. In 2016, KFHP, Inc. spent approximately \$254 million (at cost, net of \$6.3 million of related revenues) to support under- and uninsured patients.</p> <p>A.1.1 Medical Financial Assistance (MFA) Program KFHP, Inc.'s Medical Financial Assistance program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Patients must receive health care services at facilities operated by Kaiser Permanente and/or from a Kaiser Permanente provider. Eligibility is based upon prescribed levels of income to patients who have exhausted other</p>

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Form 990, Part III, Line 4A-4D	<p>private and public sources of support. In 2016, KFHP, Inc. provided \$51.4 million (at cost, net of \$42 thousand of related revenues) of services under this program. At KFHP, Inc., uninsured patients receive a discount on hospital and professional charges for emergency or other medically necessary care without an application and regardless of income level. The discount is provided to ensure that an uninsured individual is not charged more for emergency or other medically necessary services than the amounts generally billed to insured individuals receiving equivalent care. Contracted collection agency practices are aligned with the organizations social values and IRC section 501(r). Additionally, any patient experiencing financial hardship due to high medical expenses relative to their income level may qualify for the program under KPs high medical expense criteria.</p>

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A 1 1 1 MFA Program Offered in California	<p>In California, the MFA programs eligibility criteria allows patients falling at or below 350% of the Federal Poverty Guidelines (FPG) to receive full (100%) write off of patient out-of-pocket costs. In 2016, the MFA program assisted approximately 148,000 qualifying applicants in California, including more than 33,300 patients who were not otherwise covered by a health care plan offered by Kaiser Foundation Health Plan, Inc. This program offered forgiveness for over 712,000 outpatient visits and over 1.4 million prescriptions in 2016.</p> <p>A 1 1 1 1 Community Medical Financial Assistance (CMFA) The MFA program also includes support for community based initiatives, known as Community Medical Financial Assistance (CMFA) programs. CMFA programs are designed to broaden access to health care within the community and help KFHP, Inc. fulfill its objectives to reduce the financial barriers that limit access to care for qualified low income populations. The following are two of the CMFA programs offered in the State of California.</p> <p>A 1 1 1 1 1 Operation Access Thirteen hospitals in the Northern California Region participate in Operation Access, a nonprofit organization that mobilizes a network of medical volunteers, hospitals, facilities, and referring community clinics to provide the uninsured with donated outpatient surgeries and procedures that significantly improve their health, ability to work, and quality of life. Some of the most common procedures performed include hernia repairs, biopsies, and cyst excisions.</p> <p>A 1 1 1 1 2 Mission Cataract USA Mission Cataract USA offers free cataract surgery to people of all ages who have no means to pay. It was started in 1991 when Frederick A. Richburg, MD, Medical Director of Valley Eye Institute in Fresno, California decided to donate one day for free cataract surgery and create a local mission right in his own back yard. The goal of Mission Cataract USA is to eradicate blindness due to cataracts and bring as many people as possible from blindness to useful productive lives.</p> <p>A 1 1 2 MFA Program Offered in Hawaii In Hawaii, the MFA programs eligibility criteria allows patients falling at or below 400% of the Federal Poverty Guidelines (FPG) to receive full (100%) write off of patient out-of-pocket costs. In 2016, The MFA program in Hawaii assisted approximately 16,000 qualifying applicants who received forgiveness for over 82,000 outpatient visits and more than 165,000 prescriptions.</p> <p>A 1 1 2 1 Community Medical Financial Assistance (CMFA) A 1 1 2 1 1 Premium Assistance Program MFA (PAP MFA) in Hawaii In 2016, KFHP, Inc. in Hawaii continued to offer the Premium Assistance Program MFA, as part of Community Medical Financial Assistance (CMFA), to low income individuals who qualified for premium subsidy through the Hawaii Health Connector but did not qualify for Medicaid/QUEST.</p> <p>A 1 2 Charitable Health Coverage (CHC) Program Charitable Health Coverage is a unique approach to caring for low-income uninsured persons in the</p>

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Return Reference	Explanation
A 1 1 1 MFA Program Offered in California	<p>e community Eligible participants receive a regular Kaiser Permanente Health Plan members hip card and access to the full range of services and providers - a much better alternativ e to potentially costly emergency room visits or hospitalization Additionally, KFHP, Inc is also a provider for Healthy San Francisco, a local access-to-care program This allows KFHP, Inc to invest in the longer term health of patients and the community KFHP, Inc s CHC programs have a long history of making a real difference in the lives of low-income p eople who might otherwise have no permanent medical home During 2016, KFHP, Inc invested approximately \$203 million (at cost, net of \$6 3 million of related revenues) to support the CHC program The CHC program includes a separately administered premium subsidy that C HC members use for the purchase of a standard off-exchange Kaiser Permanente Individual/Fa mily (KPIF) platinum level plan To ensure that patient cost share obligations do not beco me a barrier to care, a Medical Financial Assistance award is provided to CHC members at t he time of enrollment in the CHC program Recertification takes place about every two year s to confirm that members remain eligible to participate Prospective members are invited to apply during limited annual enrollment periods and after experiencing triggering events It should also be noted that CHC membership in California steadily declined in 2016 due to the States expansion of the Medicaid program In May 2016, all low income children subj ect to financial eligibility rules regardless of immigration status became eligible for fu ll scope participation in the States program Because CHC is for low income individuals wh o are not eligible for other public or privately-sponsored coverage, members who qualify f or Medicaid are no longer eligible for CHC A 1 2 1 CHC Program Offered in California</p> <p>A 1 2 1 1 Child Health Program The Child Health Program (CHP) provides comprehensive medical/ dental and prescription coverage to eligible children under the age of 19 for California f amilies with household income up to 300% of the Federal Poverty Guidelines who do not have access to other health insurance After-subsidy, monthly payment amounts charged to membe rs range from \$0 to \$20 per child per month, depending on family income, for a maximum of three children Additional children are covered free of charge Once eligibility requireme nts are met, CHP members receive a KP premium subsidy that helps pay for enrollment in a s tandard off-exchange KP individual and family product (Platinum level) These members are also provided with medical financial assistance that covers the cost sharing for most serv ices if provided at KP facilities At the end of 2016, the Child Health Program was offere d to nearly 57,000 members in the State of California A 1 2 1 2 Healthy San Francisco App roximately 700 KFHP, Inc members were participating in the Healthy San Francisco program at the end of 2016 Healthy Sa</p>

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Return Reference	Explanation
A 1 1 1 MFA Program Offered in California	<p>n Francisco is a program created by the City and County of San Francisco to make health care services accessible and affordable for uninsured residents living on a combined family income at or below 500% of the Federal Poverty Level. It is available to all San Francisco residents regardless of immigration or employment status, or pre-existing medical conditions. While this program is not an insurance plan, it does provide access to primary care, preventive services, and hospitalization within the City and County of San Francisco.</p> <p>A 2 Participation in Medicaid and Other Government-Sponsored Programs Kaiser Foundation Health Plan, Inc. has a long history of participating in publicly financed health programs as a nonprofit organization. KFHP, Inc. participates in Medicaid and other government-sponsored programs under a variety of models, depending on the structure of these programs in each state. In 2016, KFHP, Inc. provided coverage and services valued at \$1.0 billion (at cost), net of \$1.8 billion of related revenues) for members and nonmembers in programs sponsored by the federal, state, and local governments. The Affordable Care Act has had a far-reaching impact on the landscape of government-sponsored programs. These options have become a key source of health coverage for a significant portion of the American population. KFHP, Inc. has responded to this challenge by developing organizational strategies to enable individuals whose coverage is changing due to personal or financial circumstances to enroll in a Medicaid program offered by KFHP, Inc. Realized and anticipated growth in the organization's Medicaid offerings closely aligns with and supports KFHP, Inc.'s core mission, tax-exempt status, credibility in state and federal policy arenas, and community health needs focusing on access to care. As of December 2016, KFHP, Inc.'s combined membership in Medicaid programs was nearly 732,000, including the Child Health Insurance Program (CHIP). This represents an increase of approximately 55,000 or 8.1% from year-end 2015. To better cope with the expansion of KFHP, Inc.'s Medicaid program, a Medicaid Assistance Center (MAC) was opened for operation in 2014. With an emphasis on delivering bilingual support, the representatives in this center provide specialized enrollment services by assisting callers in understanding Medicaid eligibility in their state and the qualifications to enroll in Medicaid with KFHP, Inc. A proactive follow-up process has been implemented to nurture a good foundational relationship with those prospects who elect to receive communications.</p>

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<p>A 2 1 Government-Sponsored Programs Offered in California</p>	<p>Kaiser Permanente Medi-Cal Managed Care and Medi-Cal Fee-for-Service are specific government-sponsored health care coverage programs in California. A total of over 903,000 individuals received care under these programs during 2016. A 2 1 1 Medicaid/Medi-Cal Managed Care Improving access to care for vulnerable populations is fundamental to Kaiser Foundation Health Plan, Inc.'s social mission to improve the health of the communities served, and consistent with the obligations of a tax exempt organization. KFHP, Inc.'s membership under this program included over 700,000 Medicaid/Medi-Cal managed care members in California. KFHP, Inc. contracts with various local and state government entities to participate in this program. Approximately \$921 million (at cost, net of \$1.7 billion of related revenues) was invested in this program in 2016. Prior to 2014, KFHP, Inc. offered healthcare coverage under the federal- and state-funded Children's Health Insurance Program (CHIP) in California. California now administers its CHIP program as part of Medicaid. Member counts and expenditures are included above. A 2 1 2 Medicaid/Medi-Cal Fee-for-Service KFHP, Inc. provides health care on a fee-for-service basis for Medicaid/Medi-Cal beneficiaries not enrolled as KFHP, Inc. members. Kaiser Foundation Health Plan, Inc. expended approximately \$85 million (at cost, net of \$604 thousand of related revenues) to subsidize care for over 203,000 patients under this program. A 2 2 Government-Sponsored Programs Offered in Hawaii Highlights of the government-sponsored health care coverage programs supported by KFHP, Inc. in Hawaii include: A 2 2 1 QUEST QUEST is a Medicaid managed care program run by Hawaii's Department of Human Services. The state administers the QUEST program and pays KFHP, Inc. to provide medical services. Kaiser Foundation Health Plan, Inc. participates in the QUEST programs on the islands of Oahu and Maui. KFHP, Inc. in partnership with Kaiser Foundation Hospitals provided care to approximately 28,000 individuals enrolled in QUEST and expended approximately \$17.3 million (at cost, net of \$80 million of related revenues) on subsidized medical care services. A 2 2 2 Medicaid Fee-for-Service KFHP, Inc. provides services on a fee-for-service basis to individuals in states not participating in the Medicaid managed care program or for individuals/populations not enrolled in managed care. In 2016, KFHP, Inc. in Hawaii contributed \$127 thousand (at cost, net of \$72 thousand of related revenues) on subsidized care for Medicaid patients who were not enrolled in the Kaiser Foundation Health Plan QUEST program. A 2 2 3 Children's Health Insurance Program (CHIP) The Children's Health Insurance Program provides health insurance coverage to children with family income up to twice the federal poverty guideline for Hawaii under Title XXI of the Social Security Act. CHIP is one of several aid categories under the QUEST program. More than 3,300 children enrolled in this program.</p>

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Return Reference	Explanation
A 2 1 Government-Sponsored Programs Offered in California	<p>ram were cared for by KFHP, Inc. in Hawaii at a total expense of \$1.9 million (at cost, net of \$3.8 million of related revenues) in 2016.</p> <p>B. Community Health Initiatives The Community Health Initiatives (CHI) strategy aims to improve the health of individuals, families, and communities by addressing the social, economic, and environmental determinants of health. Research supports the central premise that excellent medical care alone is insufficient to create healthy people in healthy communities. Evidence underscores the importance of changing community environments as a critical community health strategy. Guided by this evidence, Kaiser Foundation Health Plan, Inc. supports comprehensive initiatives that focus on policy and environmental changes to promote healthy eating and active living, community safety, economic stability, and social and emotional wellness. Two of the primary programs supported within the CHI Stream of Work include Healthy Eating, Active Living (HEAL) and obesity prevention. Healthy eating, active living has been and continues to be a compelling focus for Kaiser Foundation Health Plan, Inc.'s work, as obesity continues to be a significant and pervasive public health problem. Despite encouraging signs of obesity rates leveling off in recent years, substantial racial and ethnic disparities continue to exist. Also, through a focus on healthy eating and active living, Kaiser Foundation Health Plan, Inc. can have a marked impact on a wide range of health conditions including pre-diabetes, diabetes, cardiovascular disease and several cancers that are affected by these behaviors. Finally, a focus on nutrition, physical activity and weight management are highly aligned with Health Plans clinical expertise in this area, including a prevention orientation and a number of existing programs and partnerships. Wherever possible, KFHP, Inc. supports a concentration of multiple strategies that enable sustainable change towards healthy eating and active living lifestyles. These include policies and practices to reduce the availability and consumption of sugar-sweetened beverages, encourage the establishment of safe spaces, promote active transportation policies that support equitable public transit, and create connections between health clinics and community resources.</p> <p>Thriving Schools Thriving Schools is an initiative to improve healthy eating, physical activity, and social and emotional wellness in K-12 schools within Kaiser Foundation Health Plan, Inc.'s geographic service areas. Thriving Schools efforts focus on policy, systems, and environmental changes that make the healthy choice the easy choice. Interventions aim to create a culture of health on school campuses to spur individual behavior change targeting students, teachers, and staff. Kaiser Foundation Health Plan, Inc. invested \$10.5 million in 2016 to work with community-based organizations to design, deliver, and sustain long-term efforts that improve the conditions of neighborhood.</p>

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A 2 1 Government-Sponsored Programs Offered in California	<p>s, workplaces, schools and other settings so that they promote good health B 1 CHI Progr ams and Services Kaiser Foundation Health Plans CHI program is focused upon reducing and t reating overweight and obesity by focusing on prevention through healthy eating and physic al activity programs and initiatives for service area residents through community partners hips, grant making and education The following are examples of CHI programs and services funded during the year B 1 1 East Bay Community Foundation KFHP, Inc made a contributio n to East Bay Community Foundation for 2016 in the amount of \$10 million to support the de velopment and implementation of community-based health initiatives that promote healthy ea ting, active living and other healthy lifestyle choices This funding may also address the needs of safety net providers and other community-based or public institutions that serve groups facing cultural, linguistic or socio-economic barriers to care B 1 2 Cooking Up a Rainbow University of Hawaii Foundation received \$70,000 from KFHP, Inc for the "Cookin g up a Rainbow" Health & Wellness Food Truck The truck serves as a mobile platform that i s able to reach a mixture of urban, rural and low-income communities Its primary purpose is to provide outreach, preventative health screening, healthy cooking and healthy eating demonstrations and training The truck also provides roving health messaging and education on obesity prevention and healthy living through multiple partnerships among health and c ommunity organizations B 1 3 Hawaii 5-2-1-0 Lets Go! Be Well at School University of Haw aii Foundation received \$85,000 from KFHP Inc in continued support of the Hawaii 5-2-1-0 Lets Go! Be Well at School project to accelerate implementation of Department of Education guidelines in 20 more schools, in addition to the 26 schools covered in 2015 Schools add ed in 2016 cover 3 school complexes at Baldwin, Kekaulike and Maui High This project incl udes rewarding schools for improvements in wellness policies with new water bottle filling stations to replace and reduce sugary beverage consumption</p>

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C Safety Net Partnerships	<p>Kaiser Foundation Health Plan, Inc. is committed to building partnerships with the institutions that serve on the front lines of health care for the uninsured and underserved. By providing support to community health centers, public hospitals, and local health departments, KFHP, Inc. helps them deliver care and treatment to the most vulnerable in our communities. KFHP, Inc. is dedicated to investing in communities and promoting good health for the communities served. As such, Safety Net Partnership (SNP) initiatives aim to strengthen the system of community clinics, public hospitals, and health departments to promote access to high quality care for the uninsured and underserved vulnerable populations. Kaiser Foundation Health Plan, Inc. also focuses on improving access to health services and the transformation of care delivery to meet the challenges of the ever evolving performance expectations and revenue design. Efforts to improve access and transform care include work on increasing access to specialty care services, increasing the utility of health information technology in safety net settings, addressing mental health and wellness, improving population outcomes and eliminating health disparities. KFHP, Inc. also supports innovative efforts to bring both health care and support services closer to underserved populations through partnerships with school based health centers and community clinics. Investments in Safety Net Partnerships target the following strategic focus areas: I Care Delivery Transformation II Capacity Building III Clinic-Community Integration IV Policy, Systems, and Environmental Change V Create and Spread Knowledge VI Total Health. In 2016, KFHP, Inc. expended approximately \$306 thousand to support Safety Net Partnerships. The following are examples of initiatives funded in accordance with the objectives of the Safety Net Partnerships Stream of Work during the year:</p> <p>C 1 Safety Net Initiatives and Programs C 1 1 Project Vision KFHP, Inc. provided \$35,000 in continued grant support to Project Vision towards expanding program efforts by providing mobile vision screening services to additional underinsured and uninsured communities with a focus on Maui. Benefits included free eyeglasses and vision care to children in low income, vulnerable, and homeless populations. Since 2012, Project Vision has screened over 15,000 children. Project Vision started a task force including Department of Health, Department of Education, Legislators and other key stakeholders to advocate for expansion of statewide programming. C 1 2 Diabetes Prevention in Collaboration with YMCA of Honolulu The YMCA received a \$30,000 grant to implement a CDC-approved evidence-based diabetes prevention program in collaboration with Kaiser Permanente. The program goal is to help adults at risk for type 2 diabetes reduce their risk by taking steps to improve overall health and well-being. Participants in this program represent a mix consisting of a majority</p>

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C Safety Net Partnerships	of community, residents and a few KHFP, Inc members

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D Developing and Disseminating Knowledge	<p>The Developing and Disseminating Knowledge Stream of Work supports activities that improve health care by sharing knowledge, educating practitioners, advancing research, empowering consumers and informing policymakers about evidence-based care and health. Kaiser Foundation Health Plan, Inc. spent a total of \$10.9 million in 2016 to support public policy programs and services associated with the development and dissemination of knowledge.</p> <p>D 1 Medical Research Programs As the largest nonprofit integrated health system in the United States, Kaiser Permanente has a long history of conducting health research related to both prevention and treatment of disease that benefits both Kaiser Foundation Health Plan, Inc. members and the communities that are served. KFHP, Inc.'s research efforts are core to the collective organizations mission to improve population health, and promote continued learning. Researchers study critical health issues including cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement while remaining broadly centered upon the following three themes - Understanding health risks, - Addressing patients needs and improving health outcomes, and - Informing policy and practice to facilitate the use of evidence-based care. Kaiser Permanente is uniquely positioned to do research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data in detail to support primary, secondary and tertiary clinical care across inpatient, outpatient and emergency department settings for more than 10 million geographically and demographically diverse members.</p> <p>D 1 1 National Research Program The Department of Research and Evaluation in Southern California, The Division of Research in Northern California, and The Center for Health Research in Hawaii are three of seven regional centers overseen and administered by the Kaiser Foundation Research Institute (KFRI) and three national research infrastructure support centers. Research projects conducted by this collaborative team have yielded findings that affect not only the practice of medicine within the area served by KFHP, Inc., but also for society-at-large. The following are descriptions of the entities providing support at the national level.</p> <p>D 1 1 1 Kaiser Foundation Research Institute (KFRI) The Kaiser Foundation Research Institute (KFRI) is a national program established in 1958 to administer and support research at Kaiser Permanente. KFRI's responsibilities include overseeing and maintaining Kaiser Permanente's relationship with federal granting agencies, providing contract negotiation services for all regional centers, promoting responsible research conduct, and partnering with clinical trials stakeholders across Kaiser Permanente to ensure quality and compliance through the clinical trials program.</p> <p>D 1 1 2 The Center for Effectiveness and Safety Resea</p>

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Return Reference	Explanation
<p>D Developing and Disseminating Knowledge</p>	<p>rch (CESR) The Center for Effectiveness & Safety Research enhances opportunities to answer questions about which interventions work best for whom across all of KPs regional centers by investing in the ongoing development of a common data model, convening researchers and organizational leaders at an annual meeting and via webinars, and by conducting research The center routinely partners with investigators in KPs regional research centers and wit h selected operational analytical groups</p> <p>D 1 1 3 The Utility for Care Data Analysis (UCDA) The Utility for Care Data Analysis (UCDA) was created to ensure that analysts and resear chers throughout Kaiser Permanente are able to fully realize the analytical potential of K aiser Permanentes enterprise-wide information systems This allows experts to compile and compare clinical and utilization data from across Kaiser Permanente in order to assess pat terns in health, health care delivery, and clinical quality UCDA has developed tools for using geographic information systems and providing analytic support for Community Benefit, including the Community Health Needs Assessments</p> <p>D 1 1 4 The Kaiser Permanente Research Bank The Kaiser Permanente Research Bank is a research resource designed to help the organ ization better understand how peoples health is affected by their genes, behaviors and the environment It allows researchers to use DNA and other health information voluntarily pr ovided by a diverse cross-section of KP members to study how genetic and environmental fac tors affect health, and look for new ways to diagnose, treat and prevent certain diseases KP has set a goal to collect data from a total of 500,000 participants from all seven reg ional centers, which would make it one of the worlds largest and most diverse repositories of genetic, environmental and health data To date, more than 250,000 members from four g eographic regions, including Northern and Southern California have participated in bio-ban king efforts D 2</p> <p>Educational Theatre Programs (ETP) Confronted with an urgent need for p reventive health information in the communities we serve, the Educational Theatre Programs (ETP) were created to inspire children, teens and adults to make informed decisions about their health and to build stronger, healthier communities The Educational Theatre Progra m uses live theatre, music, comedy, and drama These educational programs were developed w ith the advice of teachers, parents, students, health educators, medical professionals, an d professional theatre artists Performances are delivered by professional actors who are also trained as peer health educators, and are performed free of charge for the community ETP also provides schools and organizations with supplementary educational materials, suc h as workbooks, parent and teacher guides, and student wallet cards to reinforce the messa ges presented on stage KFHP, Inc contributed \$819 thousand towards providing children an d adults in Northern Californi</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>D Developing and Disseminating Knowledge</p>	<p>a and Hawaii with the opportunity to view or participate in various health-related live performances, workshops, and other educational interactions offered during 2016. In Northern California, KFHP, Inc. provided more than \$700 thousand in operational support to the Educational Theatre program by underwriting the cost of leased office space for performers and staff. In Hawaii, KFHP, Inc. supported an Educational Theater Program which held 45 events in 2016, including performances and workshops. More than 20,000 people were reached through these events. Kaiser Foundation Health Plan, Inc. in Hawaii helped fund the Performing Arts Center of Kapolei and Castle High School Performing Arts in order to bring live theatrical performances to schools and communities to inspire children, teens, and adults to make informed decisions about their health and to build stronger, healthier neighborhoods. Rather than using professional actors, the Educational Theatre Program troupe in Hawaii is proudly made up of high school students from Castle and Kapolei high schools. Through this unique model, the young actors become knowledgeable and passionate about health issues through the process of rehearsing and performing a production. They are also viewed as health education ambassadors within their schools and communities and are able to competently educate their peers on certain issues.</p> <p>D 3 Health Professional Training In 2016, KFHP, Inc. of Hawaii invested \$223 thousand in health professional education programs. These programs provide training and education for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals. At a time when college tuitions are rising and financial aid is diminishing, KFHP, Inc. in Hawaii responded to the continuing need for diversity and growth in the number of students pursuing nursing careers.</p> <p>D 4 Public Policy The mission of the Institute for Health Policy (IHP) is to advance the understanding of key health policy issues and to support, in collaboration with others, health policy that will improve health and the manner in which health care and financing systems serve the members of our communities. KFHP, Inc. contributed approximately \$1.9 million in 2016 on a variety of subjects and interests including the following:</p> <ul style="list-style-type: none"> - Supporting efforts to improve care at the end of life - Understanding physician and patient attitudes toward the care process - Making better use of data to support care and population health improvement - Navigating health insurance exchanges - Supporting healthy behavior change - Using electronic health records to improve care delivery

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Return Reference	Explanation
E Other Community Benefit Investments	<p>In 2016, Kaiser Foundation Health Plan, Inc. spent approximately \$7.6 million to support community benefit activities and programs beyond the national streams of work. This includes the administrative expenses of program leaders working in a national Community Benefit department dedicated to supporting the organizations' Community Benefit programs and services as well as coordinating related initiatives.</p> <p>F Environmental Stewardship Poor environmental quality contributes to disease, illness and economic insecurity. Kaiser Permanente has therefore committed itself to protecting and improving the natural environment as a key component of our social mission to improve the health of the communities we serve. To fulfill this commitment, Kaiser Permanente maintains a governance structure for environmental stewardship that enables the organization to continuously improve its environmental performance. This structure includes clearly defined roles, responsibilities, plans and routines, and has resulted in five organization-wide focus areas that have been selected based on their ability to have the most impact on the environmental forces that shape environmental and human health:</p> <ul style="list-style-type: none"> - Addressing causes of climate change - Promoting sustainable farming and food choices - Reducing, reusing, and recycling to eliminate waste - Buying products and materials that do not contain chemicals of concern - Conserving water <p>In each of these focus areas, KFHP, Inc. has established ambitious goals (including a target to reduce total greenhouse gas emissions by 30% by 2020, compared to a 2008 baseline), implemented initiatives, achieved measurable improvements, and regularly reported progress to our Board of Directors, our staff, and the communities we serve.</p> <p>F 1 Performance Metrics During 2016, key performance indicators for Kaiser Foundation Health Plan, Inc. included:</p> <ul style="list-style-type: none"> F 1 1 Medical product categories for which at least 99% of purchased products were free of harmful polyvinyl chloride (PVC) and bis (2-ethylhexyl) phthalate (DEHP) included: <ul style="list-style-type: none"> 1 Breast pumps, 2 Enteral nutrition products, and 3 Exam gloves Medical product categories for which at least 95% of purchased products were free of harmful DEHP included: <ul style="list-style-type: none"> 1 Infusion pumps, sets, and solutions, and 2 Vascular catheters F 1 2 Purchased over 351 million kilowatt-hours of renewable power (including over 17 million kilowatt-hours of electricity generated by solar panels hosted at our facilities) F 1 3 Reduced organizations annual greenhouse gas emissions associated with routine use of halogenated anesthetic agents by over 3,700 metric tons of CO₂-equivalent F 1 4 Improved water use intensity (gallons/rentable square foot) by approximately 19% (not including data centers) compared to 2013 baseline, and improved the Water Usage Effectiveness of our national data centers by approximately 17% compared to our 2013 baseline F 1 5 Improved energy use intensity (kBtu/rentable square foot) by 2% (not including data centers)

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Return Reference	Explanation
E Other Community Benefit Investments	nters) compared to 2010 baseline year, and improved the Power Usage Effectiveness of our n ational data centers by 23% compared to 2010 baseline F 1 6 Responsibly reused, recycled or composted over 25,000 tons of materials F 1 7 Provided meals to patients containing at least 471,000 pounds of sustainably produced meat and poultry

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Return Reference	Explanation
Form 990, Part VI, Line 4	<p>- Significant Changes to Governing Documents - The Bylaws of the Corporation were amended in 2016 with the following significant changes - The Independent Director definition was removed and noted as being defined in the Corporate Governance Guidelines - Article C, Directors, Section C-2 was amended to change the number and description of inside Directors - Article C, Directors, Section C-4 was amended to modify the term and retirement age for Directors - Article E, Committees, Section E-4, Executive Committee, was amended to change the Committee composition and remove tax exemption and executive selection, performance appraisal, and succession duties</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11B	<p>- FORM 990 REVIEW PROCESS - 1 KEY INFORMATION NECESSARY FOR THE PREPARATION OF THE TAX RETURN IS OBTAINED AND/OR CONFIRMED WITH INTERNAL SOURCES INCLUDING REGIONAL FINANCE, EXECUTIVE COMPENSATION, COMMUNITY BENEFITS, TREASURY, GOVERNMENT RELATIONS, AND LEGAL 2 PRIOR TO FINALIZATION, THE RETURN IS REVIEWED BY AN EXTERNAL TAX ADVISOR 3 ONCE SIGNED BY AN EXTERNAL TAX ADVISOR, THE RETURN AND UNDERLYING DATA ARE REVIEWED BY AN OFFICER OR A MEMBER OF MANAGEMENT DESIGNATED BY AN OFFICER FOR SIGNATURE AND FILING 4 COPIES ARE THEN PROVIDED TO BOARD MEMBERS PRIOR TO FILING</p>

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Return Reference	Explanation
Form 990, Part VI, Line 12C	<p>- Compliance Enforcement - A REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - KAISER PERMANENTE REGULARLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY IN 3 KEY WAYS A1 THE KAISER PERMANENTE COMPLIANCE HOTLINE IS AVAILABLE TO ALL EMPLOYEES AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ALL CALLS ARE ANSWERED BY A THIRD PARTY AND PROVIDED TO KAISER PERMANENTE'S NATIONAL COMPLIANCE OFFICE FOR REVIEW AND APPROPRIATE ACTION EMPLOYEES CAN REPORT ANONYMOUSLY RETALIATION IS PROHIBITED REPORTS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARE GENERATED AND INVESTIGATIONS ARE CONDUCTED AS REQUIRED AND INFORMATION IS TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL GUIDANCE IS REQUIRED TO AVOID OR MANAGE CONFLICTS OF INTEREST COMPLIANCE HOTLINE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS OF DIRECTORS ANNUALLY A2 THE NATIONAL COMPLIANCE OFFICE AND INTERNAL AUDIT SERVICES ANNUALLY REVIEW THE DIRECTORS', OFFICERS', KEY EMPLOYEES', AND EXECUTIVES' ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE DISCLOSURES AND PROVIDE DIRECTION ON ANY INVESTIGATIONS REQUIRED INVESTIGATIONS ARE DOCUMENTED, TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL CONTROLS OR EDUCATION IS REQUIRED IN ADDITION, CONFLICTS OF INTEREST QUESTIONNAIRE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS OF DIRECTORS ANNUALLY, AND A3 ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, AN OUTSIDE CERTIFIED PUBLIC ACCOUNTING FIRM REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE PROCESS COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN AS A RESULT OF THE DISCLOSURES THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS IN THIS AREA ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS AUDIT AND COMPLIANCE COMMITTEE B REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE B1 REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES B2 KAISER PERMANENTE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO 14 CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION AND IN ANNUAL COMPLIANCE TRAINING B3 IN THE EVENT THAT IT IS NECESSARY TO DISCIPLINE ANY EMPLOYEE BECAUSE OF, BUT NOT LIMITED TO, FAILURE TO COMPLY WITH APPLICABLE LEGAL/REGULATORY REQUIREMENTS, KAISER PERMANENTE POLICIES AND PROCEDURES, OR THE PRINCIPLES OF RESPONSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR MISCONDUCT, COACHING/COUNSELING AND/OR CORRECTIVE/DISCIPLINARY ACTION MAY INCLUDE, BUT IS NOT LIMITED TO - ORAL DISCUSSION AND/OR WARNING BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR HIGHER LEVEL MANAGER T</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12C	O CORRECT THE PROBLEM, - WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING, - PAID OR UNPAID S USPENSION, WITH OR WITHOUT FINAL WARNING, - TERMINATION OF EMPLOYMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15A/B	<p>COMPENSATION DETERMINATION THE EXECUTIVE COMPENSATION PROGRAM AS ADMINISTERED BY KAISER FOUNDATION HEALTH PLAN, INC IS DESIGNED TO RECRUIT, RETAIN AND MOTIVATE QUALIFIED SENIOR MANAGEMENT PERSONNEL SENIOR MANAGEMENT PERSONNEL HAVE A SIGNIFICANT IMPACT ON THE STRATEGIC AND POLICY DIRECTION AND RESULTS OF THE ORGANIZATION THEREFORE, THE EXECUTIVE COMPENSATION PROGRAM IS, TO A SIGNIFICANT DEGREE, PERFORMANCE-BASED THE COMPENSATION PROGRAM IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND THE MANAGEMENT COMMITTEE ON COMPENSATION PRIOR TO PAYMENT, ALL PROGRAMS AND PAYMENTS TO THE CEO, EXECUTIVE DIRECTOR, AND TOP MANAGEMENT OFFICIALS (EXECUTIVES) ARE REVIEWED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND THE MANAGEMENT COMMITTEE ON COMPENSATION BASE PAY FOR EXECUTIVE POSITIONS IS ESTABLISHED AT A LEVEL COMPARABLE TO THE RELEVANT MARKET IN ADDITION, OTHER COMPONENTS OF THE COMPENSATION PROGRAM BEAR 'AT-RISK' FEATURES DESIGNED TO FOCUS ON STRATEGICALLY IMPORTANT PERFORMANCE GOALS AND TO ASSIST IN ATTRACTING AND RETAINING TOP PERFORMERS THE EXECUTIVE COMPENSATION PROGRAM IS TARGETED TO BE COMPETITIVE TO THE COMPARABLE EXTERNAL MARKET IN WHICH THE ORGANIZATION COMPETES FOR EXECUTIVE LEADERSHIP EVALUATION OF COMPARABLE PAY DATA IS PERFORMED BY AN INDEPENDENT COMPENSATION, BENEFIT & HUMAN RESOURCE CONSULTING FIRM THE COMPENSATION PROGRAM FOCUSES ON OBJECTIVES IN THE AREAS OF QUALITY OF MEMBER CARE AND SERVICE, MEMBERSHIP GROWTH, FINANCIAL SOUNDNESS, AND THE COMMUNITY AND SOCIAL MISSION OF THE ORGANIZATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 18	Forms 990 are Available on GuideStar org website

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19	- Public Inspection - Governing documents, conflict of interest policy are available upon request as disclosed to other regulatory bodies Financial Statements are on file with the state regulatory agency Combined data is published for Kaiser Foundation Health Plan Inc and subsidiaries and Kaiser Foundation Hospitals and Subsidiaries with Independent Auditors' Report To request copies contact Vice President, Government Relations Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, 18th Floor Oakland, CA 94612

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Column B	Hours for Related Organization Individuals who are both officers and members of Boards of Directors work full time as employees as well as fulfill their board assignment. All officers work full time in their employee capacity. Full time work may require in excess of the traditional 40 hour week. Given the integrated nature of our organization, employees may provide support for various Kaiser Permanente companies. The average hours per week reported for the filing organization and related organizations was estimated

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Return Reference	Explanation
Form 990, Part XI, Line 9	- Other changes in net assets or fund balances - Change in Donated Capital \$ (1,610) Change in Pension & retirement Liabilities (547,228,667) Capital Transfers - CY 3,527,106 Gain/Loss on Sale of Investments - Tax (40,638,147) Gain/Loss on Sale of Investments - Book 156,461,761 Other Than Temporary Impairment (89,725,774) Total (517,605,331)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number
94-1340523

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
(1) KP CAL LLC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 20-2712661	HEALTH CARE	CA	487,169,261	123,772,007	NA
(2) ORDWAY INTERNATIONAL LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612	HOLDING CO	BD	0	9,621,835	NA
(3) ORDWAY INDEMNITY LTD ONE KAISER PLAZA STE 15L OAKLAND, CA 94612 90-0031974	INSURANCE	BD	6,250,109	27,093,558	ORDWAY INT'L
(4) RAINBOW DIALYSIS LLC ONE KAISER PLAZA STE 15L OAKLAND, CA 94612 27-0473737	Health Care	DE	4,245,826	3,993,701	NA

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.

See Additional Data Table

(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

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	
(1) NXT CAP SR FD ILLC 191 N WACKER DR 1200 CHICAGO, IL 60606 37-1651297	INVESTMENT	DE	NA	N/A								

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
(1) KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP	608,751	1,116,634	100 000 %	Yes	
(2) KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP	124,965,946	179,237,638	50 000 %	Yes	
(3) KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3259432	REAL ESTATE	CA	NA	C CORP	0	0	100 000 %	Yes	
(4) OAK TREE ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP	5,014,519	77,433,381	100 000 %	Yes	
(5) KAISER COLORADO HOLDINGS ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 81-4691154	HEALTH CARE	CO	NA	C CORP	0	0		Yes	

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

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

1

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

a

Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

Yes

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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
See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 94-1340523

Name: KAISER FOUNDATION HEALTH PLAN INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 84-0591617	HEALTH CARE	CO	501(c)(3)	10	KFHP INC	Yes	
(1) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 58-1592076	HEALTH CARE	GA	501(c)(3)	10	KFHP INC	Yes	
(2) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 52-0954463	HEALTH CARE	MD	501(c)(3)	10	KFHP INC	Yes	
(3) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0798039	HEALTH CARE	OR	501(c)(3)	10	KFHP INC	Yes	
(4) ONA KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-1105628	HEALTH CARE	CA	501(c)(3)	3	NA		No
(5) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299123	ADMIN	CA	501(c)(3)	12 - I	KFHP INC	Yes	
(6) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299125	ASSET MGT	CA	501(c)(3)	12 - I	KFH	Yes	
(7) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299124	ASSET MGT	CA	501(c)(3)	12 - I	KFHP INC	Yes	
(8) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 91-2171891	WC PLACEMENT	HI	501(c)(3)	12 - I	KFHP INC	Yes	
(9) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(c)(3)	10	KFHP INC	Yes	
(10) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0480268	HEALTH CARE	WA	501(c)(3)	12 - I	KFHP INC	Yes	
(11) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(c)(3)	12 - II	KFHP INC	Yes	
(12) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501(c)(3)	12 - I	KFH	Yes	
(13) ONE KAISER PLAZA 15L OAKLAND, CA 94612 81-4053028	MEDICAL EDU	CA	501(C)(3)	2	KFH	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Kaiser Foundation Hospitals	a	36,996,698	PER AGREEMENT
(1)	Kaiser Foundation Hospitals	b	88,551	PER AGREEMENT
(2)	Kaiser Foundation Hospitals	k	1,323,400	PER AGREEMENT
(3)	Kaiser Foundation Hospitals	l	14,664,886,594	PER AGREEMENT
(4)	Kaiser Foundation Hospitals	m	34,564,398,854	PER AGREEMENT
(5)	Kaiser Foundation Hospitals	o	2,505,391	PER AGREEMENT
(6)	Kaiser Foundation Hospitals	p	10,353,863,192	PER AGREEMENT
(7)	Kaiser Foundation Hospitals	q	17,726,680,623	PER AGREEMENT
(8)	Kaiser Foundation Hospitals	r	2,292,030,539	PER AGREEMENT
(9)	Kaiser Foundation Hospitals	s	365,671,281	PER AGREEMENT
(10)	Camp Bowie Service Center	l	139,154,842	PER AGREEMENT
(11)	Camp Bowie Service Center	m	66,449,819	PER AGREEMENT
(12)	Camp Bowie Service Center	p	156,986,633	PER AGREEMENT
(13)	Camp Bowie Service Center	q	71,108,049	PER AGREEMENT
(14)	Camp Bowie Service Center	r	83,942,107	PER AGREEMENT
(15)	Camp Bowie Service Center	s	84,323,030	PER AGREEMENT
(16)	1800 Harrison Foundation	a	3,527,257	PER AGREEMENT
(17)	1800 Harrison Foundation	s	3,527,107	PER AGREEMENT
(18)	Kaiser Permanente Insurance Company	l	136,179,381	PER AGREEMENT
(19)	Kaiser Permanente Insurance Company	m	3,447,925	PER AGREEMENT
(20)	Kaiser Permanente Insurance Company	p	869,115	PER AGREEMENT
(21)	Kaiser Permanente Insurance Company	q	11,224,174	PER AGREEMENT
(22)	Lokahi Assurance LTD	l	4,617,809	PER AGREEMENT
(23)	Lokahi Assurance LTD	m	195,316,119	PER AGREEMENT
(24)	Lokahi Assurance LTD	q	238,704,797	PER AGREEMENT

Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	Lokahi Assurance LTD	r	373,600	PER AGREEMENT
(1)	Lokahi Assurance LTD	s	5,475,200	PER AGREEMENT
(2)	Kaiser FDN Health Plan of the Northwest	l	335,989,161	PER AGREEMENT
(3)	Kaiser FDN Health Plan of the Northwest	m	28,613,546	PER AGREEMENT
(4)	Kaiser FDN Health Plan of the Northwest	p	25,599,376	PER AGREEMENT
(5)	Kaiser FDN Health Plan of the Northwest	q	71,469,064	PER AGREEMENT
(6)	Kaiser FDN Health Plan of the Northwest	r	966,327,274	PER AGREEMENT
(7)	Kaiser FDN Health Plan of the Northwest	s	753,231,411	PER AGREEMENT
(8)	Kaiser FDN Health Plan of Colorado	l	111,385,563	PER AGREEMENT
(9)	Kaiser FDN Health Plan of Colorado	m	12,500,241	PER AGREEMENT
(10)	Kaiser FDN Health Plan of Colorado	p	66,186,176	PER AGREEMENT
(11)	Kaiser FDN Health Plan of Colorado	q	139,145,358	PER AGREEMENT
(12)	Kaiser FDN Health Plan of Colorado	r	933,876,617	PER AGREEMENT
(13)	Kaiser FDN Health Plan of Colorado	s	713,795,703	PER AGREEMENT
(14)	KFHP of the Mid-Atlantic States Inc	l	111,980,454	PER AGREEMENT
(15)	KFHP of the Mid-Atlantic States Inc	m	13,550,897	PER AGREEMENT
(16)	KFHP of the Mid-Atlantic States Inc	p	19,433,399	PER AGREEMENT
(17)	KFHP of the Mid-Atlantic States Inc	q	63,316,649	PER AGREEMENT
(18)	KFHP of the Mid-Atlantic States Inc	r	1,189,005,837	PER AGREEMENT
(19)	KFHP of the Mid-Atlantic States Inc	s	957,141,347	PER AGREEMENT
(20)	Kaiser FDN Health Plan of Georgia Inc	l	41,089,794	PER AGREEMENT
(21)	Kaiser FDN Health Plan of Georgia Inc	m	9,787,540	PER AGREEMENT
(22)	Kaiser FDN Health Plan of Georgia Inc	p	167,282,665	PER AGREEMENT
(23)	Kaiser FDN Health Plan of Georgia Inc	q	35,455,881	PER AGREEMENT
(24)	Kaiser FDN Health Plan of Georgia Inc	r	405,555,034	PER AGREEMENT

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51) Kaiser FDN Health Plan of Georgia Inc	s	361,894,105	PER AGREEMENT
(1) Kaiser Permanente International	q	613,072	PER AGREEMENT
(2) Kaiser Health Plan Asset Management Inc	h	3,499,130	PER AGREEMENT
(3) Kaiser Health Plan Asset Management Inc	k	45,127,782	PER AGREEMENT
(4) Kaiser Health Plan Asset Management Inc	n	825,489	PER AGREEMENT
(5) Kaiser Health Plan Asset Management Inc	r	76,835	PER AGREEMENT
(6) Kaiser Health Plan Asset Management Inc	s	5,182,371	PER AGREEMENT
(7) Oak Tree Assurance Ltd	l	1,333,349	PER AGREEMENT
(8) Oak Tree Assurance Ltd	q	681,373	PER AGREEMENT