

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

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 \$	52,022,174,210	including grants of \$	20,067,094) (Revenue \$	56,389,816,170)
	See Additional Data				

4b	(Code) (Expenses \$	2,907,560,323	including grants of \$	0) (Revenue \$	2,120,105,240)
	See Additional Data				

4c	(Code) (Expenses \$	144,884,198	including grants of \$	0) (Revenue \$	2,272,307)
	See Additional Data				

	(Code) (Expenses \$	43,719,153	including grants of \$	8,771,105) (Revenue \$	0)
	See Community Benefit Report in Sch O				

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	43,719,153	including grants of \$	8,771,105) (Revenue \$	0)

4e	Total program service expenses ▶	55,118,337,884			
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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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	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>		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 21,198	
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	28,363	2b	Yes	
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 , AR , BR , CI 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?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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	1a 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	1b 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ 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:
 CHIEF ACCOUNTING OFFICER ONE KAISER PLAZA STE 15L OAKLAND, CA 94612 (510) 271-6611

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

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

☒

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)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	84,373,685	86,400	9,741,419

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 ► 10,113

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
KAISER FOUNDATION HOSPITALS, 393 E WALNUT ST PASADENA, CA 91188	MEDICAL SERVICES	19,635,868,603
THE PERMANENTE MEDICAL GROUP, 1800 HARRISON ST OAKLAND, CA 94612	MEDICAL SERVICES	11,991,574,150
SOUTHERN CA PERMANENTE MEDICAL GROU, 100 S LOS ROBLES PASADENA, CA 91101	MEDICAL SERVICES	9,293,781,651
HAWAII PERMANENTE MEDICAL GROUP, 501 ALAKAWA ST HONOLULU, HI 96817	MEDICAL SERVICES	321,915,700
EASTERSEALS BAY AREA, 180 GRAND AVE SUITE 300 OAKLAND, CA 94612	HEALTH SERVICES	269,644,936

<p>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 ▶ 2,183</p>	
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Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c			
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f			
g Noncash contributions included in lines 1a - 1f \$				
h Total. Add lines 1a-1f	0			

Program Service Revenue

	Business Code				
2a MEMBER HEALTH CARE	900099	40,474,009,543	40,474,009,543		
b MEDICARE	900099	14,087,652,086	14,087,652,086		
c SUPPLEMENTAL REVENUE	900099	1,780,780,150	1,780,780,150		
d NON-PLAN & INDUSTRY	900099	83,037,629	74,770,300	8,267,329	
e OTHER PROGRAM SVCS	900099	2,086,714,309	2,086,714,309		
f All other program service revenue					
g Total. Add lines 2a-2f	58,512,193,717				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		0			
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6a Gross rents	(i) Real	(ii) Personal			
	2,094,048				
b Less rental expenses					
c Rental income or (loss)	2,094,048	0			
d Net rental income or (loss)		2,094,048			2,094,048
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	11,032,831,629	738,362			
b Less cost or other basis and sales expenses	11,109,132,067	726,855			
c Gain or (loss)	-76,300,438	11,507			
d Net gain or (loss)		-76,288,931			-76,288,931
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	2,600,068		8,208	2,591,860
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		2,600,068			
12 Total revenue. See Instructions		58,440,598,902	58,503,926,388	8,275,537	-71,603,023

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.	28,838,199	28,838,199		
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.	82,173,824	73,445,350	8,728,474	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	399,555	357,114	42,441	
7 Other salaries and wages.	2,440,996,931	2,181,715,118	259,281,813	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	416,157,962	416,157,962		
9 Other employee benefits.	368,078,275	259,453,584	108,624,691	
10 Payroll taxes.	177,645,239	177,645,239		
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	48,920,042		48,920,042	
c Accounting.	1,364,847		1,364,847	
d Lobbying.	624,450		624,450	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	16,196,159		16,196,159	
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.	130,684,706	47,588,310	83,096,396	
13 Office expenses.	88,161,268	52,918,262	35,243,006	
14 Information technology.	2,962,492,041	2,395,193,826	567,298,215	
15 Royalties.	0			
16 Occupancy.	279,170,379	278,927,754	242,625	
17 Travel.	53,603,274	45,271,558	8,331,716	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	27,842,203		27,842,203	
20 Interest.	34,852,204	34,852,204		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	338,188,973	338,188,973		
23 Insurance.	207,138,670	207,138,670		
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	37,509,179,064	37,509,179,064		
b SUPPLIES	5,857,619,137	5,289,060,793	568,558,344	
c PURCHASED MEDICAL SERVICES	4,732,693,782	4,732,693,782	0	
d NON-MEDICAL PURCHASED SVC	1,366,753,356	767,174,324	599,579,032	
e All other expenses	963,529,642	282,537,798	680,991,844	
25 Total functional expenses. Add lines 1 through 24e.	58,133,304,182	55,118,337,884	3,014,966,298	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	52,208,761	1	73,158,407
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	6,627,188,993	4	5,925,931,110
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	450,000	5	150,000
	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	2,917,047	7	2,428,092
	8 Inventories for sale or use	218,478,496	8	235,602,833
	9 Prepaid expenses and deferred charges	58,872,980	9	57,853,908
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 9,245,801,559		
	b Less: accumulated depreciation	10b 4,402,767,199		
	11 Investments—publicly traded securities	4,490,039,381	10c	4,843,034,360
	12 Investments—other securities. See Part IV, line 11	8,654,767,079	11	9,015,504,061
	13 Investments—program-related. See Part IV, line 11	0	12	0
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,012,880,516	15	1,175,492,336	
	21,117,803,253	16	21,329,155,107	
Liabilities	17 Accounts payable and accrued expenses	5,559,354,207	17	5,582,543,149
	18 Grants payable	0	18	0
	19 Deferred revenue	575,357,807	19	704,298,755
	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	13,425,829,753	25	12,179,439,260
	26 Total liabilities. Add lines 17 through 25	19,560,541,767	26	18,466,281,164
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	-276,095,213	31	-287,568,266
	32 Retained earnings, endowment, accumulated income, or other funds	1,833,356,699	32	3,150,442,209
33 Total net assets or fund balances	1,557,261,486	33	2,862,873,943	
34 Total liabilities and net assets/fund balances	21,117,803,253	34	21,329,155,107	

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	58,440,598,902
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,133,304,182
3	Revenue less expenses Subtract line 2 from line 1	3	307,294,720
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,557,261,486
5	Net unrealized gains (losses) on investments	5	-254,403,754
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	1,252,721,491
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,862,873,943

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

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

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

Additional Data

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

Form 990 (2018)

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 2018, OVER 738,000 INDIVIDUALS WERE RECEIVING THE BENEFITS OF FULL MEMBERSHIP THROUGH KFHP, INC 'S MEDICAID MANAGED CARE PROGRAMS IN THE STATES OF CALIFORNIA AND HAWAII AND CHILDREN'S 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 (KFHP, 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 2018, THIS PROGRAM ASSISTED OVER 137,000 PATIENTS THROUGH FINANCIAL ASSISTANCE. 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. OVER 16,000 INDIVIDUALS WERE RECEIVING COMPREHENSIVE HEALTH CARE THROUGH THESE PROGRAMS AT THE END OF 2018.

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 6	X						211,181	11,000	13,477	
David Barger Director	3 5 6 5	X						198,500	0	16,825	
Regina M Benjamin MD MBA Director	3 0 5 5	X						216,734	0	15,542	
Jeffrey E Epstein Director	3 0 5 5	X						226,895	0	11,038	
Leslie S Heisz Director	2 0 3 0	X						235,287	0	12,475	
David F Hoffmeister Director	4 0 5 5	X						222,880	0	13,054	
Judith A Johansen JD Director	4 0 5 0	X						245,524	14,800	-18,131	
Kim J Kaiser Director	2 4 5 6	X						220,660	26,600	-11,160	
Edward Y W Pei Director	3 5 4 0	X						233,531	0	-16,551	
Margaret E Porfido JD Director	2 0 4 0	X						255,262	23,500	-9,170	

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			
Richard Shannon MD Director	2 0 3 5	X						210,000	0	34,412
Cynthia A Telles PHD Director	3 2 6 0	X						240,608	10,500	1,559
Bernard Tyson Chairman & CEO	15 0 35 0	X		X				15,709,853	0	2,173,780
Eugene Washington MD Director	3 0 4 0	X						206,000	0	13,686
Gregory Adams EVP, Group President	15 0 35 0			X				9,082,242	0	1,144,302
Anthony Barrueta SVP, Government Relations	25 0 25 0			X				1,324,242	0	218,659
Kristin Bear Assistant Secretary	17 0 33 0			X				319,457	0	24,425
Kathryn Helen Beiser SVP Chf Communications Officer	45 0 5 0			X				675,149	0	397,537
Vanessa Benavides SVP,Chf Compliance & Priv Off	30 0 20 0			X				840,063	0	203,925
Chuck Bevilacqua SVP Health Plan Svc & Admin	35 0 15 0			X				1,506,181	0	232,534

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				176,012	0	17,629
William Caswell Interim Regional President -HI	10 0 40 0			X				1,214,141	0	41,010
Bechara Choucair SVP, Chief Cmty Health Officer	25 0 25 0			X				986,004	0	217,690
Charles Columbus SVP, Chief HR Officer	25 0 25 0			X				2,136,649	0	358,508
Patrick Courneya EVP, Chief Medical Officer	22 5 27 5			X				1,360,520	0	328,076
Richard Daniels EVP, CIO	25 0 25 0			X				3,334,708	0	79,640
Bernice Gould Assistant Secretary	25 0 25 0			X				238,526	0	20,358
Laurel Junk SVP, Enterprise Shared Svcs	40 0 10 0			X				1,553,821	0	181,058
Kathryn Lancaster EVP & CFO	15 0 35 0			X				3,221,105	0	353,313
Janet Liang Regional President - NCAL	25 0 25 0			X				2,151,710	0	326,959

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			
Thomas Meier	18.5									
SVP, Corporate Treasurer	31.5			X				1,211,947	0	41,466
Julie Miller-Phipps	25.0									
Regional President - SCAL	25.0			X				2,024,517	0	-35,059
Donald Orndoff	15.0									
SVP, NFS	35.0			X				1,147,552	0	202,084
Wade Overgaard	40.0									
SVP, Health Plan Ops - CA	10.0			X				1,669,460	0	1,573
Frank Richardson	25.0									
Assistant Secretary - HI	25.0			X				301,127	0	62,209
Arthur Southam	24.0									
EVP, Health Plan Operations	26.0			X				3,370,942	0	573,089
Paul Swenson	45.0									
SVP, Chief Strategy Officer	5.0			X				1,270,747	0	245,192
David Thomas Underriner	25.0									
Regional President Hawaii	25.0			X				626,200	0	280,492
Alfonse Upshaw	16.0									
SVP, Corporate Controller & CAO	34.0			X				813,644	0	128,411
Matthew Weber	50.0									
Assistant Secretary	0.0			X				543,149	0	91,123

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			
Christine Paige SVP, Marketing & Internet Svcs	50 0 0 0				X			898,829	0	1,342
Peter Andrade SVP, Sales & Acct Mgmt - CA	50 0 0 0					X		928,618	0	119,340
Debora Lynn Catsavas SVP, HR - NCAL	50 0 0 0					X		1,118,901	0	125,755
Susan D Fleischman VP, Medicaid CHIP & Char Care	50 0 0 0					X		1,108,402	0	53,079
Michael Rowe SVP, CHF BUS DEV & STRAT EXEC	40 0 10 0					X		1,428,167	0	249,330
LeAnne Trachok SVP, Revenue Management	50 0 0 0					X		977,598	0	100,358
George Halvorson Chairman	0 0 0 0						X	27,324	0	-49,993
Mary Ann Barnes Regional President Hawaii	0 0 0 0						X	317,399	0	0
Raymond Baxter SVP, CB Research & Hlth Policy	0 0 0 0						X	275,528	0	127,536
Daniel Garcia SVP, Chief Compliance Officer	0 0 0 0						X	310,893	0	-67,932

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			
Sandra Golze Assistant Secretary - NCAL	0 0 0 0						X	141,941	0	-54,019
Gerald McCall SVP, Operations	0 0 50 0						X	1,132,767	0	-3,422
Rochelle Roth Assistant Secretary	50 0 0 0						X	185,515	0	-84,471
Jacqueline Sellers Assistant Secretary	50 0 0 0						X	300,332	0	35,262
Cesar Villalpando SVP, Enterprise Shared Svcs	0 0 0 0						X	825,781	0	-73,340
Robert Belth Chief Audit Executive	50 0 0 0						X	801,322	0	37,137
Christopher Ohman VP, Health Plan Expansion	0 0 0 0						X	138,369	0	-12,669
James Simpson Regional President - GA	0 0 50 0						X	1,189,166	0	231,306

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

KAISER FOUNDATION HEALTH PLAN INC

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 33 1/3% 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 33 1/3% 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2017 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	63	0	300	0	0	363
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	45,254,173,266	48,338,326,786	50,920,804,003	53,893,843,796	58,503,926,388	256,911,074,239
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	45,254,173,329	48,338,326,786	50,920,804,303	53,893,843,796	58,503,926,388	256,911,074,602
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.)						256,911,074,602

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	45,254,173,329	48,338,326,786	50,920,804,303	53,893,843,796	58,503,926,388	256,911,074,602
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97,415,016	73,196,928	92,291,557	2,557,927	2,094,048	267,555,476
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	97,415,016	73,196,928	92,291,557	2,557,927	2,094,048	267,555,476
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,256,291	2,785,620	2,886,478	2,857,288	2,381,299	13,166,976
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,836,033	2,289,802	2,502,273	2,430,220	2,591,860	13,650,188
13 Total support. (Add lines 9, 10c, 11, and 12.)	45,357,680,669	48,416,599,136	51,018,484,611	53,901,689,231	58,510,993,595	257,205,447,242
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 2018 (line 8, column (f) divided by line 13, column (f))	15	99.886 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.843 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.104 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.145 %

19a 33 1/3% support tests—2018. 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—2017. 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 (explain in Part VI) **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** ☐ 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

Part VI

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

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

OMB No 1545-0047

2018

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
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) 2015	(b) 2016	(c) 2017	(d) 2018	(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		8,985,350
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,206,884
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		2,948,321
j	Total. Add lines 1c through 1i			13,150,555
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 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 KFHP 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.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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.

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

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

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

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Held at the End of the Year

3

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

4

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

5

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

Yes

No

6

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

7

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

8

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

Yes

No

9

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

Part III

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

1a

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

1b

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) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

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		754,254,916		754,254,916
b Buildings		5,803,173,302	2,744,481,037	3,058,692,265
c Leasehold improvements		1,099,984,021	835,369,355	264,614,666
d Equipment		564,723,701	409,723,644	155,000,057
e Other		1,023,665,619	413,193,163	610,472,456
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,843,034,360

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 LONG-TERM ASSETS	759,152,945
(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	230,468,632
(6) OTHER CURRENT ASSETS	19,580,002
(7) ASSETS HELD FOR SALE	2,527,381
(8) GOODWILL	336,200
(9) LONG-TERM DEPOSITS	133,228,207
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	1,175,492,336

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
PHYSICIAN RETIREMENT PLAN LIABILITY	7,739,975,000
SELF INSURED RISKS	979,389,785
LONG TERM EXTERNAL LIABILITY	37,517,949
POST RETIREMENT BENEFIT LIABILITY	1,732,961,286
OTHER CURRENT LIABILITY	443,128,351
OTHER LONG-TERM LIABILITY	455,529,751
SECURITIES LENDING PAYABLE	440,090,800
BROKER PAYABLE	350,846,338
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	12,179,439,260

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 IX, - Other Assets

(a) Description	(b) Book value
(1) OTHER LONG-TERM ASSETS	759,152,945
(1) EQUITY - OAKTREE ASSURANCE LTD	282,437
(2) EQUITY - KP INSURANCE COMPANY	28,674,922
(3) EQUITY - LOKAHI ASSURANCE, LTD	1,241,610
(4) BROKER RECEIVABLE	230,468,632
(5) OTHER CURRENT ASSETS	19,580,002
(6) ASSETS HELD FOR SALE	2,527,381
(7) GOODWILL	336,200
(8) LONG-TERM DEPOSITS	133,228,207

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

1	(a) Description of Liability	(b) Book Value
	PHYSICIAN RETIREMENT PLAN LIABILITY	7,739,975,000
	SELF INSURED RISKS	979,389,785
	LONG TERM EXTERNAL LIABILITY	37,517,949
	POST RETIREMENT BENEFIT LIABILITY	1,732,961,286
	OTHER CURRENT LIABILITY	443,128,351
	OTHER LONG-TERM LIABILITY	455,529,751
	SECURITIES LENDING PAYABLE	440,090,800
	BROKER PAYABLE	350,846,338

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
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			10,581,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			10,581,000

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, don't file with Form 990)* ☐ 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, don't file with Form 990)* ☐ 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).

990 Schedule F, Supplemental Information

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	5,683,000
Central America and the Caribbean			Conduct board meetings		4,000

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
South America			Investments		4,894,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

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

OMB No 1545-0047

2018

Open to Public
Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 167

3 Enter total number of other organizations listed in the line 1 table 12

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 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 Dr Vacaville, CA 95687	45-5250843	501(c)(3)	10,000				First responder, military member and family
50 Corridor Transportation Management Assn 2365 Iron Point Rd 300 Folsom, CA 95670	68-0314535	501(c)(4)	7,300				May Is Bike Month

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Access Surf PO Box 15152 Honolulu, HI 96830	20-4420646	501(c)(3)	10,000				60th Anniversary Exceptional Volunteer - Yvette To
Adult Friends for Youth 3375 Koapaka St B-290 Honolulu, HI 96819	99-0254581	501(c)(3)	69,830				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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All About Sacramento Community Fund 2200 L Street Sacramento, CA 95816	82-3048635	501(c)(3)	9,840				State of the City
Alliance for a Healthier Generation Inc Unit 16 PO Box 4800 Portland, OR 97208	27-2028308	501(c)(3)	649,553				Project Support

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Aloha Medical Mission 810 N Vinyard Blvd Honolulu, HI 96817	99-0234811	501(c)(3)	10,000				60th Anniversary Exceptional Volunteer
Alzheimer's Association N CA & N Nevada 550 W Alluvial Ste 106 Fresno, CA 93711	94-2897949	501(c)(3)	8,500				Walk to End Alzheimer's Sponsorship of Napa Valley

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Alzheimer's Disease & Related Disorders 1450 Neotomas Ave Santa Rosa, CA 95492	13-3039601	501(c)(3)	9,000				Petaluma Walk To End Alzheimer's
Alzheimer's Orange County 2515 McCabe Way Suite 200 Irvine, CA 92614	95-3702013	501(c)(3)	7,500				Event Support\Dinner

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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American Cancer Society Inc 2185 N California Bl Walnut Creek, CA 94596	13-1788491	501(c)(3)	34,250				Making Strides Against Breast Cancer Sacramento, S
American Diabetes Association Inc 900 Fort St Mall Honolulu, HI 96813	13-1623888	501(c)(3)	33,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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American Heart Association Inc 1700 Iowa Ave Riverside, CA 92507	13-5613797	501(c)(3)	53,010				2018 Oahu, Maui and Hilo Heart & Stroke Walks
American Leadership Forum 1601 Response Rd 350 Sacramento, CA 95815	91-1792774	501(c)(3)	13,800				KP's 2018 Community Partner Sponsor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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American National Red Cross 4155 Diamond Head Road Honolulu, HI 96816	53-0196605	501(c)(3)	23,600				Event Support
AMERICAN NONSMOKERS RIGHTS FOUNDATION 2530 San Pablo Ave STE J Berkeley, CA 94702	94-2922136	501(c)(3)	10,000				Clearing the Air Institute XI

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Asian Resources Inc 5100 El Paraiso Avenue Sacramento, CA 95824	94-2658135	501(c)(3)	6,650				4th Annual Healthy Family Wellness Fair & Turkey G
Better Business Bureau of Hawaii 1132 Bishop Street 615 Honolulu, HI 96813	52-1070270	501(c)(3)	10,567				Annual Accreditation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Big Sunday 6111 Melborne Los Angeles, CA 90038	42-1765317	501(c)(3)	15,000				Big Sunday programs general support
Boys & Girls Club of Hawaii 345 Queen St Suite 900 Honolulu, HI 96813	99-6005407	501(c)(3)	43,000				Project Support

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Boys & Girls Club of Maui Inc 100 Kanaloa Ave Kahului, HI 96732	99-0272347	501(c)(3)	40,000				Project Support
Breastfeeding Hawaii PO Box 4270 Kaneohe, HI 96744	61-1636900	501(c)(3)	10,000				60th Anniversary Exceptional Volunteer - Jane Gal

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Brentwood School - Los Angeles CA 100 S Barrington Pl Los Angeles, CA 90049	95-1426236	501(c)(3)	7,500				Board Matching Gift
Ca State Conference of the NAACP 1215 K St Suite 1609 Sacramento, CA 95814	95-4617376	501(c)(4)	10,000				31st Annual State Convention sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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California Academy of Sciences 55 Music Concourse San Francisco, CA 94118	94-1156258	501(c)(3)	24,131				This is the Season for Science
California Center for Civic Participation 1220 H Street Ste 102 Sacramento, CA 95814	23-7182049	501(c)(3)	8,800				She Shares Conversation Series

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California Parenting Institute 3650 Standish Avenue Santa Rosa, CA 95407	94-2541640	501(c)(3)	11,500				Blue Ribbon Luncheon and Training
California Woman Lead 1017 L Street 418 Sacramento, CA 95814	51-0184448	501(c)(3)	20,000				2018 Annual Corp Membership

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Center For Environmental Health 2201 Broadway 302 Oakland, CA 94612	94-3251981	501(c)(3)	85,000				Project Support
Center for Tomorrow's Leaders 677 Ala Moana Blvd 1100 Honolulu, HI 96813	46-3490591	501(c)(3)	14,200				CTL Annual Gala

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CENTER FOR YOUTH WELLNESS 3450 3rdSt 201 BDG2 San Francisco, CA 94124	45-2527627	501(c)(3)	25,000				2018 Conference on Adverse Childhood Experiences
Central California Women's Conference 2012 West Alluvial St Fresno, CA 93711	77-0178140	501(c)(3)	8,755				KPF Hosts CCWC Breakfast and Instant Recess Cool D

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Central City Association of LA 626 Wilshire Blvd 850 Los Angeles, CA 90017	95-0691090	501(c)(6)	10,000				25th Annual Treasure of LA event
Children's Network of Solano County 827 Missouri St Ste 5 Fairfield, CA 94533	68-0014506	501(c)(3)	18,500				Solano Fitness Festival (SOFITCITY)

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Chinese Hospital Association 845 Jackson Street San Francisco, CA 94133	94-0382780	501(c)(3)	11,000				Chinese Hospital 119th Anniversary Gala
City of Fremont 3300 Capitol Ave Bldg B Fremont, CA 94538	94-6027361	Government or P	29,800				Fremont Vision Zero 2020 Street Banner Program

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City of Vacaville 660 Merchant St Vacaville, CA 95688	94-6000447	Government or P	6,296				McBride Senior Center classes
Climate Ride Inc 111 N Higgins Ave 415 Missoula, MT 59802	27-1777457	501(c)(3)	11,350				California Central Coast 2019

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Collective Impact 1050 McAllister St S Francisco, CA 94115	20-8964069	501(c)(3)	15,000				2018 Backpack Giveaway & Health Fair
Commonwealth Club of California 110 The Embarcadero San Francisco, CA 94105	94-0399260	501(c)(3)	9,400				30th Annual Distinguished Citizen Award Gala

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Community Initiatives 3750 18th St San Francisco, CA 94114	94-3255070	501(c)(3)	181,667				Advancing vision zero-safe, healthy, complete stre
Community Partners 532 S Olive St Los Angeles, CA 90013	68-0480736	501(c)(3)	7,000				Event support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMUNITY PARTNERS 1000 N Alameda STE240 Los Angeles, CA 90012	95-4302067	501(c)(3)	236,000				KP Thriving Schools Action Plan Gra
Cornerstone Community Development Corp 1395 Bancroft Avenue San Leandro, CA 94577	94-3100741	501(c)(3)	10,000				San Leandro Shelter Donation

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Council on Aging Services for Seniors 30 Kawana Springs Rd Santa Rosa, CA 95404	94-6138714	501(c)(3)	12,000				Derby Day / Wine Country Games
CSAC Finanace Corporation 1101 K Street 101 Sacramento, CA 95814	94-3010425	501(c)(4)	30,000				Platinum Partnership Dues

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Cultura y Arte Nativa de las Americas 1333 Florida Street San Francisco, CA 94110	38-4013756	501(c)(3)	35,000				Carnaval SF 40-40
DIGNITY HEALTH FOUNDATION 185 Berry STE300 San Francisco, CA 94107	46-2037641	501(c)(3)	50,000				4th Annual Humankindness Gala Silver Sponsorship L

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Dunwoody United Methodist Church Inc 1548 Mt Vernon Rd Dunwoody, GA 30338	58-1994231	501(c)(3)	10,000				Board Matching Gift
East Bay Asian Local Development Corp 1825 San Pablo Ave 200 Oakland, CA 94612	51-0171851	501(c)(3)	8,500				43rd Annual Gala Celebration

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Elk Grove Youth Sports Foundation 9630 Bruceville 106-172 Elk Grv, CA 95757	26-3779055	501(c)(3)	14,500				KP 7th Annual Running of the Elk Ha
Elsie Allen High School Foundation PO Box 4801 Santa Rosa, CA 95402	46-4580953	501(c)(3)	7,500				FIESTA 18 Gala

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Enterprise for Youth 200 Pine St Fl 6 San Francisco, CA 94104	23-7139082	501(c)(3)	13,188				The Kaiser Enterprise Allied Healthcare Program
Equality California Institute 3701 Wilshire 725 Los Angeles, CA 90010	68-0438008	501(c)(3)	24,600				Equality Awards

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EVIDENCE FOR HEALTHCARE IMPROVEMENT 2 Liberty SQ Fl 9 Boston, MA 02109	46-3250612	501(c)(3)	150,000				Institute for Clinical & Economic Review Grant Sup
Gallo Center for the Arts 1000 I Street Modesto, CA 95354	56-2607443	501(c)(3)	45,066				KP Season Sponsor of Gallo Center f

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GEORGETOWN UNIVERSITY 37th O Street NW Washington, DC 20057	53-0196603	501(c)(3)	222,138				Center on Poverty & Inequality Innovative Behavio
Global Education Fund - Boulder CO PO Box 548 Boulder, CO 80306	84-1437310	501(c)(3)	5,300				Board Matching Gift

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GMMB INC 3050 K St NW STE 100 Washington, DC 20007	52-1305983	For profit	200,000				Communications support for drug pricing at Memoria
Greater Fresno Area Chamber of Commerce 2331 Fresno St Fresno, CA 93721	94-0489640	501(c)(6)	10,000				Chairman's Circle

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Greater LA African American Chamber 5100 W Goldleaf Cir Los Angeles, CA 90056	95-4357302	501(c)(6)	10,000				Annual Economic Awards Dinner
Greater Sacramento Urban League 3725 Marysville Blvd Sacramento, CA 95838	94-1686314	501(c)(3)	9,400				Unity Ball 2018

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Habitat for Humanity E BaySilicon Valley 2619 Broadway Oakland, CA 94612	94-3053687	501(c)(3)	9,980				Women's Leadership Build
Habitat for Humanity of San Joaquin County 4933 West Lane Stockton, CA 95210	68-0293903	501(c)(3)	10,000				Dream Creek

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Harbor Area Gang Alternatives 309 W Opp St Wilmington, CA 90744	33-0322451	501(c)(3)	5,500				Event Support\Annual Fundraiser
Hawaii Appleseed Ctr for L&E Justice 119 Merchant St Honolulu, HI 96813	76-0748976	501(c)(3)	54,200				Project Support

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Hawaii Community Foundation 827 Fort St Mall Honolulu, HI 96713	99-0261283	501(c)(3)	10,000				Project support
Hawaii Health & Harm Reduction Center 677 AlaMoana Blvd 226 Honolulu, HI 96813	99-0284222	501(c)(3)	10,000				60th Anniversary Exceptional Volunteer - Nick Aiel

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Hawaii Hospital Education and Research Fdn 707 Richards St PH2 Honolulu, HI 96813	51-0172774	501(c)(3)	15,000				Project Support
Hawaii Primary Care Association 1003 Bishop St Honolulu, HI 96813	99-0268275	501(c)(3)	40,000				Project Support

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Hawaii Public Health Institute 850 Richards St Ste 201 Honolulu, HI 96813	68-0637054	501(c)(3)	80,000				Project Support
Hawaii Women's Legal Foundation PO BOX 2576 Honolulu, HI 96803	99-0217537	501(c)(3)	11,000				HWLF 28th Annual Gala Fundraiser ""We Love Rock 'n

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Health Care Without Harm 12355 Sunrise Valley Dr Reston, VA 20191	52-2358837	501(c)(3)	50,000				Project Support
Healthcare Association of Hawaii 707 Richards Street PH2 Honolulu, HI 96813	99-0105817	501(c)(3)	10,000				Annual Awards & Scholarships Gala

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Healthy Aging Association 3500 Coffee Rd Ste 19 Modesto, CA 95355	77-0546574	501(c)(3)	10,000				Healthy Aging & Fall Prevention Summit
Healthy Schools Campaign 175 N Franklin 300 Chicago, IL 60660	36-4308068	501(c)(3)	120,000				Project Support

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Helping Hands Hawaii 2100 N Nimitz Highway Honolulu, HI 96818	23-7365077	501(c)(3)	50,000				Project Support
Hollywood Chamber of Commerce 6255 W Sunset Blvd150 L Angeles, CA 90028	95-0838840	501(c)(6)	11,000				Event support

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Honolulu Theatre for Youth 1149 Bethel St Ste 700 Honolulu, HI 96813	99-0107563	501(c)(3)	25,000				Project Support
IGNITE 510 16th Street Oakland, CA 94612	38-3819049	501(c)(3)	9,750				2019 Bay Area Young Women Run Conference

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Illumination Foundation 1091 North Batavia Street Orange, CA 92867	71-1047686	501(c)(3)	10,000				Event Support\Annual Fundraiser
International Medical Corps 12400 Wilshire Blvd Los Angeles, CA 90025	95-3949646	501(c)(3)	750,000				Mexico Earthquake Relief and Recovery

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
Jewish Vocational & Career Counseling Svc 225 Bush St 400 San Francisco, CA 94104	94-2213100	501(c)(3)	22,933				2018 Strictly Business Awards Luncheon
Jubilee Reach - Bellevue WA 14200 Southeast 13th Pl Bellevue, WA 98007	20-4074712	501(c)(3)	7,500				Board Matching Gift

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Kihei Youth Center 131 S Kihei Rd Kihei, HI 96753	99-0222885	501(c)(3)	6,000				12th Annual Maui Children and Youth Day
LATINAS CONTRA CANCER 255 North Market STE 175 San Jose, CA 95110	56-2412069	501(c)(3)	50,000				Organizational Sustainability Leading to Improveme

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Latino Business Chamber of Greater LA 333 S Grand Ave Los Angeles, CA 90071	26-2949706	501(c)(3)	20,000				2019 Business Awards Sponsorship and LALCC Memeber
League of California Cities 1400 K St Suite 400 Sacramento, CA 95814	94-6000835	501(c)(4)	20,000				2018 League Partner & 5 Caucus groups support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Leaven Program 2220 Boynton Dr Ste A Fairfield, CA 94533	26-3653717	501(c)(3)	10,000				The Leaven Annual Gala Sponsorship
Leukemia and Lymphoma Society 2455 Bennett Valley B204 S Rosa, CA 95404	13-5644916	501(c)(3)	9,500				Light The Night

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
Los Angeles County Economic Development 444 S Flower St 37th L Angeles, CA 90071	95-3643339	501(c)(3)	10,000				Silver Sponsor annual event
LOS ANGELES EDUCATION PARTNERSHIP 202 W 1st STE6 0410 Los Angeles, CA 90012	95-3909218	501(c)(3)	1,223,768				Trauma-Informed

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Los Rios Foundation 8401 Center Pkwy Sacramento, CA 95823	94-2506591	501(c)(3)	6,600				CRC Night with the Stars
Make A Wish Foundation 2800 Club Center Drive Sacramento, CA 95835	68-0027351	501(c)(3)	10,000				Sponsorship Wine & Wishes and Walk for Wishes even

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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March of Dimes Foundation - Hawaii 1580 Makaloa St 1200 Honolulu, HI 96814	13-1846366	501(c)(3)	20,800				The March for Babies
Matter of Trust 1182 Market 412 San Francisco, CA 94102	06-1530091	501(c)(3)	22,500				2018 HOCFM Market Match Incentive Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Maui Economic Development Board Inc 1305 N Holopono St 1 Kihei, HI 96753	99-0226377	501(c)(3)	33,130				Project Support
Maui Family YMCA 250 Kanaloa Ave Kahului, HI 96732	99-0105206	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
Mayor's Fund for Los Angeles 200 N Spring St 305 Los Angeles, CA 90012	47-1084641	501(c)(3)	40,000				WiStem Programming
Mental Health Association in Hawaii Inc 1136 Union Mall Ste 510 Honolulu, HI 96813	99-0076458	501(c)(3)	62,600				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Mountainbrook Community Church 1775 Calle Joaquin SLObispo, CA 93405	95-3414433	501(c)(3)	11,159				Board Matching Gift
Na Lei Wili Area Health Education Ctr Inc 4442 Hardy St Ste 205 Lihue, HI 96766	99-0337948	501(c)(3)	79,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NAMI Solano County 1225 Travis Blvd Ste D Fairfield, CA 94533	94-3024777	501(c)(3)	7,500				Holiday Gift Bags Project - Adult, Stress Reducing
NAMI-National Alliance on Mental Illness 3803 N Fairfax Dr100 Arlington, VA 22203	43-1201653	501(c)(3)	50,000				Unrestricted donation for NAMI Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Napa Valley Marathon PO Box 4307 Napa, CA 94558	68-0147558	501(c)(3)	49,180				Event support
National Academy of Sciences 500 Fifth Street NW Washington, DC 20001	53-0196932	501(c)(3)	549,500				Roundtable on Population Health Improvement

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL AFRICAN AMERICAN TOBACCO 2726 Croasdaile Dr STE 212 Durham, NC 27705	56-2211875	501(c)(3)	20,000				State of Black Health National Conference
NATIONAL COUNCIL FOR COMMUNITY 1701 K St NW STE 400 Washington, DC 20006	23-7092671	501(c)(3)	487,500				Trauma-Informed Primary Care Practice Transformati

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL HEALTH CARE FOR THE HOMELESS PO Box 60427 Nashville, TN 37206	62-1475145	501(c)(3)	10,000				2018 HCH Conference Sponsorship of the Opening Rec
National Health Law Program Inc 3701 Wilshire Blvd Los Angeles, CA 90010	95-3080947	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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National Housing Institute 60 S Fullerton Ave 202 Montclair, NJ 07042	22-2432179	501(c)(3)	50,000				Project Support, General Operating Support
National Kidney Foundation of Hawaii 1314 S King St 1555 Honolulu, HI 96814	99-0266733	501(c)(3)	12,550				Walk on the Wild Side

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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National Medical Fellowships Inc 720 Westview Dr SW Atlanta, GA 30310	01-0963657	501(c)(3)	333,334				Project Support
Nehemiah Community Foundation 2331 Alhambra Bl 300 Sacramento, CA 95817	68-0449972	501(c)(3)	14,600				Nehemiah Emerging Leaders Program Selection Day

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NHP FOUNDATION 1090 Vermont NW STE400 Washington, DC 20005	52-1636004	501(c)(3)	10,000				National Law Center on Homelessness & Poverty Gala
NICOS Chinese Health Coalition 1208 Mason Street San Francisco, CA 94108	94-3184812	501(c)(3)	6,000				2018 Chinatown Community Health Fair

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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North Bay Operation Hand Up 172 Raleigh Dr Vacaville, CA 95687	26-1899796	501(c)(3)	10,000				North Bay Stand Down
Oakland A S Community Fund 7000 Coliseum Way Oakland, CA 94621	94-2826655	501(c)(3)	9,100				Oakland A's 50th Anniversary Gala

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Parents and Children Together 1485 Linapuni St Ste 105 Honolulu, HI 96819	99-0119678	501(c)(3)	5,700				PACT's 50th Anniversary Gala- PACT Five-O
PARTNERSHIP FOR A HEALTHIER AMERICA 2001 Pennsylvania NW 900 Washington, DC 20006	27-1712188	501(c)(3)	300,000				Making the Healthy Choice the Easy Choice

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PATH - People's Advocacy for Trails Hawaii PO Box 62 KailuaKona, HI 96745	99-0248675	501(c)(3)	45,000				Project Support
PitCCh In Foundation PO Box 38 Alpine, NJ 07620	27-2988945	501(c)(3)	15,000				Backpack Program & Career Panel

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PROFITS 4 PURPOSE LLC POBox 270830 San Diego, CA 92198	27-0546606	501(c)(3)	72,000				2018 KP Cares Support
Project Vision Hawaii 1110 Nuuanu Avenue Honolulu, HI 96817	27-2831637	501(c)(3)	29,350				Project Support

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Public Good Projects - San Diego CA 811 25th St 107 San Diego, CA 92102	46-2717584	501(c)(3)	10,000				Board Matching Gift
Public Health Advocates 6702 Inglewood AveA Stockton, CA 95207	95-4723901	501(c)(3)	172,567				HEAL Cities Campaign Implementation and Sustainab

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Renaissance-Parents of Success 1800 Oakdale Ave San Francisco, CA 94124	94-3155564	501(c)(3)	6,000				2018 Heatlh & Harvest Fair
Richmond Area Multi-Services Inc 639 14th Avenue San Francisco, CA 94118	23-7389436	501(c)(3)	7,500				2018 Richmond Community 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 741 30th Ave San Francisco, CA 99067	94-2684271	501(c)(3)	11,520				2018 Black & White Gala
Riverside University Health System 26520 Cactus Moreno Valley, CA 92552	33-0374018	501(c)(3)	11,200				Event Support\Annual Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Ronald McDonald House 4560 Fountain Avenue Los Angeles, CA 90029	95-3167869	501(c)(3)	10,000				Event support
Rosie The Riveter Trust PO Box 71126 Richmond, CA 94807	94-3335350	501(c)(3)	10,000				Growing a Rosie Future Benefit Dinner Event

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)	45,660				The Nutcracker
Sacramento Convention & Visitors Bureau 1608 I Street Sacramento, CA 95814	94-0824640	Government or P	19,960				2018 Farm-to-Fork Festival

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Sacramento Gay & Lesbian Center 1927 L Street Sacramento, CA 95811	94-2502229	501(c)(3)	10,000				Sacramento Pride Parade & Festival 2018
Safe Routes to School National Partnership PO Box 44328 Fort Washington, MD 20749	46-2694434	501(c)(3)	229,821				Project Support

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Sakura Matsuri 1759 Sutter Street San Francisco, CA 94115	93-1141006	501(c)(3)	10,000				2018 Northern California Cherry Blossom Festival
San Francisco - Marin Food Bank 900 Pennsylvania San Francisco, CA 94107	94-3041517	501(c)(3)	24,000				One Big Table 2018

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San Francisco Ballet 455 Franklin Street San Francisco, CA 94102	94-1415298	501(c)(3)	45,116				2018-19 Dance in Schools & Communities and PD Danc
San Francisco Botanical Garden Society 1199 9th Avenue San Francisco, CA 94122	94-6050168	501(c)(3)	26,700				2018 Bean Sprouts Family Days & Flower Piano

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)	27,740				Green Film Fest 2018 Opening Night Premiere & 'Ea
San Francisco Opera Association 301 Van Ness Avenue San Francisco, CA 94102	94-0836240	501(c)(3)	55,825				Opera in the Park, Opera ARIA, It's a Wonderful Li

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 Irwindale, CA 91706	95-4643569	501(c)(3)	7,700				Event Support\Annual Fundraiser
San Joaquin Medical Society 3031 W March Ln 222W Stockton, CA 95219	94-1220674	501(c)(6)	9,200				Lifetime Achievement/Young Physician Award Dinner

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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San Mateo Co Community Colleges Fdn 3300 College Drive San Bruno, CA 94066	94-6133905	501(c)(3)	6,750				2018 Skyline College President's Breakfast
Santa Rosa Junior College Foundation 1501 Mendocino Avenue Santa Rosa, CA 97435	94-1735861	501(c)(3)	9,700				SRJC President's 100th Anniversary Celebration Din

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SF Bicycle Coalition Education Fund Inc 1720 Market St San Francisco, CA 94102	20-5182730	501(c)(3)	20,000				Transportation Equity Network
SF Recreation and Park Department 501 Stanyan Street San Francisco, CA 94117	94-6000417	Government or P	35,500				2018 San Francisco Recreation and Parks Seasonal E Note Combined with San Francisco Dept of the Environment

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SFMade Inc 1885 Mission St A5 San Francisco, CA 97441	27-2850703	501(c)(3)	49,050				2018 Growing a Healthier Bay Area Through a Strong
Sharefest Community Development Inc 638 S Beacon Street San Pedro, CA 90731	20-5651596	501(c)(3)	5,500				Event Support\Dinner

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Sierra College Foundation 5100 Sierra College Blvd Rocklin, CA 98631	23-7241877	501(c)(3)	24,800				BSN Merger Scholarship & Taste of Excellence 2018
SMART GROWTH AMERICA 1152 15th NW STE450 Washington, DC 20005	27-0383938	501(c)(3)	200,000				Making State Departments of Transportation Paterne

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SMITHSONIAN INSTITUTION 1000 Jefferson Dr SW Washington, DC 20560	53-0206027	501(c)(3)	2,000,000				Support for National Museum of African American Hi
Southwest Community Church of Palm Desert 44175 Washington St Indian Wells, CA 92210	95-2816362	501(c)(3)	7,000				Board Matching Gift

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Speedway Children's Charities 29355 Arnold Drive Sonoma, CA 95476	56-1331429	501(c)(3)	6,500				Children's Champion Sponsorship
State of Hawaii Department of Education 1122 Mapunapuna St Honolulu, HI 96819	99-0266482	Government or P	14,416				Event Support\Cultural Event

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Stern Grove Festival Association 832 Folsom St 1000 San Francisco, CA 94107	94-6064356	501(c)(3)	25,000				Stern Grove Festival's 81st Season
Susan G Komen Breast Cancer Foundation 2817 McGaw Ave Irvine, CA 92614	33-0487943	501(c)(3)	8,500				Event Support\Annual Fundraiser

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Sutter Santa Rosa Regional Hospital 30 Mark West Springs Santa Rosa, CA 95403	94-0562680	501(c)(3)	7,000				Catwalk for a Cure Bronze Sponsor and Don
The Alameda Co Community Food Bank 7900 Edgewater Drive Oakland, CA 94621	94-2960297	501(c)(3)	20,000				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Exploratorium 71 Dolores Terrace San Francisco, CA 94110	94-1696494	501(c)(3)	18,800				2018 Party at the Piers
The Fresno Business Council 205 E River Park 420 Fresno, CA 93720	77-0356626	501(c)(6)	7,500				Life Skills Initiative

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 Regents of the UCLA 10889 Wilshire Blvd Los Angeles, CA 90095	95-6006143	Government or P	300,000				Project Sponsor
The Salvation Army 3755 No Freeway Blvd Sacramento, CA 95834	94-1156347	501(c)(3)	22,130				Back to School Event/Camp Sponsorship

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
TIDES CENTER - Center for Care Innovations 1438 Webster St STE 101 Oakland, CA 94612	94-3213100	501(c)(3)	388,823				Center for Care Innovations - Transformation Accel
TIDES FOUNDATION 1012 Torney Ave San Francisco, CA 94129	51-0198509	501(c)(3)	300,000				Convergence Partnership

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
Trust for America's Health 1730 M St NW 900 Washington, DC 20036	52-2257066	501(c)(3)	200,000				Project Support
UNIVERSITY OF CALIFORNIA BERKELEY FDN 1995 University STE 400 Berkeley, CA 94704	94-6090626	501(c)(3)	45,000				Berkeley School of Public Health 75th Anniversary

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
University of Hawaii Foundation 2444 Dole St Bachman105 Honolulu, HI 96822	99-0085260	501(c)(3)	138,553				Project Support
Vacaville Counterforce PAL 660 Merchant Street Vacaville, CA 95688	91-1779367	501(c)(3)	6,300				Vacaville PAL Crab Feed

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
Vacaville Social Services Corporation 267 Bennett Hill Court Vacaville, CA 95688	68-0364021	501(c)(3)	7,500				Donor Solicitation Campaign 2018 / Festival of
Volunteer Center of Sonoma County Inc 153 Stony Circle 100 Santa Rosa, CA 95401	94-1751375	501(c)(3)	20,000				Annual 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
Waianae Dist Comp Hlth & Hosp Board Inc 86-260 Farrington Highway Waianae, HI 96792	99-0148164	501(c)(3)	61,000				Project Support
Washington State University Foundation PO Box 641927 Pullman, WA 99164	91-1075542	501(c)(3)	7,500				Board Matching Gift

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 Men's Christian Association 63 Funston Avenue San Francisco, CA 94129	94-0997140	501(c)(3)	5,100				2018 Jog in the Fog 5K Race
Young Womens Christian Association of Oahu 1040 Richards St 105 Honolulu, HI 96813	99-0073534	501(c)(3)	39,380				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
Youth Sports Solutions 136 Mossglen Circle Sacramento, CA 95826	82-1189062	501(c)(3)	10,000				Arik Armstead Health Fair
YOUTH UPRISING 8711 Macarthur Blvd Oakland, CA 94605	20-3321544	501(c)(3)	10,000				Transform E Oakland into a Healthy

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
KAISER FDN FOR THE ADV OF INTEGRATED HC ONE KAISER PLAZA 15L OAKLAND, CA 94612	82-3819611	501(c)(4)	15,000,000				PROJECT SUPPORT

Schedule J (Form 990)	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. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> Open to Public Inspection </div>
	Department of the Treasury Internal Revenue Service	
	Name of the organization KAISER FOUNDATION HEALTH PLAN INC	Employer identification number 94-1340523

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 style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" 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	1b	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?	2	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 style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" 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?	4a	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a The organization?	5a		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a The organization?	6a		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	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	8	Yes	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	Yes	

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.

See Additional Data Table

Schedule J (Form 990) 2018

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1	FIRST CLASS TRAVEL FIRST CLASS TRAVEL IS PERMISSIBLE AS AN ORDINARY BUSINESS EXPENSE FOR ALL BOARD OF DIRECTORS, CHIEF EXECUTIVE OFFICER, TWENTY-ONE OTHER OFFICERS 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 TWO OFFICERS, ONE KEY EMPLOYEE AND TWO HIGHLY COMPENSATED EMPLOYEES FOR RELOCATION IN CONFORMITY WITH THE LAW PROVIDED ON A LIMITED BASIS AS COMPENSATION.

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

Return Reference	Explanation
Schedule J, Part I, Line 4A	- Severance Payments - SUSAN D FLEISCHMAN 213,908 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

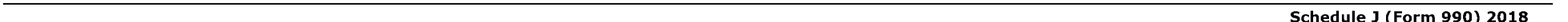
Return Reference	Explanation
Schedule J, Part I, Line 4B	<p>- Supplemental NonQualified Retirement Plan Payments - Gregory Adams 4,338,278 Robert Beltch 53,631 Chandrika Bhalla 100,860 William Caswell 69,826 Debora Lynn Catsavas 155,252 Charles Columbus 284,645 Thomas Curtin 448,397 Richard Daniels 1,089,124 George Disalvo 852,892 Susan D Fleischman 279,892 Thomas Hanenburg 131,642 Kathryn Lancaster 351,081 Janet Liang 409,673 Gerald Mccall 73,627 Thomas Meier 72,501 Julie Miller-Phipps 224,210 Donald Orndoff 149,555 Wade Overgaard 140,509 Christine Paige 61,139 Michael Rowe 135,952 Arthur Southam 380,295 Bernard Tyson 999,157 John Yamamoto 50,791 Mark Zemelman 232,150</p> <p>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</p>

Return Reference	Explanation
Schedule J, Part I, Line 7	<p>- 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</p>

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 TWO INDIVIDUALS IN 2018.

Return Reference	Explanation
Schedule J, Part II, Column C	THE ACTUARIAL VALUE FOR SOME INDIVIDUALS' DEFINED BENEFIT PLAN DECLINED IN 2018, RESULTING IN NEGATIVE VALUES IN COLUMN (C) IN SOME INSTANCES. Certain board members are eligible for a retiree medical benefit following retirement from the board. While this benefit is subject to change and may be reduced or eliminated, the 2018 change in the actuarial determined value of this benefit for each board member has been included in Form 990, Part VII, Column (f) and Schedule J, Part II, Column C. Amounts for this benefit have also been deferred for prior years. The actuarial increase or decrease in value may change for various reasons, including continued service, age, and changes in assumptions.

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



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Gregory Adams EVP, Group President	(i)	1,224,496	3,466,327	4,391,419	1,114,562	29,740	10,226,544	4,383,200
	(ii)	0	0	0	0	0	0	0
Peter Andrade SVP, Sales & Acct Mgmt - CA	(i)	411,040	480,199	37,379	92,784	26,556	1,047,958	0
	(ii)	0	0	0	0	0	0	0
Ramon F Baez Director	(i)	197,500	0	13,681	13,477	0	224,658	0
	(ii)	11,000	0	0	0	0	11,000	0
David Barger Director	(i)	198,500	0	0	16,825	0	215,325	0
	(ii)	0	0	0	0	0	0	0
Mary Ann Barnes Regional President Hawaii	(i)	0	308,588	8,811	0	0	317,399	0
	(ii)	0	0	0	0	0	0	0
Anthony Barrueta SVP, Government Relations	(i)	466,975	816,008	41,259	195,741	22,918	1,542,901	0
	(ii)	0	0	0	0	0	0	0
Raymond Baxter SVP, CB Research & Hlth Policy	(i)	0	263,245	12,283	127,536	0	403,064	0
	(ii)	0	0	0	0	0	0	0
Kristin Bear Assistant Secretary	(i)	224,025	83,765	11,667	5,055	19,370	343,882	0
	(ii)	0	0	0	0	0	0	0
Kathryn Helen Beiser SVP Chf Communications Officer	(i)	417,895	50,000	207,254	369,422	28,115	1,072,686	0
	(ii)	0	0	0	0	0	0	0
Robert Beltch Chief Audit Executive	(i)	378,055	278,974	144,293	14,739	22,398	838,459	0
	(ii)	0	0	0	0	0	0	0
Vanessa Benavides SVP,Chf Compliance & Priv Off	(i)	421,624	370,023	48,416	183,971	19,954	1,043,988	0
	(ii)	0	0	0	0	0	0	0
Regina M Benjamin MD MBA Director	(i)	207,500	0	9,234	15,542	0	232,276	0
	(ii)	0	0	0	0	0	0	0
Chuck Bevilacqua SVP Health Plan Svc & Admin	(i)	715,238	766,170	24,773	207,104	25,430	1,738,715	0
	(ii)	0	0	0	0	0	0	0
Chandnka Bhalla SVP, CFO - NCAL	(i)	493,657	371,553	119,748	98,224	28,018	1,111,200	81,503
	(ii)	0	0	0	0	0	0	0
Maryann Bodayle Assistant Secretary	(i)	156,315	17,468	2,229	7,903	9,726	193,641	0
	(ii)	0	0	0	0	0	0	0
William Caswell Interim Regional President -HI	(i)	562,199	455,711	196,231	17,540	23,470	1,255,151	0
	(ii)	0	0	0	0	0	0	0
Debora Lynn Catsavas SVP, HR - NCAL	(i)	411,191	513,242	194,468	106,001	19,754	1,244,656	137,378
	(ii)	0	0	0	0	0	0	0
Bechara Choucair SVP, Chief Cmty Health Officer	(i)	488,611	447,310	50,083	195,449	22,241	1,203,694	11,111
	(ii)	0	0	0	0	0	0	0
Charles Columbus SVP, Chief HR Officer	(i)	631,086	1,173,014	332,549	321,997	36,511	2,495,157	219,637
	(ii)	0	0	0	0	0	0	0
Patrick Courneya EVP, Chief Medical Officer	(i)	568,297	747,685	44,538	306,208	21,868	1,688,596	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				
Thomas Curtin SVP, Natl Sales & Acct Mgmt	(i)	425,380	471,734	488,429	23,107	31,233	1,439,883	364,199
	(ii)	0	0	0	0	0	0	0
Richard Daniels EVP, CIO	(i)	779,116	1,417,230	1,138,362	43,582	36,058	3,414,348	758,987
	(ii)	0	0	0	0	0	0	0
Mick Driede SVP, Chief Actuary	(i)	426,938	412,013	39,575	111,231	23,199	1,012,956	0
	(ii)	0	0	0	0	0	0	0
George DiSalvo SVP, CFO - SCAL	(i)	565,822	645,191	897,443	81,497	22,006	2,211,959	700,503
	(ii)	0	0	0	0	0	0	0
Jeffrey E Epstein Director	(i)	218,500	0	8,395	11,038	0	237,933	0
	(ii)	0	0	0	0	0	0	0
Susan D Fleischman VP, Medicaid CHIP & Char Care	(i)	159,560	424,409	524,433	28,408	24,671	1,161,481	0
	(ii)	0	0	0	0	0	0	0
Daniel Garcia SVP, Chief Compliance Officer	(i)	0	249,390	61,503	-67,932	0	242,961	52,426
	(ii)	0	0	0	0	0	0	0
Sandra Golze Assistant Secretary - NCAL	(i)	0	141,941	0	-54,019	0	87,922	0
	(ii)	0	0	0	0	0	0	0
Bernice Gould Assistant Secretary	(i)	196,867	39,296	2,363	9,977	10,381	258,884	0
	(ii)	0	0	0	0	0	0	0
Amy Gutierrez SVP, Chief Pharmacy Officer	(i)	370,267	141,518	39,651	205,661	29,534	786,631	0
	(ii)	0	0	0	0	0	0	0
George Halvorson Chairman	(i)	0	0	27,324	-49,993	0	-22,669	18,272
	(ii)	0	0	0	0	0	0	0
Thomas Hanenburg SVP, COO - NCAL	(i)	562,524	335,642	173,180	122,130	26,501	1,219,977	94,050
	(ii)	0	0	0	0	0	0	0
Leslie S Heisz Director	(i)	217,500	0	17,787	12,475	0	247,762	0
	(ii)	0	0	0	0	0	0	0
David F Hoffmeister Director	(i)	210,000	0	12,880	13,054	0	235,934	0
	(ii)	0	0	0	0	0	0	0
Judith A Johansen JD Director	(i)	230,000	0	15,524	-18,131	0	227,393	0
	(ii)	14,800	0	0	0	0	14,800	0
Laurel Junk SVP, Enterprise Shared Svcs	(i)	521,274	823,587	208,960	163,523	17,535	1,734,879	0
	(ii)	0	0	0	0	0	0	0
Kim J Kaiser Director	(i)	207,500	0	13,160	-11,160	0	209,500	0
	(ii)	26,600	0	0	0	0	26,600	0
Kathryn Lancaster EVP & CFO	(i)	1,042,302	1,776,268	402,535	332,280	21,033	3,574,418	0
	(ii)	0	0	0	0	0	0	0
Janet Liang Regional President - NCAL	(i)	860,060	837,204	454,446	293,763	33,196	2,478,669	338,491
	(ii)	0	0	0	0	0	0	0
Gerald McCall SVP, Operations	(i)	542,011	484,508	106,248	-34,784	31,362	1,129,345	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				
Thomas Meier SVP, Corporate Treasurer	(i)	462,542	633,581	115,824	8,208	33,258	1,253,413	0
	(ii)	0	0	0	0	0	0	0
Julie Miller-Phipps Regional President - SCAL	(i)	886,797	882,077	255,643	-58,044	22,985	1,989,458	0
	(ii)	0	0	0	0	0	0	0
Christopher Ohman VP, Health Plan Expansion	(i)	0	86,208	52,161	-12,669	0	125,700	52,161
	(ii)	0	0	0	0	0	0	0
Donald Orndoff SVP, NFS	(i)	435,028	536,354	176,170	169,668	32,416	1,349,636	117,119
	(ii)	0	0	0	0	0	0	0
Wade Overgaard SVP, Health Plan Ops - CA	(i)	710,701	791,077	167,682	-31,321	32,894	1,671,033	0
	(ii)	0	0	0	0	0	0	0
Christine Paige SVP, Marketing & Internet Svcs	(i)	405,942	371,138	121,749	-22,501	23,843	900,171	0
	(ii)	0	0	0	0	0	0	0
Edward Y W Pei Director	(i)	219,000	0	14,531	-16,551	0	216,980	0
	(ii)	0	0	0	0	0	0	0
Margaret E Porfido JD Director	(i)	235,000	0	20,262	-9,170	0	246,092	0
	(ii)	23,500	0	0	0	0	23,500	0
Frank Richardson Assistant Secretary - HI	(i)	247,384	41,345	12,398	32,664	29,545	363,336	0
	(ii)	0	0	0	0	0	0	0
Rochelle Roth Assistant Secretary	(i)	142,213	41,179	2,123	-99,618	15,147	101,044	0
	(ii)	0	0	0	0	0	0	0
Michael Rowe SVP, CHF BUS DEV & STRAT EXEC	(i)	620,286	645,762	162,119	220,935	28,395	1,677,497	105,679
	(ii)	0	0	0	0	0	0	0
Jacqueline Sellers Assistant Secretary	(i)	199,568	72,157	28,607	20,496	14,766	335,594	0
	(ii)	0	0	0	0	0	0	0
Richard Shannon MD Director	(i)	210,000	0	0	34,412	0	244,412	0
	(ii)	0	0	0	0	0	0	0
James Simpson Regional President - GA	(i)	473,839	540,497	174,830	194,400	36,906	1,420,472	0
	(ii)	0	0	0	0	0	0	0
Arthur Southam EVP, Health Plan Operations	(i)	1,041,658	1,897,457	431,827	536,245	36,844	3,944,031	0
	(ii)	0	0	0	0	0	0	0
Paul Swenson SVP, Chief Strategy Officer	(i)	623,669	599,262	47,816	220,816	24,376	1,515,939	0
	(ii)	0	0	0	0	0	0	0
Cynthia A Telles PHD Director	(i)	227,500	0	13,108	1,559	0	242,167	0
	(ii)	10,500	0	0	0	0	10,500	0
LeAnne Trachok SVP, Revenue Management	(i)	361,953	575,955	39,690	86,525	13,833	1,077,956	0
	(ii)	0	0	0	0	0	0	0
Bernard Tyson Chairman & CEO	(i)	1,652,487	12,577,609	1,479,757	2,132,546	41,234	17,883,633	2,110,403
	(ii)	0	0	0	0	0	0	0
David Thomas Underriner Regional President Hawaii	(i)	356,254	200,000	69,946	266,438	14,054	906,692	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				
Alfonse Upshaw SVP, Corporate Controller & CAO	(i)	438,858	356,406	18,380	99,558	28,853	942,055	0
	(ii)	0	0	0	0	0	0	0
Cesar Villalpando SVP, Enterprise Shared Svcs	(i)	0	507,016	318,765	-73,340	0	752,441	318,765
	(ii)	0	0	0	0	0	0	0
Eugene Washington MD Director	(i)	206,000	0	0	13,686	0	219,686	0
	(ii)	0	0	0	0	0	0	0
Matthew Weber Assistant Secretary	(i)	297,969	89,615	155,565	61,466	29,657	634,272	0
	(ii)	0	0	0	0	0	0	0
John Yamamoto Assistant Secretary	(i)	343,000	272,278	70,440	-4,254	28,604	710,068	0
	(ii)	0	0	0	0	0	0	0
Philip Young Assistant Secretary	(i)	313,756	116,955	17,543	57,128	27,859	533,241	0
	(ii)	0	0	0	0	0	0	0
Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy	(i)	249,307	94,714	17,313	60,176	25,870	447,380	0
	(ii)	0	0	0	0	0	0	0
Mark Zemelman SVP, General Counsel & Secy	(i)	677,594	1,100,476	280,462	-12,297	34,354	2,080,589	0
	(ii)	0	0	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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
Total						▶ \$						

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	FAM Mbr OF Fmr Key Empl	169,808	COMPENSATION		No
(2) Nicholas Marcus Ohman	FAM Mbr OF Fmr Key Empl	110,096	COMPENSATION		No
(3) Karen N Villalpando	FAM Mbr OF Fmr Key Empl	108,425	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: 93493312033869
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			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 - I Introduction A About Kaiser Permanente Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor Since our beginnings, we have been committed to helping shape the future of healthcare Among the innovations Kaiser Permanente has brought to U S health care are - Pre paid health plans, which spread the cost to make it more affordable - A focus on preventing illness and disease as much as on caring for the sick - An organized, coordinated system that puts as many services as possible under one roof-all connected by an electronic medical record Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups Today we serve more than 12 million members in eight states and the District of Columbia Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health B Kaiser Permanente's Approach to Community Health For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital It begins with healthy environments fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds Good health for the entire community requires equity and social and economic well-being These are the vital signs of healthy communities Better health outcomes begin where health starts, in our communities Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician expertise, and clinical practices Our community health strategy focuses on three areas - Ensuring health access by providing individuals served at Kaiser Permanente</p>

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Form 990, Part III, Line 4A-4D	<p>nte or by our safety-net partners with integrated clinical and social services, - Improvin g conditions for health and equity by engaging members, communities, and Kaiser Permanente 's workforce and assets, and - Advancing the future of community health by innovating with technology and social solutions C Kaiser Permanente's Total Contribution Kaiser Permane nte provided \$2.8 billion in community benefits in 2018. The amounts attributable to Kaise r Foundation Health Plan, Inc. is \$946.8 million as follows: - Financial Assistance at cos t - \$142.6 million - Medicaid - \$783.9 million - Costs of other means-tested government pr ograms - \$3.6 million - Health Professions Education - \$638,000 - Research - \$7.3 million - Cash and in-kind contributions from community benefit - \$8.8 million In addition to our direct spend on community benefits, we also leverage assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This "Total Health" s strategy includes our widely recognized activities around supplier diversity, socially resp onible investing and environmental stewardship.</p>

Return Reference	Explanation
II Ensure Health Access	<p>A Summary of The Strategy Ensuring access to high quality health care services for low-income populations within the communities we serve is core to our mission and tax-exempt status. Access to healthcare for vulnerable low-income populations is routinely identified in our Community Health Needs Assessments as one of the top health needs in the communities Kaiser Permanente serves. There are two main access challenges: coverage and care. Without access to adequate health insurance coverage, people may not receive the comprehensive and continuous medical care needed to help achieve maximum health outcomes. And without access to convenient and high-quality care by trusted providers, they are less likely to get and/or stay healthy. Over time, access challenges can compromise health outcomes as well as create additional burden on government to provide necessary social services. Kaiser Foundation Health Plan, Inc. supports the health access needs of our communities through a combination of coverage and care programs. We provide coverage to low-income populations through two key vehicles: first, via our participation in government programs like Medicaid and the Children's Health Insurance Programs (CHIP), and second, via our own Charitable Health Coverage (CHC) program, which provides a premium subsidy for Kaiser Permanente coverage for qualified low-income families and children who do not have access to public or private health coverage. Similarly, we provide care to low-income populations through two key vehicles: first, via our treatment of Medicaid and CHIP enrollees (not assigned to Kaiser Permanente), and second, via the Medical Financial Assistance (MFA) program, which is Kaiser Permanente's traditional charity care or financial assistance program (FAP). For Kaiser Foundation Health Plan, Inc. and all of its subsidiary health plans, the main way to address health access challenges is by absorbing the cost of the coverage programs described above. In 2018, Kaiser Foundation Health Plan, Inc. spent over \$930 million on our coverage and care programs (at cost, net of all related revenues). In addition, it provided over \$250,000 in grants to help improve health access challenges, including but not limited to funding key safety-net partner organizations.</p> <p>B Coverage Adequate health coverage means consistent access to comprehensive and continuous medical and preventative services for people to get and stay healthy, a much better and thorough alternative to episodic care at emergency departments. Coverage is good for the patient, good for Kaiser Permanente and good for the U.S. overall because it helps people get and stay healthy and avoid costly hospital services.</p> <p>C Coverage provided through Medicaid, CHIP and other government programs The Affordable Care Act has had a far-reaching impact on the landscape of government-sponsored programs, as these options have become a key source of health coverage for a significant portion of the U.S. population.</p> <p>K</p>

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II Ensure Health Access	<p>Kaiser Permanente has responded to this challenge by developing organizational strategies to enable low-income individuals to obtain and/or retain health coverage through Medicaid, CHIP or other government programs, even as their personal or financial circumstances may be changing. At the end of 2018, Kaiser Foundation Health Plan, Inc. was providing coverage to over 738,000 people through these government programs.</p> <p>ii Coverage provided through CHC CHC is a unique approach to caring for low-income uninsured persons in the community. The program provides a premium subsidy for a KFHP off exchange plan to low-income individuals and families who are not eligible for other public or privately sponsored coverage. Eligible participants receive a regular KFHP membership card and have access to the same services and providers as other KFHP individual and family plan members - a more effective alternative to a potentially costly emergency room visit or hospitalization. CHC members also receive cost sharing support that eliminates out of pocket costs for most covered services provided at Kaiser Permanente facilities. At the end of 2018, Kaiser Foundation Health Plan, Inc. was providing coverage to over 16,000 people through the CHC program.</p> <p>C Care To get and/or stay healthy, people need access to high quality care by providers they trust. This care must include preventative services and required medications so that people can avoid ending up in the emergency room or requiring more extensive services down the line. Kaiser Permanente helps low-income populations gain access to this type of care by leveraging the full scope of its integrated delivery system, including not only critical hospital-based services but also outpatient primary, specialty and pharmacy services.</p> <p>i Care provided through Medicaid, CHIP and other government programs Kaiser Permanente provides a wide range of health care services to individuals enrolled in Medicaid, CHIP and other government programs, regardless of whether they are assigned to Kaiser Permanente or not. In addition to the individuals who received health coverage in 2018 due to Kaiser Permanente's participation in these government programs, Kaiser Foundation Health Plan, Inc. also subsidized care to over 209,000 people who are enrolled in these programs but not formally assigned to Kaiser Foundation Health Plan, Inc.</p> <p>ii Care subsidized by MFA The MFA program helps low-income, uninsured, and underserved patients receive access to care. MFA provides temporary financial assistance or free care to qualified patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured. MFA is open to all eligible patients (members and nonmembers) who meet financial criteria based on household size and income and have exhausted all private or public health care coverage options. The program also includes support for programs that are designed to enable access to Kaiser Permanente</p>

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II Ensure Health Access	<p>services through coordination with community-based organizations that address the health needs of low-income, primarily uninsured populations. Over the course of 2018, Kaiser Foundation Health Plan, Inc. subsidized care to 137,000 people through the MFA program. D. Safety-Net Partnerships Kaiser Permanente is committed to building partnerships with the institutions that play a critical role in delivering health care for the uninsured and underserved, often referred to as the health care "safety-net." Through grants, training and technical assistance, we're working with safety-net hospitals and health centers to help these institutions reach those who are low-income, uninsured or under-resourced in our communities, and move the needle in eliminating health disparities. We do this by investing in quality improvement and other support efforts that aim to transform care and improve health access for those most in need. Specific examples of our efforts in 2018 include:</p> <ul style="list-style-type: none">- Kaiser Foundation Health Plan, Inc. funded a \$388,823 grant for the Transformation Accelerator program in 2018, the 3rd installment of a 5-year grant approved for \$1,004,860. The program assists community health centers in providing vulnerable populations with access to high quality care by building clinic capacity for quality improvement and innovation, clinical informatics and analytics, care redesign and financial management. In Northern California, this program has reached over 57,000 patients at 9 health centers since 2016. Participating clinics are building these capacities by implementing interventions focused on improving blood pressure control of patients with diabetes and hypertension, cervical cancer screening rates, pediatric dental sealant rates, and HIV services in the primary care setting.- Kaiser Foundation Health Plan, Inc. provided the National Council of Behavioral Health with \$487,500 in grant funding, as part of a 3-year grant approved for \$975,000. This funding supports the development of tools for health professionals to use trauma-informed, resilience-oriented approaches in the primary care setting. Over the course of 2019, seven organizations will implement these approaches.

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III Improve Conditions for Health and Equity	<p>A Summary of the Strategy Healthy communities are critical to the health and wellness of every person - and this has always been central to our mission That's why our strategy includes efforts to address the root causes of health, such as economic opportunity Where community needs are greatest, we make direct investments to create conditions for health and equity, because healthy individuals need healthy communities, and healthy communities need healthy people to thrive In 2018, Kaiser Foundation Health Plan, Inc spent a total of \$8.4 million on charitable contributions designed to improve conditions for health and equity</p> <p>B Health and Wellness in Schools Our efforts to support health in schools are part of how we are advancing our vision for total health - a holistic approach that emphasizes the social, environmental, behavioral, and clinical aspects that shape one's well-being Schools are passionate about ensuring that all students succeed They need strong partners to help them address health as part of their strategy That's why Kaiser Permanente created Thriving Schools, our all-in engagement to improve health for students, staff, and teachers Our vision is that every community can count on their school as a champion for good health that enables great learning Kaiser Permanente Thriving Schools is intentional about coordinating our own knowledge and existing work in school health with the good work of others Through our valued partnerships with some of the country's most innovative organizations, we are able to provide concrete resources and pathways to health in schools To create lasting change, we use our voice to advance local, regional, and national policies and a movement to make healthy schools the norm for everyone A distinguishing feature of Thriving Schools is our complementary focus we support students, staff, and teachers, and we address their physical, emotional, and social wellness This approach builds a culture of wellness across the entire school Specific examples of our efforts in 2018 include - Kaiser Foundation Health Plan, Inc funded the Waianae Coast Comprehensive Health Center for \$61,000 to continue support for, and expand access to, adolescent school-based health services on the Leeward Coast of Oahu The grant supports school-based health centers at two Title 1 schools (Nanakuli Intermediate and Nanakuli High Schools) to provide acute care, immunizations, health maintenance services, behavioral health services, and basic medications such as antibiotics At least 4,900 adolescents are expected to benefit throughout the school year</p> <p>C Health and Wellness in Cities The places where we live, learn, work, and play - our cities and towns, our schools, our homes, our neighborhoods - have an enormous impact on our health And how we shape those places, through public policy and the support for healthy environments, has the potential to make real, lasting impacts on our surroundings and our everyday quality of</p>

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III Improve Conditions for Health and Equity	<p>of life Through Kaiser Permanente's ongoing partnerships with community organizations, municipal leaders, and public health champions, we are working to incorporate health, equity and sustainability considerations into public policy and the built environment in ways that influence how neighborhoods take shape and grow. Specific examples of our efforts in 2018 include - Kaiser Permanente's partner, Safe Routes to School National Partnership, continued working in the Northern California and Southern California and Northwest regions to improve policies that shape the built environment and make it easier for children and adults to use active forms of transportation, such as walking and bicycling. Between 2017 and 2018, Kaiser Foundation Health Plan, Inc. committed over \$450,000 to Safe Routes to School National Partnership with \$229,820 paid in 2018. In 2018, their staff supported policy development and implementation of more than 10 policies and plans in cities, regional transportation commissions, and planning agencies - Kaiser Foundation Health Plan, Inc. funded \$80,000 to the Hawaii Public Health Institute (HIPHI) to promote education and awareness around community health policy and advocacy. Examples of key community health policy and advocacy efforts include healthy eating, increasing physical activity, promoting oral health, improving school-based health, and supporting social justice equity issues. Highlights from the 2018 legislative session included prohibiting the use of tobacco and electronic smoking devices on all 10 University of Hawaii campuses, \$15 million lump sum funding for homelessness, and funding for early intervention services and the Kupuna (elderly) Caregivers Program. D. Economic Opportunity Inclusive economic growth is critical to both individual and community health. When there is a lack of economic opportunity in communities, the prospects for upward social mobility are diminished, often resulting in poorer health and higher mortality rates for people living in those communities. By contrast, economic growth and opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances overtime. As a large, influential institution in our communities, Kaiser Permanente recognizes that the way we do business can support economic opportunity in local communities through how we hire, purchase, build our facilities and partner with communities. Specific examples of our efforts in 2018 include - Kaiser Permanente continued its commitment to source goods and services from the minority, women, veteran, and LGBTQ-owned business community as a member of the Billion Dollar Roundtable. As part of this commitment, we encouraged our own suppliers to also increase their sourcing of goods and services from the minority, women, veteran, and LGBTQ-owned business community. Furthermore, we also began to measure job creation that resulted from our procurement spending. In 2018, we fou</p>

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III Improve Conditions for Health and Equity	<p>nd that our procurement spending led our supplier partners to create new jobs E Housing and Homelessness Housing stability is a key factor in a person's overall health and well-being Without a safe, stable place to live, it is nearly impossible to maintain health or sustain health improvements achieved in a medical setting With homelessness affecting more than 550,000 people every day throughout our country, the need for safe, stable and affordable housing has never been greater Kaiser Permanente understands the connection between housing and health Our impact investments aim to create more affordable housing, reduce the displacement of lower- and middle-income households, and end homelessness by ensuring access to supportive housing Specific examples of our efforts in 2018 include - Kaiser Permanente committed to address the housing and homelessness crisis in our communities As part of that commitment, and working with Enterprise Community Partners, we launched the Housing for Health Equity Fund in the San Francisco Bay Area, which seeks to purchase currently affordable multi-family units This strategy will protect current residents and preserve affordable units in the current housing stock Also, with Enterprise Community Partners, we are supporting affordable housing development and preservation across all the communities in our service footprint - To promote positive policy reforms at the Federal level, Kaiser Permanente joined the "Mayors & CEOs for U.S. Housing Investment" in May 2018, a bipartisan coalition advocating for sustained and expanded investments in successful Federal programs addressing housing and homelessness Kaiser Foundation Health Plan, Inc's participation includes funding \$200,000 to help provide the League of Cities with the staffing needed to sustain the coalition</p>

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F Environmental Stewardship	<p>We believe it is our obligation as a health care provider to minimize our environmental impact. We embed efforts to be environmentally responsible throughout our organization - in how we power our facilities, purchase food and medical supplies and equipment, manage waste, and invest in our communities. We also prioritize partnerships with others to develop policies and systems that strengthen community health and protect our environment. In 2016, Kaiser Permanente adopted an ambitious set of environmental goals to guide the organization for the decade ahead. These goals have raised the bar on environmental responsibility, not just for Kaiser Permanente but for all health care organizations. Kaiser Permanente pledges that by 2025 it will</p> <ul style="list-style-type: none"> - Become "carbon net positive" by buying enough clean energy and carbon offsets to remove more greenhouse gases from the atmosphere than it emits - Buy all of its food locally or from farms and producers that use sustainable practices, including using antibiotics responsibly - Recycle, reuse or compost 100 percent of its non-hazardous waste - Reduce the amount of water it uses by 25 percent per square foot of buildings - Increase its purchase of products and materials that meet environmental standards to 50 percent - Meet international standards for environmental management at all of its hospitals - Pursue new collaborations to reduce environmental risks to the foodsheds, watersheds and air basins supplying its communities <p>Specific examples of our efforts in 2018 include</p> <ul style="list-style-type: none"> - Kaiser Permanente finalized an agreement for a major renewable energy purchase, enabling us to achieve our goal of becoming carbon neutral in 2020. Kaiser Permanente dedicated 14% of overall spending on products to items that met our Environmentally Preferable Purchasing standards and dedicated 34% of spending on food to items produced locally or from farms and producers that use sustainable practices, including using antibiotics responsibly - Kaiser Permanente Northern California region voluntarily purchased enough renewable electricity to match 35% of our billed electricity usage, including 3% that was matched by electricity generated by solar panels at our facilities - Kaiser Permanente Southern California region voluntarily purchased enough renewable electricity to match 50% of our billed electricity usage, including 3% that was matched by electricity generated by solar panels at Kaiser Permanente facilities - Kaiser Permanente Hawaii region reduced water use intensity (gallons/rentable square foot) by 27% compared to our 2013 baseline. <p>IV. Advance the Future of Community Health A. Summary of the Strategy Kaiser Permanente advances the future of community health by innovating with technology and social solutions. We need to increase our speed and capacity to respond to community needs and achieve equitable health outcomes. Innovation will increase our ability to identify, incubate and implement solutions to difficult community health</p>

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Return Reference	Explanation
F Environmental Stewardship	<p>alth problems We work in partnership with our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems by - Inspiring young people to pursue careers in health care - Conducting research to identify and eliminate disparities in care - Advancing health innovation and achieving greater and more equitable health outcomes In 2018, Kaiser Foundation Health Plan, Inc spent over \$6 50,000 on programs to advance the future of community health (at cost, net of all related revenues) B Health Professionals Education Our Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians The nationally acclaimed program attracts some of the top medical school graduates in the United States and serves as a national model by exposing future health care providers to an integrated health care delivery system Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care In 2018, Kaiser Foundation Health Plan, Inc supported 100 interns and residents through the GME program The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, ob/gyn, pediatrics, preventive medicine, and psychiatry In addition to GME, we provide a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals C Research Kaiser Permanente has a long history of conducting health research related to both prevention and treatment of disease that benefits its members, the communities it serves and the nation Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning Research activities are conducted at Kaiser Permanente's eight regional research centers and three national groups Kaiser Permanente Research Bank, Kaiser Permanente Center for Effectiveness & Safety Research, and Utility for Care Data Analysis In addition, the Kaiser Foundation Research Institute administers and supports research at the research centers Kaiser Permanente researchers study critical health issues including cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement Kaiser Permanente Research is broadly focused on 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</p>

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Return Reference	Explanation
F Environmental Stewardship	<p>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 its geographically and demographically diverse members</p> <p>D Advancing Innovation Despite our nation's best ef forts at addressing the myriad of challenges facing the health of our communities, we see that social, economic and health disparities among people continue to grow At Kaiser Perm anente, we're trying to shift that paradigm by working to advance conditions for health th rough the spread of best practices, innovation and technology Kaiser Permanente works in partnership with our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems Using technology as the backbo ne of our efforts, we are exploring new approaches for accelerating and scaling community health solutions to create greater impact Together, we are advancing health innovation an d achieving greater and more equitable health outcomes</p> <p>Specific examples of our efforts i n 2018 include - Kaiser Permanente partnered with The Public Good Projects (PGP) to launc h a strategy to reduce stigma and raise awareness around mental health conditions PGP Men tal Health campaign has three components which include Therapy Pets, Like One Another, and Mental Health Champions and each has its own audience</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a	<p>- VOTING MEMBERS AND GOVERNING BODY - The Executive Committee, composed of the Directors that are the chairs of the Board's other standing committees, has authority to act for the Board between meetings except it has no authority to</p> <p>a Fill vacancies on the Board or the Committee, b Fix the compensation of Directors for serving on the Board or any committee, c Adopt, amend or repeal Bylaws, d Amend or repeal any resolution of the Board which by its express terms cannot be amended or repealed by the Executive Committee, e Appoint committees of the Board or appoint the members thereof, or f Approve any aspect of a transaction involving the company when a Director has a material financial interest in that transaction, except as expressly provided by the law</p> <p>FORM 990, PART VI, LINE 4 Significant Changes to Governing Documents The Bylaws of the Corporation were amended in 2018 with the following significant changes On March 8, 2018, Article C, Section C-4 was amended to declassify the Board Beginning in 2018 upon the expiration of the term of each class, all independent directors are elected annually for one-year terms Previously, independent Directors were divided into three classes and their terms were staggered so that each year one class of independent directors was re-elected for a three-year term</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 HEALTH DEPARTMENT, 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12C	<p>COMPLIANCE ENFORCEMENT A REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICT S 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 AVAILABL E TO ALL EMPLOYEES AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ALL CA LLS 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 INVEST IGATIONS 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 HOTLI NE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITA LS BOARDS OF DIRECTORS ANNUALLY A2 THE NATIONAL COMPLIANCE OFFICE AND INTERNAL AUDIT SER VICES ANNUALLY REVIEW THE DIRECTORS', OFFICERS', KEY EMPLOYEES', AND EXECUTIVES' ANNUAL CO NFlicts OF INTEREST QUESTIONNAIRE DISCLOSURES AND PROVIDE DIRECTION ON ANY INVESTIGATIONS REQUIRED INVESTIGATIONS ARE DOCUMENTED, TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL CO NTROLS 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 O F DIRECTORS ANNUALLY, AND A3 ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, AN OUTSIDE C ERTIFIED PUBLIC ACCOUNTING FIRM REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES PR OCESS COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN A S 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 COMPIANC E COMMITTEE B REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTER EST 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 COLLECTI VE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES B2 KAISER PERMANEN TE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO 14 CORRECTIVE/DISCIPLINA RY 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 POLICI ES 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 TO CO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12C	CORRECT THE PROBLEM, - WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING, - PAID OR UNPAID SUSPENSION, 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 RESOURCES 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, Communications 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	- Other changes in net assets or fund balances - Change in Pension & Retirement Liabilities \$ 1,468,453,410 Capital Transfers - CY (11,473,053) Gain/Loss on Sale of Investments - Tax 76,300,438 Gain/Loss on Sale of Investments - Book (6,472,108) Other Than Temporary Impairment (289,087,196) Transfer to Affiliate 15,000,000 Total 1,252,721,491

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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 15L OAKLAND, CA 94612 20-2712661	HEALTH CARE	CA	558,976,471	56,640,541	NA
(2) ORDWAY INTERNATIONAL LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612	HOLDING CO	BD	15,000	9,633,672	NA
(3) ORDWAY INDEMNITY LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 90-0031974	INSURANCE	BD	5,988,647	31,560,249	ORDWAY INT'L
(4) RAINBOW DIALYSIS LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 27-0473737	Health Care	DE	7,118,218	4,352,604	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) OAK TREE ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP	3,367,981	108,374,623	100 000 %	Yes	
(2) KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP	122,452,360	181,487,979	100 000 %	Yes	
(3) KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3259432	REAL ESTATE	CA	NA	C CORP	0	0	100 000 %	Yes	
(4) KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0		Yes	
(5) GROUP HEALTH SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1392222	INACTIVE	WA	NA	C CORP	0	0		Yes	
(6) KFHP OF WASHINGTON OPTIONS INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1467158	INSURANCE	WA	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

1a Yes

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

1b Yes

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

1c Yes

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

1d Yes

e Loans or loan guarantees by related organization(s)

1e Yes

f Dividends from related organization(s)

1f No

g Sale of assets to related organization(s)

1g Yes

h Purchase of assets from related organization(s)

1h Yes

i Exchange of assets with related organization(s)

1i Yes

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

1j Yes

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

1k Yes

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

1l Yes

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

1m Yes

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

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

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

1r Yes

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

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

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
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-1105628	HEALTH CARE	CA	501(c)(3)	3	NA		No
ONE KAISER PLAZA 15L OAKLAND, CA 94612 84-0591617	HEALTH CARE	CO	501(c)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 58-1592076	HEALTH CARE	GA	501(c)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 52-0954463	HEALTH CARE	MD	501(c)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0798039	HEALTH CARE	OR	501(c)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-0511770	HEALTH CARE	WA	501(c)(3)	3	KFHPW HLDING	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299125	ASSET MGMT	CA	501(c)(3)	12-I	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299124	ASSET MGMT	CA	501(c)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299123	ADMIN	CA	501(c)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-2171891	WC PLACEMENT	HI	501(c)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(c)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501(c)(3)	12-I	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(c)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 81-4053028	MEDICAL EDU	CA	501(C)(3)	2	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0480268	HEALTH CARE	WA	501(C)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1216856	INACTIVE	WA	501(C)(3)	12-I	KFHP OF WA	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 82-3819611	ADVOCACY	CA	501(C)(4)	N/A	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1314907	INACTIVE	WA	501(c)(3)	12-I	KFHP OF WA	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	C	489,499	PER AGREEMENT
(1)	Kaiser Foundation Hospitals	I	107,857	PER AGREEMENT
(2)	Kaiser Foundation Hospitals	J	16,839,853,001	PER AGREEMENT
(3)	Kaiser Foundation Hospitals	K	24,134,090,959	PER AGREEMENT
(4)	Kaiser Foundation Hospitals	L	864,611,187	PER AGREEMENT
(5)	Kaiser Foundation Hospitals	M	12,989,516,437	PER AGREEMENT
(6)	Kaiser Foundation Hospitals	P	23,174,214,202	PER AGREEMENT
(7)	Kaiser Foundation Hospitals	Q	31,989,395,871	PER AGREEMENT
(8)	Kaiser Foundation Hospitals	R	24,350,426,379	PER AGREEMENT
(9)	Kaiser Foundation Hospitals	S	260,938,636	PER AGREEMENT
(10)	Camp Bowie Service Center	L	2,644,225	PER AGREEMENT
(11)	Camp Bowie Service Center	M	3,430,052	PER AGREEMENT
(12)	Camp Bowie Service Center	P	142,573,672	PER AGREEMENT
(13)	Camp Bowie Service Center	Q	13,096,956	PER AGREEMENT
(14)	Camp Bowie Service Center	R	162,056,866	PER AGREEMENT
(15)	Camp Bowie Service Center	S	70,657,472	PER AGREEMENT
(16)	1800 Harrison Foundation	A	3,526,947	PER AGREEMENT
(17)	Kaiser Fdn for the Adv of Integrated HC	B	15,000,000	PER AGREEMENT
(18)	Kaiser Permanente Insurance Company	A	204,949	PER AGREEMENT
(19)	Kaiser Permanente Insurance Company	L	143,211,006	PER AGREEMENT
(20)	Kaiser Permanente Insurance Company	M	131,759,327	PER AGREEMENT
(21)	Kaiser Permanente Insurance Company	P	549,890	PER AGREEMENT
(22)	Kaiser Permanente Insurance Company	Q	12,098,819	PER AGREEMENT
(23)	Kaiser Permanente Insurance Company	R	6,624,383	PER AGREEMENT
(24)	Kaiser Permanente Insurance Company	S	2,737,376	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	L	124,985,851	PER AGREEMENT
(1)	Lokahi Assurance Ltd	M	230,091,471	PER AGREEMENT
(2)	Lokahi Assurance Ltd	P	6,973,775	PER AGREEMENT
(3)	Lokahi Assurance Ltd	Q	160,504,990	PER AGREEMENT
(4)	Lokahi Assurance Ltd	R	41,937,800	PER AGREEMENT
(5)	Lokahi Assurance Ltd	S	2,521,600	PER AGREEMENT
(6)	Kaiser FDN Health Plan of the Northwest	L	135,546,372	PER AGREEMENT
(7)	Kaiser FDN Health Plan of the Northwest	M	13,550,430	PER AGREEMENT
(8)	Kaiser FDN Health Plan of the Northwest	P	27,955,071	PER AGREEMENT
(9)	Kaiser FDN Health Plan of the Northwest	Q	271,631,058	PER AGREEMENT
(10)	Kaiser FDN Health Plan of the Northwest	R	1,151,066,439	PER AGREEMENT
(11)	Kaiser FDN Health Plan of the Northwest	S	7,072,042	PER AGREEMENT
(12)	Kaiser FDN Health Plan of Washington	L	29,985,436	PER AGREEMENT
(13)	Kaiser FDN Health Plan of Washington	M	6,661,890	PER AGREEMENT
(14)	Kaiser FDN Health Plan of Washington	P	43,182,910	PER AGREEMENT
(15)	Kaiser FDN Health Plan of Washington	Q	70,233,364	PER AGREEMENT
(16)	Kaiser FDN Health Plan of Washington	R	212,045,204	PER AGREEMENT
(17)	Kaiser FDN Health Plan of Washington	S	55,113,810	PER AGREEMENT
(18)	Kaiser FDN Health Plan of Washington Options	L	3,770,186	PER AGREEMENT
(19)	Kaiser FDN Health Plan of Washington Options	P	32,731,195	PER AGREEMENT
(20)	Kaiser FDN Health Plan of Washington Options	Q	2,541,158	PER AGREEMENT
(21)	Kaiser FDN Health Plan of Washington Options	R	695,926	PER AGREEMENT
(22)	Kaiser FDN Health Plan of Washington Options	S	68,223	PER AGREEMENT
(23)	Kaiser FDN Health Plan of Colorado	L	129,270,769	PER AGREEMENT
(24)	Kaiser FDN Health Plan of Colorado	M	10,064,315	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 Colorado	P	77,220,062	PER AGREEMENT
(1)	Kaiser FDN Health Plan of Colorado	Q	157,997,958	PER AGREEMENT
(2)	Kaiser FDN Health Plan of Colorado	R	1,056,475,646	PER AGREEMENT
(3)	Kaiser FDN Health Plan of Colorado	S	5,944,615	PER AGREEMENT
(4)	KFHP of the Mid Atlantic States Inc	L	151,692,531	PER AGREEMENT
(5)	KFHP of the Mid Atlantic States Inc	M	4,516,324	PER AGREEMENT
(6)	KFHP of the Mid Atlantic States Inc	P	46,095,322	PER AGREEMENT
(7)	KFHP of the Mid Atlantic States Inc	Q	131,038,531	PER AGREEMENT
(8)	KFHP of the Mid Atlantic States Inc	R	1,514,062,949	PER AGREEMENT
(9)	KFHP of the Mid Atlantic States Inc	S	5,825,163	PER AGREEMENT
(10)	Kaiser FDN Health Plan of Georgia Inc	L	37,930,335	PER AGREEMENT
(11)	Kaiser FDN Health Plan of Georgia Inc	M	12,849,574	PER AGREEMENT
(12)	Kaiser FDN Health Plan of Georgia Inc	P	767,728,816	PER AGREEMENT
(13)	Kaiser FDN Health Plan of Georgia Inc	Q	134,074,615	PER AGREEMENT
(14)	Kaiser FDN Health Plan of Georgia Inc	R	444,209,680	PER AGREEMENT
(15)	Kaiser FDN Health Plan of Georgia Inc	S	1,730,050	PER AGREEMENT
(16)	Kaiser Permanente International	p	554,930	PER AGREEMENT
(17)	Kaiser Permanente International	S	495,768	PER AGREEMENT
(18)	Kaiser Health Plan Asset Management Inc	H	2,184,371	PER AGREEMENT
(19)	Kaiser Health Plan Asset Management Inc	K	56,244,315	PER AGREEMENT
(20)	Kaiser Health Plan Asset Management Inc	Q	887,553	PER AGREEMENT
(21)	Kaiser Health Plan Asset Management Inc	R	335,137	PER AGREEMENT
(22)	Kaiser Health Plan Asset Management Inc	S	6,608,146	PER AGREEMENT
(23)	Oak Tree Assurance Ltd	L	648,296	PER AGREEMENT
(24)	Oak Tree Assurance Ltd	P	80,755	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
(76) Oak Tree Assurance Ltd	Q	2,311,090	PER AGREEMENT
(1) Kaiser Permanente School of Medicine Inc	P	148,641	PER AGREEMENT
(2) Kaiser Permanente School of Medicine Inc	Q	148,641	PER AGREEMENT