

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: KAISER FOUNDATION HEALTH PLAN INC  
 % CHIEF ACCOUNTING OFFICER: Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: ONE KAISER PLAZA SUITE 15L  
 City or town, state or province, country, and ZIP or foreign postal code: OAKLAND, CA 94612

**D** Employer identification number: 94-1340523  
**E** Telephone number: (510) 271-6611  
**G** Gross receipts \$ 74,937,706,827

**F** Name and address of principal officer:  
 GREGORY A ADAMS  
 ONE KAISER PLAZA SUITE 15L  
 OAKLAND, CA 94612

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ www.kp.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1955 **M** State of legal domicile: CA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	28,879
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	347
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	5,940,639
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	6,512

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	58,512,193,717	62,244,776,774
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-76,288,931	270,634,722
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,694,116	3,930,020
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,440,598,902	62,519,341,516
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,838,199	252,192,527
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,485,451,786	3,461,206,788
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,619,014,197	57,241,811,446
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,133,304,182	60,955,210,761
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	307,294,720	1,564,130,755

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	21,329,155,107	24,115,349,346
<b>21</b> Total liabilities (Part X, line 26)	18,466,281,164	21,800,322,132
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,862,873,943	2,315,027,214

## Part II Signature Block

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2020-10-23  
 MICHAEL P WALTON CHIEF TAX OFFICER  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00438748  
 Firm's name ▶ PricewaterhouseCoopers LLP Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ 2001 MARKET ST SUITE 1800 Phone no. (267) 330-3000  
 PHILADELPHIA, PA 19103

**Part III Statement of Program Service Accomplishments**

Check 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 \$ 54,753,065,058 including grants of \$ 8,176,749 ) (Revenue \$ 60,074,146,394 )

See Additional Data

**4b** (Code: ) (Expenses \$ 3,012,336,043 including grants of \$ 0 ) (Revenue \$ 2,165,562,665 )

See Additional Data

**4c** (Code: ) (Expenses \$ 142,093,954 including grants of \$ 0 ) (Revenue \$ 5,067,715 )

See Additional Data

(Code: ) (Expenses \$ 303,285,193 including grants of \$ 244,015,778 ) (Revenue \$ 0 )

See Community Benefit Report in Sch O

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 303,285,193 including grants of \$ 244,015,778 ) (Revenue \$ 0 )

**4e Total program service expenses** ▶ 58,210,780,248

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, and 14.

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	22,224
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

<p><b>2a</b> 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 . . . . .</p>	<p><b>2a</b> 28,879</p>			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<p><b>2b</b></p>	<p>Yes</p>		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<p><b>3a</b></p>	<p>Yes</p>		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<p><b>3b</b></p>	<p>Yes</p>		
<p><b>4a</b> 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)? . . . . .</p>	<p><b>4a</b></p>	<p>Yes</p>		
<p><b>b</b> If "Yes," enter the name of the foreign country: <b>▶</b>BD , EI , AR , CI , KS , UY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<p><b>5a</b></p>		<p>No</p>	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p><b>5b</b></p>		<p>No</p>	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<p><b>5c</b></p>			
<p><b>6a</b> 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? . . . . .</p>	<p><b>6a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<p><b>6b</b></p>			
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>				
<p><b>a</b> 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? . . . . .</p>	<p><b>7a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<p><b>7b</b></p>			
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<p><b>7c</b></p>		<p>No</p>	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p><b>7e</b></p>		<p>No</p>	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<p><b>7f</b></p>		<p>No</p>	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<p><b>7g</b></p>			
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<p><b>7h</b></p>			
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<p><b>8</b></p>			
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>				
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<p><b>9a</b></p>			
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<p><b>9b</b></p>			
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .</p>	<p><b>10b</b></p>			
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<p><b>11b</b></p>			
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>	<p><b>12a</b></p>			
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p><b>12b</b></p>			
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>	<p><b>13a</b></p>			
<p><b>b</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 . . . . .</p>	<p><b>13b</b></p>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<p><b>14a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<p><b>14b</b></p>			
<p><b>15</b> 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? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b></p>	<p><b>15</b></p>	<p>Yes</p>		
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b></p>	<p><b>16</b></p>		<p>No</p>	

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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included in line 1a... 12; 2 Did any officer, director, trustee, or key employee have a family relationship... Yes; 3 Did the organization delegate control over management duties... No; 4 Did the organization make any significant changes to its governing documents... Yes; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... No; 6 Did the organization have members or stockholders... No; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... No; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... No; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body... Yes; 8b Each committee with authority to act on behalf of the governing body... Yes; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O... No

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? No; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Yes; 11b 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 Yes; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Yes; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Yes; 13 Did the organization have a written whistleblower policy? Yes; 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official Yes; 15b Other officers or key employees of the organization Yes; 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? No; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed CA. Row 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 [x] Upon request [x] Other (explain in Schedule O). Row 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. Row 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

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

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 11,022

Table with 3 rows (3, 4, 5) and 3 columns (Question, Yes, No) regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like Kaiser Foundation Hospitals and The Permanente Medical Group.

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 2,609



**Part VIII Statement of Revenue**

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

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

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> MEMBERS' DUES		900099	42,828,072,942	42,828,072,942		
<b>b</b> MEDICARE REVENUE		900099	15,468,689,940	15,468,689,940		
<b>c</b> SUPPLEMENTAL REVENUE		900099	1,861,949,186	1,861,949,186		
<b>d</b> NON-PLAN & INDUSTRY		900099	82,548,986	76,617,392	5,931,594	
<b>e</b> OTHER PROGRAM SVCS		900099	2,003,515,720	2,003,515,720		
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			62,244,776,774			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		17,787,941			17,787,941	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	1,168,347			
			(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
		<b>c</b> Rental income or (loss)	<b>6c</b>	1,168,347	0		
	<b>d</b> Net rental income or (loss) . . . . .			1,168,347			1,168,347
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	12,670,443,806	768,286		
			(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	12,417,513,147	852,164		
		<b>c</b> Gain or (loss)	<b>7c</b>	252,930,659	-83,878		
	<b>d</b> Net gain or (loss) . . . . .			252,846,781			252,846,781
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		0			
			<b>8b</b>	0			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			0		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0			
			<b>9b</b>	0			
		<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0			
<b>10b</b>			0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0			0
Miscellaneous Revenue		Business Code					
<b>11a</b> PARKING GARAGES		812930	2,761,673		9,045	2,752,628	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			2,761,673				
<b>12 Total revenue.</b> See instructions . . . . .			62,519,341,516	62,238,845,180	5,940,639	274,555,697	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	252,192,527	252,192,527		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	112,394,377	100,950,914	11,443,463	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	304,142	273,176	30,966	
<b>7</b> Other salaries and wages . . . . .	2,428,119,320	2,180,899,729	247,219,591	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	415,164,675	415,164,675		
<b>9</b> Other employee benefits . . . . .	316,890,624	213,741,503	103,149,121	
<b>10</b> Payroll taxes . . . . .	188,333,650	188,333,650		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	60,030,364		60,030,364	
<b>c</b> Accounting . . . . .	1,742,084		1,742,084	
<b>d</b> Lobbying . . . . .	769,500		769,500	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	15,611,898		15,611,898	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
<b>12</b> Advertising and promotion . . . . .	159,645,570	75,408,222	84,237,348	
<b>13</b> Office expenses . . . . .	51,689,621	41,371,396	10,318,225	
<b>14</b> Information technology . . . . .	3,122,196,388	2,627,105,470	495,090,918	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	285,969,526	285,891,929	77,597	
<b>17</b> Travel . . . . .	46,271,597	39,356,815	6,914,782	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	24,764,807		24,764,807	
<b>20</b> Interest . . . . .	25,182,861	25,182,861		
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	358,162,310	358,162,310		
<b>23</b> Insurance . . . . .	214,850,583	214,850,583		
<b>24</b> 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.)				
<b>a</b> BASIC CONTRACTUAL PAYMENTS	39,592,522,039	39,592,522,039		
<b>b</b> SUPPLIES	6,200,290,888	5,704,708,741	495,582,147	
<b>c</b> PURCHASED MEDICAL SERVICES	4,959,738,472	4,959,738,472		
<b>d</b> NON-MEDICAL PURCHASED SVC	1,352,155,467	726,750,682	625,404,785	
<b>e</b> All other expenses	770,217,471	208,174,554	562,042,917	
<b>25</b> Total functional expenses. Add lines 1 through 24e	60,955,210,761	58,210,780,248	2,744,430,513	0
<b>26</b> 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 Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	73,158,407	<b>1</b>	79,992,451
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	5,925,931,110	<b>4</b>	1,299,588,622
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	150,000	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	2,428,092	<b>7</b>	2,122,500
	<b>8</b> Inventories for sale or use . . . . .	235,602,833	<b>8</b>	223,105,635
	<b>9</b> Prepaid expenses and deferred charges . . . . .	57,853,908	<b>9</b>	95,703,105
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 10,021,190,853		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 4,757,301,187	4,843,034,360	<b>10c</b> 5,263,889,666
	<b>11</b> Investments—publicly traded securities . . . . .	9,015,504,061	<b>11</b>	10,240,278,364
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	311,600
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,175,492,336	<b>15</b>	6,910,357,403
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	21,329,155,107	<b>16</b>	24,115,349,346	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,582,543,149	<b>17</b>	6,102,300,208
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	704,298,755	<b>19</b>	723,954,229
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	12,179,439,260	<b>25</b>	14,974,067,695
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	18,466,281,164	<b>26</b>	21,800,322,132
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	-287,568,266	<b>30</b>	-284,041,319
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds	3,150,442,209	<b>31</b>	2,599,068,533
<b>32</b> Total net assets or fund balances . . . . .	2,862,873,943	<b>32</b>	2,315,027,214	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	21,329,155,107	<b>33</b>	24,115,349,346	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	62,519,341,516
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	60,955,210,761
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,564,130,755
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,862,873,943
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	507,194,849
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,619,172,333
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,315,027,214

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>		No
<p><b>b</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.</p>	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-1340523

**Name:** KAISER FOUNDATION HEALTH PLAN INC

Form 990 (2019)

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**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.

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**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 2019, APPROXIMATELY 737,000 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.

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**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 2019, THIS PROGRAM ASSISTED APPROXIMATELY 164,000 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 13,000 INDIVIDUALS WERE RECEIVING COMPREHENSIVE HEALTH CARE THROUGH THESE PROGRAMS AT THE END OF 2019.

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**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			
Bernard Tyson ..... Chairman & CEO	15.0 ..... 35.0	X		X				16,114,729	0	19,364,810
Kathryn Lancaster ..... EVP & CFO	15.0 ..... 35.0			X				6,221,959	0	498,376
Gregory Adams ..... Chairman & CEO	14.9 ..... 35.1	X		X				5,505,365	0	707,892
Arthur Southam ..... EVP, Health Plan Operations	24.0 ..... 26.0			X				5,331,038	0	506,745
Richard Daniels ..... EVP, Chief Information Officer	25.0 ..... 25.0			X				2,586,247	0	1,372,683
Julie Miller-Phipps ..... Region President - SCAL	24.5 ..... 25.5			X				2,265,177	0	1,411,757
Janet Liang ..... Regional President - NCAL	25.0 ..... 25.0			X				2,155,864	0	1,386,842
Patrick Courneya ..... EVP, Chief Medical Officer	22.5 ..... 27.5			X				1,751,323	0	1,238,244
Charles Columbus ..... SVP, Chief HR Officer	25.0 ..... 25.0			X				2,568,164	0	192,629
Mark Zemelman ..... SVP, General Counsel & Secy	18.0 ..... 32.0			X				2,074,271	0	328,680



**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			
Wade Overgaard ..... SVP, Health Plan Ops - CA	40.0 ..... 10.0			X				1,826,621	0	415,863
Paul Swenson ..... SVP, Chief Strategy Officer	45.0 ..... 5.0			X				1,943,187	0	155,186
Kathryn Beiser ..... SVP Chf Communications Officer	45.0 ..... 5.0			X				1,567,330	0	478,464
Chuck Bevilacqua ..... SVP, Health Plan Svc & Admin	35.0 ..... 15.0			X				1,664,238	0	376,489
James Simpson ..... Region President - GA	0.0 ..... 50.0						X	1,647,644	0	322,345
George Disalvo ..... SVP, CFO - SCAL	25.0 ..... 25.0				X			1,646,585	0	242,502
Peter Andrade ..... SVP, Sales & Acct Mgmt - CA	50.0 ..... 0.0					X		1,518,994	0	270,324
Anthony Barrueta ..... SVP, Government Relations	25.0 ..... 25.0			X				1,277,566	0	456,601
Donald Orndoff ..... SVP, NFS	15.0 ..... 35.0			X				1,556,215	0	176,921
Michael Rowe ..... SVP, Chf Bus Dev & Strat Exec	40.0 ..... 10.0					X		1,420,058	0	292,114

**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			
Roland Lyon ..... SVP, Natl Del System Strategy	50.0 ..... 0.0					X		1,259,869	0	319,706
Thomas Hanenburg ..... SVP, Chief Operating Officer	25.0 .....				X			1,248,508	0	255,713
Laird Burnett ..... VP, Govt Relations-DC Office	50.0 .....					X		1,191,688	0	269,788
Arlene Peasnell ..... Interim SVP, Chief HR Officer	25.0 .....			X				1,091,088	0	347,414
Thomas Meier ..... SVP, Corporate Treasurer	18.0 ..... 32.0			X				1,177,748	0	260,343
William Caswell ..... SVP, Operations	0.0 .....						X	1,144,707	0	212,272
Chandrika Bhalla ..... SVP, CFO - NCAL	50.0 ..... 25.0				X			1,040,064	0	305,846
Christine Paige ..... SVP, Marketing & Internet Svcs	50.0 ..... 0.0				X			988,077	0	348,420
Laurel Junk ..... SVP, Enterprise Shared Svcs	40.0 ..... 10.0			X				1,039,388	0	282,228
Vanessa Benavides ..... SVP,Chf Compliance & Priv. Off	30.0 ..... 20.0			X				1,058,543	0	257,086

**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			
Bechara Choucair ..... SVP, Chief Cmty Health Officer	25.0 ..... 25.0			X				983,868	0	326,601
Dennis Dabney ..... SVP, Labor Relations	50.0 ..... 0.0					X		1,072,166	0	221,710
Thomas Curtin Jr ..... SVP, Natl Sales & Account Mgmt	50.0 ..... 0.0				X			1,043,581	0	230,650
Mick Diede ..... SVP, Chief Actuary	50.0 ..... 0.0				X			956,890	0	287,702
Ronald Vance ..... Interim Regional President HI	10.0 ..... 40.0			X				285,000	901,875	0
Alfonse Upshaw ..... SVP, Corporate Controller & CAO	16.0 ..... 34.0			X				948,792	0	200,172
Tami Lamp ..... SVP, Chief HR Officer	25.0 ..... 25.0			X				1,111,557	0	25,770
David Underriner ..... Region President - HI	25.0 ..... 25.0			X				987,719	0	19,237
John Yamamoto ..... Assistant Secretary	25.0 ..... 25.0						X	657,242	0	337,340
Robert Beltch ..... Chief Audit Executive	50.0 ..... 0.0						X	748,718	0	236,595



**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			
Margaret E Porfido J ..... Director	2.0 ..... 4.0	X						277,262	24,500	-23,196
Edward YW Pei ..... Director	3.5 ..... 4.0	X						252,531	0	19,000
Cynthia A Telles PHD ..... Director	3.2 ..... 6.5	X						261,108	9,500	-6,498
Leslie S Heisz ..... Director	2.0 ..... 3.0	X						253,287	0	8,494
Judith A Johansen JD ..... Director	4.0 ..... 5.0	X						261,375	11,500	-13,027
Regina M Benjamin MD ..... Director	3.0 ..... 5.5	X						219,168	0	36,843
Ramon F Baez ..... Director	2.0 ..... 3.9	X						235,530	14,500	1,555
Maryann Bodayle ..... Assistant Secretary	22.0 ..... 28.0			X				177,929	0	69,541
Richard P Shannon MD ..... Director	2.0 ..... 3.5	X						235,500	0	8,391
David J Barger ..... Director	3.5 ..... 6.5	X						227,000	0	4,554



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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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 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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	300	0	0	0	300
<b>2</b> 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	48,338,326,786	50,920,804,003	53,893,843,796	58,503,926,388	62,238,845,180	273,895,746,153
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	48,338,326,786	50,920,804,303	53,893,843,796	58,503,926,388	62,238,845,180	273,895,746,453
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</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
<b>c</b> Add lines 7a and 7b.						0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						273,895,746,453

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6.	48,338,326,786	50,920,804,303	53,893,843,796	58,503,926,388	62,238,845,180	273,895,746,453
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,196,928	92,291,557	2,557,927	2,094,048	18,956,288	189,096,748
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
<b>c</b> Add lines 10a and 10b.	73,196,928	92,291,557	2,557,927	2,094,048	18,956,288	189,096,748
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,785,620	2,886,478	2,857,288	2,381,299	6,512	10,917,197
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,289,802	2,502,273	2,430,220	2,591,860	2,752,628	12,566,783
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	48,416,599,136	51,018,484,611	53,901,689,231	58,510,993,595	62,260,560,608	274,108,327,181
<b>14 First five years.</b> 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 <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.922 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	99.886 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.069 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17	<b>18</b>	0.104 %

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	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>		
	<b>1</b>		
<b>2</b>	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>		
	<b>2</b>		
<b>3a</b>	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>		
	<b>3a</b>		
<b>b</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>		
	<b>3b</b>		
<b>c</b>	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>		
	<b>3c</b>		
<b>4a</b>	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>		
	<b>4a</b>		
<b>b</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>		
	<b>4b</b>		
<b>c</b>	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>		
	<b>4c</b>		
<b>5a</b>	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>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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>		
	<b>6</b>		
<b>7</b>	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>		
	<b>7</b>		
<b>8</b>	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>		
	<b>8</b>		
<b>9a</b>	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>		
	<b>9a</b>		
<b>b</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>		
	<b>9b</b>		
<b>c</b>	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>		
	<b>9c</b>		
<b>10a</b>	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>		
	<b>10a</b>		
<b>b</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>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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>		
<b>2</b>	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>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</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>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**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
---	--

**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.

<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

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
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....	Yes		25,000
<b>d</b>	Mailings to members, legislators, or the public? .....	Yes		10,000
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		1,282,430
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		2,765,926
<b>j</b>	Total. Add lines 1c through 1i .....			4,083,356
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**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.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 and 5-6 regarding donor advised funds.

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding conservation easements, with a sub-table for 'Held at the End of the Year'.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

**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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**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
<b>1a</b> Land . . . . .		805,100,693		805,100,693
<b>b</b> Buildings . . . . .		6,311,746,130	2,987,877,840	3,323,868,290
<b>c</b> Leasehold improvements		1,211,477,310	890,631,542	320,845,768
<b>d</b> Equipment . . . . .		662,308,264	460,144,257	202,164,007
<b>e</b> Other . . . . .		1,030,558,456	418,647,548	611,910,908
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				5,263,889,666

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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) OPERATING LEASE ROU ASSETS	688,650,194
(2) BROKER RECEIVABLE	226,425,179
(3) EQUITY IN SUBS	30,198,969
(4) LT DEPOSITS	141,800,227
(5) DUE FROM AFFILIATES	5,761,525,068
(6) OTHER CURRENT ASSETS	33,855,018
(7) OTHER LONG-TERM ASSETS	27,902,748
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	6,910,357,403

**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) Federal income taxes	0
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	14,974,067,695

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

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

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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" on Form 990, Part IV, line 14b.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	1			12,859,000
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	0	1			12,859,000



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**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	0	1	Program Services	PP&L INSURANCE	5,913,000
Central America and the Caribbean	0	0	Conduct board meetings		5,000

**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	0	0	Investments		5,662,000
East Asia and the Pacific	0	0	Investments		1,279,000

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization KAISER FOUNDATION HEALTH PLAN INC

Employer identification number 94-1340523

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 149
3 Enter total number of other organizations listed in the line 1 table 14

**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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA ST STE B290 HONOLULU, HI 96819	99-0254581	501(c)(3)	119,130				Kind2Kupuna & Mobile Assessment Center (MAC)
ALL ABOUT SACRAMENTO COMMUNITY FUND AMW CONSULTING SACRAMENTO, CA 95816	82-3048635	501(c)(3)	12,500				State of the City Project

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Alliance for a Healthier Generation Inc PO Box 4800 Unit 16 Portland, OR 97208	27-2028308	501(c)(3)	649,553				Project Support
ALZHEIMERS ASSOCIATION 550 W ALLUVIAL AVE STE 106 FRESNO, CA 93711	13-3039601	501(c)(3)	24,500				Walk to End Alzheimer's Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC 1101 SYLVAN AVE STE C105 MODESTO, CA 95350	13-1788491	501(c)(3)	51,500				Transportation Program for San Joaquin County & Re
American Heart Association 7425 N Palm Bluffs Fresno, CA 93711	13-5613797	501(c)(3)	33,450				2019 Oahu, Maui and Hilo Heart Walks

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN LEADERSHIP FORUM 1601 RESPONSE RD 350 SACRAMENTO, CA 95815	91-1792774	501(c)(3)	12,500				2018 All Access & Exemplary Leaders Dinner
American Nurses Foundation 8515 Georgia Ave Silver Spring, MA 20910	13-1893924	501(c)(3)	500,000				Project Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS KERN CHAPTER 5035 GILMORE AVE BAKERSFIELD, CA 93308	53-0196605	501(c)(3)	7,234				The Bash
ARRIVE ALIVE CALIFORNIA INC PO BOX 660213 SACRAMENTO, CA 95866	82-4462362	501(c)(3)	40,000				Real DUI Court in Schools Program

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Asian & Pacific Islander American Health 1 Kaiser Plaza Suite 850 Oakland, CA 94612	94-3030866	501(c)(3)	10,500				2019 VOICES Conference
ASIAN PACIFIC YOUTH LEADERSHIP PROJECT 3064 Mill Oak Way Sacramento, CA 95833	94-3167910	501(c)(3)	8,889				Sponsorship of 2019 Asian Pacific Youth Leadership

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASIAN RESOURCES INC 5100 EL PARAISO AVE SACRAMENTO, CA 95824	94-2658135	501(c)(3)	7,500				Event Support
BLUE LINE ARTS 405 VERNON ST STE 100 ROSEVILLE, CA 95678	94-1690631	501(c)(3)	11,000				Capital Dance Project

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF COACHELLA VALLEY 42600 COOK ST PALM DESERT, CA 92211	95-6122699	501(c)(3)	8,330				Event Sponsorship
BOYS AND GIRLS CLUB OF HAWAII 345 QUEEN ST STE 900 HONOLULU, HI 96813	99-6005407	501(c)(3)	54,000				Teen Healthy Living and other support



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF MAUI INC 100 KANALOA AVE KAHULUI, HI 96732	99-0272347	501(c)(3)	40,000				Triple Play for Great Futures
BRING CHANGE 2 MIND 155 SANSOME ST SAN FRANCISCO, CA 94104	01-0974537	501(c)(3)	25,000				Revels & Revelations

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ca Asian Pacific Chamber of Commerce 2331 Alhambra Bld Sacramento, CA 95817	38-3737264	501(c)(6)	10,000				Corporate Sponsorship Inspiring Level
Ca Hispanic Chamber of Commerce 1510 J St Suite 110 Sacramento, CA 95814	68-0046058	501(c)(6)	10,000				2019 Partnership

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ca State Conference of the NAACP 1215 E St Suite 1609 Sacramento, CA 95814	95-4617376	501(c)(4)	10,000				2019 CA HI State NAACP Convention
CALIFORNIA CENTER 1220 H ST STE 102 SACRAMENTO, CA 95814	23-7182049	501(c)(3)	10,000				She Shares

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALIFORNIA EXPOSITION & STATE FAIR 1600 EXPOSITION BLVD SACRAMENTO, CA 95815	94-6032535	Government or P	15,000				KP Farm, Official Partner of Year-Round School Tou
CALIFORNIA STATE UNIVERSITY SACRAMENTO 3000 STATE UNIV DR Sacramento, CA 95819	68-0365325	501(c)(3)	16,000				Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPAIGN FOR SUSTAINABLE RX PRICING 1341 G ST NW STE 1100 Washington, DC 20005	82-4482629	501(c)(6)	375,000				Commitment to CRSxP
CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I ST NW STE 1200 Washington, DC 20005	52-1969967	501(c)(3)	10,000				Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Center for Environmental Health 2201 BROADWAY Suite 508 OAKLAND, CA 94612	94-3251981	501(c)(3)	85,000				Project Support
Center for Health Care Strategies 3470 Quakerbridge Rd Mercerville, NJ 08619	22-3375015	501(c)(3)	350,000				Project Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP SAN RAFAEL, CA 94903	68-0101012	501(c)(3)	11,000				4th Annual Heart of Napa Awards
CENTRAL CALIFORNIA WOMENS CONFERENCE 1660 KT CT ATWATER, CA 95301	77-0178140	501(c)(3)	15,250				Central California Women's Conference

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Central City Association of Los Angeles 626 Wilshire Bld Los Angeles, CA 90017	95-0691090	501(c)(6)	10,000				26th Annual Treasures of LA 2020
CENTRAL WEST BALLET 5039 PENTECOST DR STE B2 MODESTO, CA 95356	77-0154765	501(c)(3)	15,000				Productions of The Nutcrackers and Romeo & Juliet



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CHICANO & LATINO YOUTH LEADERSHIP PO Box 161566 Sacramento, CA 95816	94-3069819	501(c)(3)	10,000				Chicano Latino Youth Leadership Project
Child and Family Service 91-1841 Ft Weaver Rd Ewa Beach, HI 96706	99-0073483	501(c)(3)	8,550				A Night on Broadway, CFS Takes the Stage to Celebr

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CHRISTMAS IN THE PARK INC 171 BRANHAM LN SAN JOSE, CA 95136	77-0046955	501(c)(3)	10,000				Christmas in the Park
CITY OF BELLFLOWER 16600 CIVIC CENTER DR BELLFLOWER, CA 90706	95-6005896	Government or P	6,500				Event Sponsorship

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CITY OF FAIRFIELD 1000 WEBSTER ST FLR 2 FAIRFIELD, CA 94533	94-6000331	Government or P	15,000				Homeless Intervention Team
City of Santa Monica-Civic Wellbeing 1685 Main St 209 Santa Monica, CA 90401	95-6000790	Government Or P	7,500				Wellbeing Summit Sponsorship

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CITY OF VACAVILLE 91 TOWN SQ VACAVILLE, CA 95688	94-6000447	Government or P	6,850				Active Aging
CITY OF VALLEJO 555 SANTA CLARA STREET VALLEJO, CA 94590	94-6000448	Government or P	10,000				Let's Move, Vallejo!

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CLEAN PRODUCTION ACTION INC 1310 BROADWAY101 SOMERVILLE, MA 02144	45-3560728	501(c)(3)	85,000				Project Support
COLLEGE TRACK 2450 Alhambra Blvd Sacramento, CA 95817	94-3279613	501(c)(3)	23,000				Reach for the Sky - Sponsorship 2019

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COMMUNITY INITIATIVES 1000 BROADWAY STE 480 OAKLAND, CA 94607	94-3255070	501(c)(3)	158,333				Project Support
Community Partners 1000 N Alameda St240 Los Angeles, CA 90012	95-4302067	501(c)(3)	170,000				Project Support

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Concordia College Corporation 901 8th St S Moorhead, MN 56562	41-0693977	501(c)(3)	15,000				Board Matching Gift
Convergence Center for Policy Resolution 1133 19th Street NW410 Washington, DC 20036	32-0280279	501(c)(3)	50,000				Project Support

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Council for Native Hawaiian Advancement 91-1270 Kinoiki StBldg1 Kapolei, HI 96707	91-0313383	501(c)(3)	9,400				18th Annual Native Hawaiian Convention
COUNCIL ON AGING SERVICES FOR SENIORS DBA COUNCIL ON AGING SANTA ROSA, CA 95404	94-6138714	501(c)(3)	12,500				Sonoma Wine Country Games



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CROCKER ART MUSEUM ASSOCIATION 216 O STREET SACRAMENTO, CA 95814	94-2552486	501(c)(3)	20,000				Crocker Ball
CSAC Finance Corporation 1100 K Street STE 101 Sacramento, CA 95814	94-3010425	501(c)(4)	25,000				Platinum Level Partnership 7/19-6/20

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Domestic Violence Action Center PO Box 3198 Honolulu, HI 96801	99-0290389	501(c)(3)	6,000				Mens March Against Violence
Dunwoody United Methodist Church Inc 1548 Mount Vernon Rd Dunwoody, GA 30338	58-1994231	501(c)(3)	12,500				Board Matching Gift

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East Bay Community Foundation 200 Frank Ogawa Plaza Oakland, CA 94612	94-6070996	501(c)(3)	230,000,000				Grants/Donation
ELK GROVE YOUTH SPORTS FOUNDATION 9630 BRUCEVILLE106 172 ELK GROVE, CA 95757	26-3779055	501(c)(3)	20,000				Running of The Elk Half Marathon

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EMERGENCY FOOD BANK 7 W SCOTTS AVE STOCKTON, CA 95203	68-0002165	501(c)(3)	28,500				Event Sponsorship
EVIDENCE FOR HEALTHCARE IMPROVEMENT 2 Liberty SQ Fl 9 Boston, MA 02109	46-3250612	501(c)(3)	150,000				Grant Support

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FILIPINO COMMUNITY OF SOLANO COUNTY INC 611 AMADOR ST VALLEJO, CA 94590	94-1670796	501(c)(3)	7,500				Vallejo Pista sa Nayon Celebration
GALLO CENTER FOR THE ARTS 1000 I ST MODESTO, CA 95354	56-2607443	501(c)(3)	50,000				KP Presenting Sponsor at the Gallo Center for the

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

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Golden State Warriors Community Fdn 1011 Broadway Oakland, CA 94607	45-4001645	501(c)(3)	10,000,000				Generation Thrive Grant
Governor's Inaugural Fund 2019 1414 K St Suite 250 Sacramento, CA 95814	83-2449702	501(c)(4)	200,000				Governor's Inaugural Celebration Events

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Greater LA African American Chamber 5120 W Goldleaf Cr Los Angeles, CA 90056	95-4357302	501(c)(6)	10,000				26th Annual Economic Awards
Hawaii Alliance of Nonprofit Organization 1020 S Beretania St Honolulu, HI 96814	99-0073497	501(c)(3)	8,680				2019 HANOCON & Awards

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Hawaii Appleseed Center for LEJ 733 Bishop St Ste1180 Honolulu, HI 96813	76-0748976	501(c)(3)	7,130				15th Anniversary Artists for Appleseed
HAWAII FOOD BANK 2611 KILIHOU STREET HONOLULU, HI 96819	99-0220699	501(c)(3)	7,500				Region Wide Food Drive



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HAWAII HOMELESS HEALTHCARE HUI 1301 PUNCHBOWL ST 406 HONOLULU, HI 96813	82-3190718	501(c)(3)	50,000				H4 Healthcare for Homeless
HAWAII INTERGENERATIONAL NETWORK 1300 KAILUA RD KAILUA, HI 96734	99-0325624	501(c)(3)	55,000				Hawaii Home Sharing

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HAWAII PUBLIC HEALTH INSTITUTE 850 RICHARDS ST HONOLULU, HI 96813	68-0637054	501(c)(3)	97,500				Advancing Health Policy and Advocacy in Hawaii
Hawaii Women's Legal Foundation PO Box 2576 Honolulu, HI 96803	99-0217537	501(c)(3)	11,000				HWLF 29th Annual Fundraising Gala ""Swashbuckler S

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HAWAIIAN COMMUNITY ASSETS INC 200 N VINEYARD BLVD HONOLULU, HI 96817	99-0348767	501(c)(3)	50,000				Hawaii Housing Affordability Coalition
HAYWARD CHAMBER OF COMMERCE 22561 MAIN ST HAYWARD, CA 94541	94-1018823	501(c)(6)	5,850				Hayward Mariachi Festival and Other Events

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Health Care Without Harm 12355 Sunrise Valley Dr680 Reston, VA 20191	52-2358837	501(c)(3)	50,000				Project Support
HEALTHY AGING ASSOCIATION 3500 COFFEE RD STE 19 MODESTO, CA 95355	77-0546574	501(c)(3)	10,000				Healthy Aging and Fall Prevention Summit

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HEALTHY COOKING WITH KIDS INC 180 OLIVE BRANCH CT BENICIA, CA 94510	45-3957719	501(c)(3)	10,000				SOFITCITY Fitness Festival 2019
HEALTHY SCHOOLS CAMPAIGN 175 N FRANKLIN ST300 CHICAGO, IL 60606	36-4308068	501(c)(3)	130,000				Project Support

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HHERF 707 RICHARDS ST PH 2 HONOLULU, HI 96813	51-0172774	501(c)(3)	15,000				Hawaii Healthcare Scholarships
HONOLULU CIVIL BEAT INC 3465 WAIALAE AVE STE 200 HONOLULU, HI 96816	81-2803662	501(c)(3)	30,000				Health Reporter

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HONOLULU THEATRE FOR YOUTH 1149 BETHEL ST STE 700 HONOLULU, HI 96813	99-0107563	501(c)(3)	30,000				HTY Healthy Living
HOPE BUILDERS 801 N BROADWAY SANTA ANA, CA 92701	59-3816355	501(c)(3)	10,000				Event Sponsorship

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Hospice Hawaii 860 IWILEI RD Honolulu, HI 96817	99-0203930	501(c)(3)	10,000				Na Hoa Malama
INFO LINE OF SAN DIEGO COUNTY 3860 CALLE FORTUNADA SAN DIEGO, CA 92123	33-1029843	501(c)(3)	62,500				Sponsorship



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JVS 225 BUSH ST 400 SAN FRANCISCO, CA 94104	94-2213100	501(c)(3)	22,875				Strictly Business Awards Luncheon
KA HALE A KE OLA HOMELESS RESOURCE 670 WAIALE RD WAILUKU, HI 96793	99-0301740	501(c)(3)	13,000				Central Children's Playground

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KAHOOMIKI 1493 HALEKOA DRIVE HONOLULU, HI 96821	47-0890686	501(c)(3)	30,000				Keiki Rainbow Run
KUPU 677 ALA MOANA BLVD 1200 HONOLULU, HI 96813	51-0652665	501(c)(3)	25,000				Hawaii Youth Sustainability Challenge

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LA Latino Chamber of Commerce 334 S Grand 33th fl Los Angeles, CA 90071	26-2949706	501(c)(6)	15,000				Contributions: Fundraising Event Speakers Series
LAEDC-LA County Economic Development Corp 444 Flower St 37th Los Angeles, CA 90071	95-3643339	501(c)(3)	10,000				Silver Sponsor

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League of California Cities 1400 K St Suite 400 Sacramento, CA 95814	94-6000835	501(c)(4)	20,000				2019 League Partner & 5 Caucus Groups
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR 200 RYE BROOK, NY 10573	13-5644916	501(c)(3)	12,500				Light The Night

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LIVING HOPE CHURCH OF DIXON PO BOX 9 DIXON, CA 95620	68-0481980	501(c)(3)	7,000				Awareness Conference: Mental Health & Suicide
Los Angeles Area Chamber of Commerce 351 SBixel Street Los Angeles, CA 90017	95-0947860	501(c)(6)	20,000				Bizcon Silver Supporter

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LOS ANGELES CITY COLLEGE 855 N VERMONT AVE LOS ANGELES, CA 90029	95-6207819	GOVERNMENT	8,750				Event Sponsorship
LOS CIEN SONOMA COUNTY INC PO BOX 14513 SANTA ROSA, CA 95402	47-4474273	501(c)(3)	15,000				First Annual Puente & Ganas Awards/Fundraiser

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MAKE A WISH FOUNDATION 2800 CLUB CENTER DR SACRAMENTIO, CA 95835	68-0027351	501(c)(3)	10,000				Walk For Wishes
MAKE-A-WISH ORANGE COUNTY AND THE 3230 EL CAMINO REAL IRVINE, CA 92602	33-0036556	501(c)(3)	8,500				Event Sponsorship

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March of Dimes Foundation 1580 Makaloa St Ste 1200 Honolulu, HI 96814	13-1846366	501(c)(3)	20,000				Annual Gala and 2019 March for Babies
Maui Economic Development Board 1305 N Honopono St Ste 1 Kihei, HI 96753	99-0226377	501(c)(3)	13,980				MEDB's Ke Alahele Education Fund Dinner & Auction



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Mayor's Fund for Los Angeles 200 N Spring St Los Angeles, CA 90012	47-1084641	501(c)(3)	25,000				L.A. Women's Summit 2019
Memorial Sloan Kettering Cancer Ctr 885 Second Ave 8th Fl New York, NY 10017	13-1924236	501(c)(3)	250,000				Health Policy study

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Morehouse School of Medicine 720 Westview Drive SW Atlanta, GA 30310	58-1438873	501(c)(3)	501,250				Project Support
Muscular Dystrophy Association 1221 Kapiolani Blvd220 Honolulu, HI 96814	13-1665552	501(c)(3)	5,800				MDA 20th Annual Spring Soiree

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

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NA LEI WILI AREA HEALTH EDUCATION CENTER 4442 HARDY ST STE 205 LIHUE, HI 96766	99-0337948	501(c)(3)	112,000				Using Best Practices to Promote Community Health o
NAACP Pasadena-fiscal TIDES PO Box 29903 San Francisco, CA 94129	51-0198509	501(c)(3)	10,000				2019 Ruby McKnight Willams Awards

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAMI 3803 N Fairfax Dr100 Arlington, VA 22203	43-1201653	501(c)(3)	50,000				National Alliance on Mental Illness Convention Spo
NAMI SOLANO COUNTY PO BOX 3334 FAIRFIELD, CA 94533	94-3024777	501(c)(3)	10,000				NAMI Solano County 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)	50,000				Kaiser Permanente Napa Valley Marathon Fiscal Spo
NATIONAL ALLIANCE TO END HOMELESSNESS 1518 K St NW 2nd Fl Washington, DC 20005	52-1299641	501(c)(3)	25,000				Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL CARES MENTORING MOVEMENT INC 162 West 56th St405 New York, NY 10019	32-0207585	501(c)(3)	22,500				Sponsorship
National Council for Behavioral Health 1400 K St NW 400 Washington, DC 20005	23-7092671	501(c)(3)	91,000				NATCON sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL HEALTH LAW PROGRAM INC 1444 I ST NW STE 1105 Washington, DC 20005	95-3080847	501(c)(3)	75,000				Core Support
National Kidney Foundation of Hawaii 1314 S King St Ste1555 Honolulu, HI 96814	99-0266733	501(c)(3)	15,000				5th Annual NKFH Great Gatsby Gala

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL LAW CENTER ON HOMELESSNESS 2000 M ST NW STE 210 Washington, DC 20036	52-1633883	501(c)(3)	25,000				Sponsorship
National Network of Public Health Inst 1100 POYDRAS ST 950 NEW ORLEANS, LA 70163	72-1505359	501(c)(3)	7,500				Sponsorship



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

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New Venture Fund 1201 Connecticut Ave300 Washington, DC 20036	20-5806345	501(c)(3)	200,000				Coalition for California's Children General Operat
NEXT CITY INC 1500 JFKENNEDY 1220 PHILADELPHIA, PA 19102	22-3886361	501(c)(3)	25,000				Next City Vanguard Conference

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NGA Center for Best Practice 444 N CAPITOL ST267 Washington, DC 20001	23-7391796	501(c)(3)	250,000				State & Local Partnership for Student wellbeing &
NORTHSIDE CENTER FOR CHILD DEVELOPMENT 152 W 57TH ST FL 52 New York, NY 10019	13-1656679	501(c)(3)	15,000				Donation to event

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

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Partnership for a Healthier America 1203 19th St NW300 Washington, DC 20036	27-1712188	501(c)(3)	50,000				Project Support
Polynesian Voyaging Society 10 SAND ISLAND PKWY Honolulu, HI 96819	23-7302232	501(c)(3)	8,965				Na Kilo Lani - Gala Fundraiser

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

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PROJECT VISION HAWAII 1110 NUUANU AVE HONOLULU, HI 96817	27-2831637	501(c)(3)	56,200				HiEHiE Hospitality Project
Public Health Advocates PO Box 2309 STOCKTON, CA 95617	95-4723901	501(c)(3)	10,000				Sponsorship

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Public Health Institute 555 12th St 10th Fl Oakland, CA 94607	94-1646278	501(c)(3)	25,000				Sponsorship
READ TO ME STOCKTON 1346 E HARDING WAY STOCKTON, CA 95205	47-4909364	501(c)(3)	25,000				Mailing of 12,500 children's books

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

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REGENTS UC BERKELEY 2195 Hearst Ave Rm 120 Berkeley, CA 94720	94-6002123	Government or P	70,950				UC Berkeley - Journalism Fellowship
REINVENT STOCKTON FOUNDATION 110 N SAN JOAQUIN ST STOCKTON, CA 95202	82-1005719	501(c)(3)	10,000				Stockton Scholars Signing Day

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

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RIVERSIDE UNIVERSITY HEALTH SYSTEM PO BOX 9850 MORENO VALLEY, CA 92552	33-0374018	501(c)(3)	12,500				Event Sponsorship
SACRAMENTO CONVENTION & VISITORS BUREAU 1608 I ST SACRAMENTO, CA 95814	94-0824640	Government or P	26,500				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 LGBT COMMUNITY CENTER 1927 L ST SACRAMENTO, CA 95811	94-2502229	501(c)(3)	12,500				365 Days of Pride
San Diego LGBT 3909 Centre Street San Diego, CA 92103	23-7332048	501(c)(3)	10,000				Event Sponsorship



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SAN FRANCISCO RECREATION & PARK DEPT MCLAREN LODGE SAN FRANCISCO, CA 94117	94-6000417	Government or P	25,000				2019 San Francisco Recreation and Park's Seasonal
SAN JOAQUIN COUNTY MEDICAL SOCIETY INC 3031 WEST MARCH 222-W STOCKTON, CA 95219	94-1220674	501(c)(6)	10,000				Young Physician Lifetime Achievement Award Dinner

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

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SANTA CRUZ COMMUNITY FARMERS MARKETS PO BOX 8189 SANTA CRUZ, CA 95061	77-0471336	501(c)(6)	7,500				Event Series
Shrine of the Holy Cross Parish Daphne 612 Main Street Daphne, AL 36526	47-3618645	501(c)(3)	7,500				Board Matching Gift

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SIERRA COLLEGE FOUNDATION 5100 SIERRA COLLEGE BLVD ROCKLIN, CA 95677	23-7241877	501(c)(3)	25,000				A Taste of Excellence, Sierra Promise, BSN Gap Sch
Smithsonian Institution 1000 Jefferson Dr SW Washington, DC 20560	53-0206027	501(c)(3)	175,000				Sponsorship

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SOLANO COUNTY HEALTH & SOCIAL SERVICES 675 TEXAS ST STE 6500 FAIRFIELD, CA 94533	94-6000538	Government or P	7,000				Mental Health Day
SPEEDWAY CHILDRENS CHARITIES 29355 ARNOLD DR SONOMA, CA 95476	56-1331429	501(c)(3)	6,500				Children's Champion Sponsor

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

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STANISLAUS COUNTY OFFICE OF EDUCATION 1100 H ST MODESTO, CA 95354	94-6002388	Government or P	25,000				Support to Foothill Horizons Outdoor Edu Ctr
STATE OF HAWAII DEPARTMENT OF EDUCATION 46-169 KAMEHAMEHA HWY KANEHOE, HI 96744	99-0266482	Government Or P	19,960				Various District Fitness Meet

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SUSAN G KOMEN ORANGE COUNTY 2817 MCGAW AVE IRVINE, CA 92614	33-0487943	501(c)(3)	9,250				Event Sponsorship
THE EXPLORATORIUM PIER 17 SUITE 100 San Francisco, CA 94111	94-1696494	501(c)(3)	15,000				Board Matching Gift

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

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THE LEAVEN 2220 BOYNTON AVE STE A FAIRFIELD, CA 94533	26-3653717	501(c)(3)	12,000				The Leaven Annual Gala
The Salvation Army 2950 Manoa Road Honolulu, HI 96822	94-1156347	501(c)(3)	7,500				Army of Hope Gala

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TIBA FOUNDATION 344 20th St9D Oakland, CA 94612	20-1102853	501(c)(3)	10,000				Sponsorship of the 2019 Tiba Foundation Gala
Tides Center 1012 Torney Avenue San Francisco, CA 94129	94-3213100	501(c)(3)	90,000				Project Support



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TOURO UNIVERSITY CALIFORNIA 1310 CLUB DR VALLEJO, CA 94592	13-3838740	501(c)(3)	24,500				Mosaic Celebration - Lamplighter Gala & Awards
Trust for America's Heath 1730 M St NW 900 Washington, DC 20036	52-2257066	501(c)(3)	100,000				Project Support

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

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UNITED NEGRO COLLEGE FUND 220 MONTGOMERY ST SAN FRANCISCO, CA 94104	13-1624241	501(c)(3)	30,000				UNCF A Mind Is Gala and Innovation Summit
UNITED WAY OF SAN JOAQUIN 777 N PERSHING AVE 2B STOCKTON, CA 95203	94-1279805	501(c)(3)	65,000				HealthForce Partners Northern San Joaquin Valley

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

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UNITED WAY OF SANTA CRUZ COUNTY 4450 CAPITOLA RD STE 106 CAPITOLA, CA 95010	94-1422471	501(c)(3)	7,000				Multiple United Way Events and Projects
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE ST 105 HONOLULU, HI 96822	99-0085260	501(c)(3)	95,900				Wai at School Phase 5 Oahu & Big Island 1 & other support

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

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UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 95211	94-1156266	501(c)(3)	62,500				Beyond our Gates E Note: Combined with San Francisco Dept of the Environment
UNIVERSITY OF WASHINGTON GrantCract Acct12455 C Chicago, IL 60693	91-6001537	GOVERNMENT	171,326				Kaiser Disease Burdens Research

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

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VACAVILLE POLICE ACTIVITIES LEAGUE 660 MERCHANT ST VACAVILLE, CA 95688	91-1779367	501(c)(3)	8,500				15th Annual Vacaville Police Activities League Act
VACAVILLE SOCIAL SERVICES CORPORATION 267 BENNETT HILL CT VACAVILLE, CA 95688	68-0364021	501(c)(3)	10,000				29th Annual Festival of Trees

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

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VALLEY VISION INC 2320 BROADWAY SACRAMENTO, CA 95818	94-3214572	501(c)(3)	10,000				Valley Vision's 25th Anniversary Celebration
VOLUNTEER CENTER OF SONOMA 153 STONY CIR STE 100 SANTA ROSA, CA 95401	94-1751375	501(c)(3)	20,000				Corporate Partner sponsorship to support the Volun

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

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WAIANAE DISTRICT COMPREHENSIVE HEALTH 86-260 Farrington Hwy WAIANAE, HI 96792	99-0148164	501(c)(3)	56,200				Improving Youth Access to School-Based Healthcare
Washington State University Foundation PO Box 641927 Pullman, WA 99164	91-1075542	501(c)(3)	30,000				Board Matching Gift

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

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WETA 3939 Campbell Ave Arlington, VA 22206	53-0242992	501(c)(3)	3,250,000				Execution of Mental Health Sponsorship
WORKING PARTNERSHIP USA 2102 ALMADEN RD SAN JOSE, CA 95125	77-0387535	501(c)(3)	10,000				Annual Partners Convening and Labor Movement Holid



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

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YOUNG MENS CHRISTIAN ASSOCIATION 625 S NEW HAMPSHIRE AVE LOS ANGELES, CA 90005	95-1644052	501(c)(3)	11,479				Healthy Kids Day and the 30th Kids to Camp Golf To
YOUNG WOMENS CHRISTIAN ASSOCIATION 1040 RICHARDS ST HONOLULU, HI 96813	99-0073534	501(c)(3)	54,504				Economic Opportunities and Leadership Development and other support

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

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YOUTH SPORTS SOLUTIONS 136 MOSSGLEN CIR SACRAMENTO, CA 95826	82-1189062	501(c)(3)	10,000				Arik Armstead Free Youth Football Camp

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

OMB No. 1545-0047

**2019**

**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 Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<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)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b> Yes	
<b>2</b> 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 on Line 1a?	<b>2</b> Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> 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.	<b>7</b> Yes	
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
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 AND 21 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. CEOS 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 2 OFFICERS AND 1 HIGHLY COMPENSATED EMPLOYEE FOR RELOCATION IN CONFORMITY WITH THE LAW. PROVIDED ON A LIMITED BASIS AS COMPENSATION.
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.
Schedule J, Part I, Line 4A	- Severance Payments - Tami Lamp \$ 72,459 David Underriner 92,308 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.
Schedule J, Part I, Line 4B	- Supplemental NonQualified Retirement Plan Payments - Gregory Adams \$ 501,612 Peter Andrade 481,685 Robert Belch 56,922 Laird Burnett 479,232 William Caswell 84,396 Charles Columbus 1,130,390 Patrick Courneya 391,885 Thomas Curtin Jr. 67,762 Dennis Dabney 81,069 Richard Daniels 312,548 George Disalvo 145,008 Kathryn Lancaster 3,257,380 Gerald A. Mccall 82,776 Thomas Meier 79,722 Julie Miller-Phipps 310,731 Donald Orndoff 605,306 Wade Overgaard 164,986 Christine Paige 64,353 Arlene Peasnell 54,832 James Simpson 713,728 Arthur Southam 2,350,243 Paul Swenson 614,479 Bernard Tyson 1,079,066 Matthew Weber 49,985 John Yamamoto 52,212 Mark Zemelman 239,768 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.
Schedule J, Part I, Line 7	- NON-FIXED PAYMENTS - THE ORGANIZATION PROVIDED NON-FIXED PAYMENTS TO SOME OF THE PERSONS LISTED. PAYMENTS WERE MADE UNDER DISCRETIONARY BONUS PROGRAMS AND 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.
Schedule J, Part II, Column C	THE ACTUARIAL VALUE FOR SOME INDIVIDUALS' BENEFIT PLAN DECLINED IN 2019, RESULTING IN NEGATIVE VALUES IN COLUMN (C) IN SOME INSTANCES.
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, DISTRIBUTION FROM A 457 (B) PLAN THAT WERE PREVIOUSLY REPORTED AS REPORTABLE COMPENSATION IN ACCORDANCE WITH FORM 990 INSTRUCTIONS.
PART VII, LINE 5 COMPENSATION FROM AN UNRELATED ORGANIZATION	ONE OFFICER RECEIVED COMPENSATION FROM AN UNRELATED ORGANIZATION, ALVAREZ & MARSAL HOLDINGS, LLC.

**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				
1Gregory Adams Chairman & CEO	(i)	1,311,861	3,637,446	556,058	681,386	26,506	6,213,257	1,174,224
	(ii)	0	0	0	0	0	0	0
1Peter Andrade SVP, Sales & Acct Mgmt - CA	(i)	434,405	562,489	522,100	242,557	27,767	1,789,318	458,748
	(ii)	0	0	0	0	0	0	0
2Ramon F Baez Director	(i)	222,000	0	13,530	1,555	0	237,085	0
	(ii)	14,500	0	0	0	0	14,500	0
3David J Barger Director	(i)	227,000	0	0	4,554	0	231,554	0
	(ii)	0	0	0	0	0	0	0
4Mary Ann Barnes Region President - HI	(i)	0	143,745	9,315	0	0	153,060	0
	(ii)	0	0	0	0	0	0	0
5Anthony Barraeta SVP, Government Relations	(i)	476,664	759,021	41,881	433,858	22,743	1,734,167	0
	(ii)	0	0	0	0	0	0	0
6Raymond Baxter SVP, CB Research & Hlth Policy	(i)	0	102,909	12,700	39,447	0	155,056	0
	(ii)	0	0	0	0	0	0	0
7Kristin Bear Assistant Secretary	(i)	238,589	117,747	12,739	195,193	19,787	584,055	0
	(ii)	0	0	0	0	0	0	0
8Kathryn Beiser SVP Chf Communications Officer	(i)	452,538	564,897	549,895	446,962	31,502	2,045,794	0
	(ii)	0	0	0	0	0	0	0
9Robert Belтч Chief Audit Executive	(i)	390,181	261,202	97,335	211,214	25,381	985,313	0
	(ii)	0	0	0	0	0	0	0
10Vanessa Benavides SVP,Chf Compliance & Priv. Off	(i)	448,467	560,813	49,263	236,769	20,317	1,315,629	0
	(ii)	0	0	0	0	0	0	0
11Regina M Benjamin MD MBA Director	(i)	210,500	0	8,668	36,843	0	256,011	0
	(ii)	0	0	0	0	0	0	0
12Chuck Bevilacqua SVP, Health Plan Svc & Admin	(i)	773,320	865,615	25,303	350,814	25,675	2,040,727	0
	(ii)	0	0	0	0	0	0	0
13Chandrika Bhalla SVP, CFO - NCAL	(i)	575,962	444,490	19,612	277,153	28,693	1,345,910	0
	(ii)	0	0	0	0	0	0	0
14Maryann Bodayle Assistant Secretary	(i)	162,592	13,052	2,285	59,564	9,977	247,470	0
	(ii)	0	0	0	0	0	0	0
15Laird Burnett VP, Govt Relations-DC Office	(i)	395,062	296,316	500,310	242,367	27,421	1,461,476	0
	(ii)	0	0	0	0	0	0	0
16William Caswell SVP, Operations	(i)	566,862	448,651	129,194	188,489	23,783	1,356,979	0
	(ii)	0	0	0	0	0	0	0
17Bechara Choucair SVP, Chief Cmty Health Officer	(i)	518,350	414,572	50,946	304,173	22,428	1,310,469	24,211
	(ii)	0	0	0	0	0	0	0
18Charles Columbus SVP, Chief HR Officer	(i)	230,517	1,175,960	1,161,687	182,369	10,260	2,760,793	1,130,390
	(ii)	0	0	0	0	0	0	0
19Patrick Courneya EVP, Chief Medical Officer	(i)	594,720	716,678	439,925	1,214,561	23,683	2,989,567	282,719
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
<b>21</b> Thomas Curtin Jr SVP, Natl Sales & Account Mgmt	(i)	445,184	490,216	108,181	198,850	31,800	1,274,231	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> Dennis Dabney SVP, Labor Relations	(i)	380,104	569,644	122,418	202,469	19,241	1,293,876	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> Richard Daniels EVP, Chief Information Officer	(i)	824,474	1,391,759	370,014	1,334,363	38,320	3,958,930	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Mick Diede SVP, Chief Actuary	(i)	442,043	474,485	40,362	264,852	22,850	1,244,592	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> George Disalvo SVP, CFO - SCAL	(i)	626,267	829,725	190,593	219,939	22,563	1,889,087	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Jeffrey E Epstein Director	(i)	243,000	0	8,395	-26,164	0	225,231	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> Daniel Garcia SVP, Chief Compliance Officer	(i)	0	0	58,564	0	0	58,564	49,611
	(ii)	0	0	0	0	0	0	0
<b>7</b> Bernice Gould Assistant Secretary	(i)	208,314	24,065	2,566	187,578	10,678	433,201	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> William Graber Director	(i)	0	0	10,284	0	0	10,284	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> Amy Gutierrez SVP, Chief Pharmacy Officer	(i)	414,090	169,282	43,415	134,041	30,795	791,623	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> Thomas Hanenburg SVP, Chief Operating Officer	(i)	647,884	557,820	42,804	228,287	27,426	1,504,221	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> Leslie S Heisz Director	(i)	235,500	0	17,787	8,494	0	261,781	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> David F Hoffmeister Director	(i)	222,000	0	12,880	-3,793	0	231,087	0
	(ii)	0	0	0	0	0	0	0
<b>13</b> Judith A Johansen JD Director	(i)	252,000	0	9,375	-13,027	0	248,348	0
	(ii)	11,500	0	0	0	0	11,500	0
<b>14</b> Laurel Junk SVP, Enterprise Shared Svcs	(i)	546,353	467,317	25,718	265,055	17,173	1,321,616	0
	(ii)	0	0	0	0	0	0	0
<b>15</b> Kim J Kaiser Director	(i)	0	0	0	0	0	0	0
	(ii)	26,300	0	13,160	0	0	39,460	0
<b>16</b> Tami Lamp SVP, Chief HR Officer	(i)	291,211	550,000	270,346	14,000	11,770	1,137,327	0
	(ii)	0	0	0	0	0	0	0
<b>17</b> Kathryn Lancaster EVP & CFO	(i)	1,110,792	1,801,204	3,309,963	482,339	16,037	6,720,335	2,480,584
	(ii)	0	0	0	0	0	0	0
<b>18</b> Janet Liang Regional President - NCAL	(i)	901,432	1,208,753	45,679	1,351,044	35,798	3,542,706	0
	(ii)	0	0	0	0	0	0	0
<b>19</b> Roland Lyon SVP, Natl Del System Strategy	(i)	508,767	658,824	92,278	292,052	27,654	1,579,575	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				
41Gerald A McCall SVP, Operations	(i)	268,737	448,651	100,289	13,499	11,509	842,685	0
	(ii)	0	0	0	0	0	0	0
1Thomas Meier SVP, Corporate Treasurer	(i)	488,751	565,117	123,880	226,729	33,614	1,438,091	0
	(ii)	0	0	0	0	0	0	0
2Julie Miller-Phipps Region President - SCAL	(i)	931,027	991,580	342,570	1,388,524	23,233	3,676,934	0
	(ii)	0	0	0	0	0	0	0
3Donald Orndoff SVP, NFS	(i)	445,801	478,235	632,179	148,482	28,439	1,733,136	576,482
	(ii)	0	0	0	0	0	0	0
4Wade Overgaard SVP, Health Plan Ops - CA	(i)	768,317	865,615	192,689	383,419	32,444	2,242,484	0
	(ii)	0	0	0	0	0	0	0
5Christine Paige SVP, Marketing & Internet Svcs	(i)	415,235	446,620	126,222	324,137	24,283	1,336,497	0
	(ii)	0	0	0	0	0	0	0
6Arlene Peasnell Interim SVP, Chief HR Officer	(i)	504,768	283,912	302,408	328,576	18,838	1,438,502	0
	(ii)	0	0	0	0	0	0	0
7Edward YW Pei Director	(i)	238,000	0	14,531	19,000	0	271,531	0
	(ii)	0	0	0	0	0	0	0
8Margaret E Porfido JD Director	(i)	257,000	0	20,262	-23,196	0	254,066	0
	(ii)	24,500	0	0	0	0	24,500	0
9Frank Richardson Assistant Secretary - HI	(i)	249,511	112,400	22,948	200,778	30,064	615,701	0
	(ii)	0	0	0	0	0	0	0
10Rochelle Roth Assistant Secretary	(i)	172,901	49,992	2,261	128,451	18,048	371,653	0
	(ii)	0	0	0	0	0	0	0
11Michael Rowe SVP, Chf Bus Dev & Strat Exec	(i)	632,824	760,937	26,297	260,376	31,738	1,712,172	80,822
	(ii)	0	0	0	0	0	0	0
12Richard P Shannon MD Director	(i)	235,500	0	0	8,391	0	243,891	0
	(ii)	0	0	0	0	0	0	0
13James Simpson Region President - GA	(i)	536,844	351,637	759,163	284,048	38,297	1,969,989	679,741
	(ii)	0	0	0	0	0	0	0
14Arthur Southam EVP, Health Plan Operations	(i)	1,115,013	1,813,133	2,402,892	475,052	31,693	5,837,783	1,916,554
	(ii)	0	0	0	0	0	0	0
15Paul Swenson SVP, Chief Strategy Officer	(i)	645,746	627,127	670,314	129,523	25,663	2,098,373	585,218
	(ii)	0	0	0	0	0	0	0
16Cynthia A Telles PHD Director	(i)	248,000	0	13,108	-6,498	0	254,610	0
	(ii)	9,500	0	0	0	0	9,500	0
17Bernard Tyson Chairman & CEO	(i)	1,597,794	13,057,701	1,459,234	19,325,730	39,080	35,479,539	2,727,724
	(ii)	0	0	0	0	0	0	0
18David Underriner Region President - HI	(i)	516,144	344,861	126,714	0	19,237	1,006,956	126,776
	(ii)	0	0	0	0	0	0	0
19Alfonse Upshaw SVP, Corporate Controller & CAO	(i)	463,195	446,852	38,745	179,095	21,077	1,148,964	0
	(ii)	0	0	0	0	0	0	0



<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>61</b> Ronald Vance Interim Regional President HI	(i)	285,000	0	0	0	0	285,000	0
	(ii)	901,875	0	0	0	0	901,875	0
<b>1</b> Cesar Villalpando SVP, Enterprise Shared Svcs	(i)	0	211,698	0	268,565	0	480,263	0
	(ii)	0	0	0	0	0	0	0
<b>2A</b> Eugene Washington MD Director	(i)	229,500	0	2,545	-8,669	0	223,376	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Matthew Weber Assistant Secretary	(i)	325,337	155,050	68,759	180,954	28,139	758,239	39,755
	(ii)	0	0	0	0	0	0	0
<b>4</b> John Yamamoto Assistant Secretary	(i)	348,338	236,942	71,962	307,825	29,515	994,582	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Philip Young Jr Assistant Secretary	(i)	328,707	260,121	17,767	244,848	28,669	880,112	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy	(i)	264,788	101,619	17,527	260,726	26,177	670,837	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> Mark Zemelman SVP, General Counsel & Secy	(i)	733,254	1,044,587	296,430	290,533	38,147	2,402,951	0
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 instructions and the latest information.

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 section 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.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (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.	181,268	COMPENSATION		No
(2) KAREN VILLALPANDO	FAM. Mbr OF Fmr Key Empl.	107,193	COMPENSATION		No
(3) RACHEL OVERGAARD	FAM. Mbr OF Current Officer	15,681	COMPENSATION		No

**Part V Supplemental Information**

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

Return Reference	Explanation

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

**2019**

**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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4A-4D</p>	<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 AMERICAS 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 HEALTH CARE. AMONG THE INNOVATIONS KAISER PERMANENTE HAS BROUGHT TO U.S. HEALTH CARE ARE: - PREP AID 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 12.2 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 PERMANENTES APPROACH TO COMMUNITY HEALTH FOR 75 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 DOCTORS 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 OR BY</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4A-4D</p>	<p>OUR SAFETY-NET PARTNERS WITH INTEGRATED CLINICAL AND SOCIAL SERVICES; - IMPROVING CONDITIONS FOR HEALTH AND EQUITY BY ENGAGING MEMBERS, COMMUNITIES, AND KAISER PERMANENTES WORKFORCE AND ASSETS; AND - ADVANCING THE FUTURE OF COMMUNITY HEALTH BY INNOVATING WITH TECHNOLOGY AND SOCIAL SOLUTIONS. C. KAISER PERMANENTES TOTAL CONTRIBUTION KAISER PERMANENTE PROVIDED \$3.4 BILLION IN COMMUNITY BENEFITS IN 2019. THE AMOUNTS ATTRIBUTABLE TO KAISER FOUNDATION HEALTH PLAN, INC. IS \$1.3 BILLION AS FOLLOWS: - FINANCIAL ASSISTANCE AT COST - \$137 MILLION - MEDICAID - \$841.2 MILLION - COSTS OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS - \$5.6 MILLION - COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS \$40.3 MILLION - HEALTH PROFESSIONS EDUCATION - \$506,000 - RESEARCH - \$18.5 MILLION - CASH AND IN-KIND CONTRIBUTIONS FROM COMMUNITY BENEFIT - \$244 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" STRATEGY INCLUDES OUR WIDELY RECOGNIZED ACTIVITIES AROUND SUPPLIER DIVERSITY, SOCIALLY RESPONSIBLE INVESTING AND ENVIRONMENTAL STEWARDSHIP. II. ENSURE HEALTH ACCESS A. SUMMARY OF THE STRATEGY ENSURING HEALTH ACCESS MEANS SERVING THOSE MOST IN NEED OF HEALTH CARE THROUGH MEDICAID, MEDICAL FINANCIAL ASSISTANCE, CHARITABLE HEALTH COVERAGE, AND OTHER FORMS OF SUBSIDIZED CARE AND COVERAGE. IT ALSO MEANS CONNECTING PEOPLE WITH WRAP-AROUND SOCIAL SERVICES, HEALTHY MEALS, AFFORDABLE HOMES, SAFE PLAYGROUNDS, AND SUPPORTIVE SCHOOLS. FOR MANY LOW-INCOME PEOPLE WITHOUT ACCESS TO HEALTH CARE COVERAGE, OR FOR THOSE WHO LOSE THEIR JOBS AND CANT MAINTAIN HEALTH CARE COVERAGE, AN EMERGENCY ROOM IS OFTEN THE ONLY PLACE THEY RECEIVE CARE. AT KAISER PERMANENTE, WE WERE WORKING TO CHANGE THAT WITH PROGRAMS THAT LOWER FINANCIAL BARRIERS BY PROVIDING DEEPLY SUBSIDIZED HEALTH COVERAGE AND MEDICAL FINANCIAL ASSISTANCE FOR CARE. WE ALSO PROVIDE INFORMATION ABOUT HOW TO ACCESS AND QUALIFY FOR PUBLIC PROGRAMS SUCH AS MEDICAID AND FINANCIAL ASSISTANCE THROUGH THE MARKETPLACE TO INDIVIDUALS WHO MAY BE ELIGIBLE. 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 CHILDRENS 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 PERMANENTES TRADITION</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4A-4D	<p>AL 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 AND CARE PROGRAMS DESCRIBED ABOVE. IN 2019, KAISER FOUNDATION HEALTH PLAN, INC. SPENT A TOTAL OF \$983.8 MILLION ON OUR COVERAGE AND CARE PROGRAMS (AT COST, NET OF ALL RELATED REVENUES). IN ADDITION, IT PROVIDED \$10.2 MILLION IN GRANTS TO HELP IMPROVE HEALTH ACCESS CHALLENGES, INCLUDING BUT NOT LIMITED TO FUNDING KEY SAFETY-NET PARTNER ORGANIZATIONS. B. COVERAGE HAVING HEALTH COVERAGE MEANS CONSISTENT ACCESS TO COMPREHENSIVE AND CONTINUOUS MEDICAL AND PREVENTATIVE SERVICES FOR PEOPLE TO GET AND STAY HEALTHY, A MUCH BETTER ALTERNATIVE TO EPISODIC CARE AT EMERGENCY DEPARTMENTS. COVERAGE IS GOOD FOR THE PATIENT, GOOD FOR KAISER PERMANENTE AND GOOD FOR THE US OVERALL BECAUSE IT HELPS PEOPLE GET AND STAY HEALTHY AND AVOID COSTLY HOSPITAL SERVICES. I. 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 US POPULATION. 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 2019, KAISER FOUNDATION HEALTH PLAN, INC. WAS PROVIDING COVERAGE TO APPROXIMATELY 737,000 PEOPLE THROUGH THESE GOVERNMENT PROGRAMS. 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. CHC MEMBERS ALSO RECEIVE COST SHARING SUPPORT THAT ELIMINATES OUT OF POCKET COSTS FOR MOST COVERED SERVICES PROVIDED AT KAISER PERMANENTE FACILITIES. CHC PROVIDES INDIVIDUALS/FAMILIES WHO WOULD OTHERWISE NOT HAVE ACCESS TO COVERAGE, CONSISTENT ACCESS THROUGH THE "FRONT DOOR" OF THE HEALTH DELIVERY SYSTEM, INCLUDING A MEDICAL HOME AND PREVENTIVE SERVICES, BETTER ALTERNATIVES THAN EPISODIC CARE. AT THE END OF 2019, KAISER FOUNDATION HEALTH PLAN, INC. WAS PROVIDING COVERAGE TO OVER 13,000 PEOPLE THROUGH THE CHC PROGRAM.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
C. Care	<p>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>iii. 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 2019 due to Kaiser Permanente's participation in these government programs, Kaiser Foundation Health Plan, Inc. also subsidized care to approximately 208,000 people who are enrolled in these programs but not formally assigned to Kaiser Foundation Health Plan, Inc.</p> <p>iv. Care subsidized by MFA Medical Financial Assistance program (MFA) helps low-income, uninsured, and underserved patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured. The MFA program is one of the most generous in the health care industry and is available to those patients in greatest need. Eligibility is based on financial need. In general, patients whose household income is at or below 200 per cent, and in some regions up to 400 percent, of the federal poverty guidelines are eligible for the MFA program. Patients who are experiencing high medical expenses as compared to their income may be eligible under high medical expenses criteria, regardless of household income. The MFA program covers emergency and medically necessary health care services, pharmacy services and products, and medical supplies provided at Kaiser Permanente facilities (i.e. hospitals, medical centers, and medical office buildings), at Kaiser Permanente outpatient pharmacies, or by Kaiser Permanente providers. Over the course of 2019, Kaiser Foundation Health Plan, Inc. subsidized care for approximately 164,000 people through the MFA program.</p> <p>D. Social Health: Thrive Local As an integrated health system committed to total health, Kaiser Permanente must not only provide excellent medical care and health services, it must also address social health for Kaiser Permanente members and in our communities. To help address unmet social needs, Kaiser Permanente is deploying Thrive Local in each of its regions. Thrive Local integrates clinical and social care and is supported by data integration and partnerships with community-based organizations. Thrive Local consists of three components: a resource</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
C. Care	<p>directory that provides current, up-to-date and searchable information on community resources; geographically-based community partner networks of social service organizations; and a technology platform that allows for two-way referrals between health care providers and social care providers. By linking clinical and social care delivery and building social health networks for our members and the communities we serve, Kaiser Permanente is making a bold move to transform health. Specific example(s) of our efforts in 2019 include: Kaiser Permanente convened leaders of Federally Qualified Health Centers and public hospitals in Northern California to solicit their input on how most effectively to integrate safety net health providers into the Community Networks in their respective geographies. Kaiser Permanente will continue this engagement and expand it to Southern California to ensure that the needs of the safety net are met as Thrive Local is implemented. Kaiser Foundation Health Plan, Inc. launched a partnership with OCHIN, a nonprofit health care innovation center that serves safety net organizations with the technology, research, and expertise to improve health care delivery and integration. The partnership supports the implementation of a social service resource locator tool at community health centers to enable them to better connect their vulnerable patients to social needs resources. The partnership launched with five health centers serving approximately 160,000 patients in the Portland metro area. E. Safety-Net Partnerships Kaiser Permanente is committed to building partnerships with the institutions that serve on the front lines of health care for the uninsured and underserved, often referred to as the health care "safety net." Through grants, training, and technical assistance, we are working with safety-net hospitals and health centers to help these institutions reach people in our communities who are low-income, uninsured, or under-resourced. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan, Inc. provided a \$56,200 grant to Waianae Coast Comprehensive Health Center (WCCHC), a Federally Qualified Health Center that provides services to low-income, homeless, uninsured and underinsured individuals. This funding will be used to support acute and behavioral health care at 3 school-based health centers, serving 4 schools in Waianae and Nanakuli. This program will tailor and implement a culturally informed anti-bullying/suicide prevention program that will impact at least 60% of students. Annually, the school-based health centers have over 2,000 encounters with students for primary and behavioral health services. III. Improve Conditions for Health and Equity A. Summary of the Strategy Healthy individuals need healthy communities, and healthy communities need healthy people to thrive. At Kaiser Permanente, we are working to improve the conditions for health and equity in the community by addressing the root causes</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
C. Care	<p>of health, such as economic opportunity, affordable housing, safe and supportive schools, and a healthy environment. These improvements grow from our collaboration with each community to co-design and co-create solutions that truly make a positive impact. By engaging members, communities, our sizeable workforce, and all of our organizations considerable assets, we are working to create communities that are among the healthiest in the nation, and inspiring greater health for America and the world. In 2019, Kaiser Foundation Health Plan, Inc. spent a total of \$233.5 million on charitable contributions designed to improve conditions for health and equity. In addition to the charitable contributions awarded to improve conditions for health and equity, Kaiser Foundation Health Plan, Inc. also provided \$272,000 in charitable contributions for other Community Health activities and programs.</p> <p>B. Social Health: Food for Life Kaiser Permanente is tackling the most basic of human needs - food - by helping at-risk members and communities access the food and nutrition they need to live a full and healthy life. We launched Food for Life to transform the economic, social and policy environments connected to food so that people across the nation have access to, and can afford, healthy food. Specific example(s) of our efforts in 2019 include: Kaiser Permanente launched a texting and multimodal campaign to boost enrollment in CalFresh among low-income members. To date, we've reached over 440,000 households and over 6,000 households have submitted an application and another 6,000 applications are in process across Northern California and Southern California. In future years, Food for Life will be exploring a community-based model, policy work, a research agenda, and other interventions to improve access to healthy, affordable food for people in our communities.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
C. Thriving Schools	<p>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 ones well-being. Schools are passionate about ensuring that all students succeed. They need strong partners to help them address health as part of the ir strategy. Thats why Kaiser Permanente created Thriving Schools, our all-in engagement t o 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 P ermanente Thriving Schools is intentional about coordinating our own knowledge and existin g work in school health with the good work of others. Through our valued partnerships with some of the countrys most innovative organizations, we are able to provide concrete resou rces and pathways to health in schools. To create lasting change, we use our voice to adva nce 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 soci al wellness. This approach builds a culture of wellness across the entire school. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan, Inc. supported the RISE (Resilience in School Environments) initiative, an enterprise-wide effort with th e Alliance for Healthier Generation. RISE is designed to empower schools and districts to create safe and supportive learning environments by cultivating practices that strengthen the social and emotional health of all students and staff, understand and integrate social and emotional well-being into all aspects of school life. Across Northern California and Southern California, 22 schools and 3 districts were recruited in 2019 to participate in R ISE onsite program. Kaiser Foundation Health Plan, Inc. funded a \$650,000 grant to the All iance for a Healthier Generation for the Healthy Schools Program also known as the Healthy Eating Active Living initiative. The Healthy Eating Active Living initiative empowers sch ool and district leaders to create and sustain healthier learning environments for student s, staff and teachers. School and districts receive a range of school health resources and information through onsite support and a virtual platform to help them choose smart snack s and healthier school breakfast and lunch programs, including movement in the classroom, support for health and physical education instruction, healthy food procurement, and adopt ing school and district wellness policies that guide positive, healthy practices. Across N orthern California and Southern California, 144 schools made one or more improvements in p hysical activity, nutrition, or staff wellness meeting the guidelines of the Healthy Schoo ls Program. Kaiser Foundation</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
C. Thriving Schools	<p>Health Plan, Inc. funded a \$130,000 grant to the Healthy Schools Campaign to advance state policies that promote resilience in school environments, with a special focus on building state and local capacity to increase access to school mental health services. This work will directly support Kaiser Permanentes efforts to promote resilience in school environments and integrate trauma-informed practices in the school setting. This effort will impact 34,800,000 people through the development of the health services playbook, briefs, case studies and other resources that will be shared with national education and health stakeholders. Kaiser Foundation Health Plan, Inc. Hawaii funded a \$92,000 grant to the University of Hawaii Foundation for the Wai School Phase 5 Oahu &amp; Big Island 1 program. This effort helps establish an active school health and wellness committee, implement a school healthy beverage policy, educate students, staff, and families about healthy beverages, and install, and promote the use of, school water bottle filling stations. This multi-faceted project also promotes healthy beverage consumption at public schools and will expand to the Department of Education's Pearl City-Waipahu Complex on the island of Oahu and to the Keaau-Kau-Pahoa Complex on the island of Hawaii. This program is expected to impact 20,000 students across 9 schools across the Keaau-Kau-Pahoa Complex. Kaiser Foundation Health Plan, Inc. Hawaii funded a \$50,000 grant to the Boys and Girls Club of Hawaii for the Haehuola - Teen Healthy Living program. This effort will provide healthy eating, active living programs, wellness education, caring adult mentors, community resources and safe facilities to 1,000 youth aged 7-17-years old on the islands of Oahu and Kauai. The Haehuola - Teen Healthy Living project will engage preteen and teen youth in wellness initiatives so they may improve their health and build a strong future with access to the resources they need to succeed. Kaiser Foundation Health Plan, Inc. Hawaii funded a \$40,000 grant to the Boys &amp; Girls Clubs of Maui, Inc for the Triple Play for Great Futures program. This program will provide members at 6 Clubhouses with a variety of activities aligned with Triple Play for Great Futures, a program designed to improve the health and fitness of all of young members by addressing the areas of Mind, Body and Soul. This grant will provide approximately 1,500 members at 6 Clubhouses with a variety of activities to improve health and fitness.</p> <p>D. Thriving 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 life. Through Kaiser Permanentes ongoing partnerships with community organizations, municipal leaders, and public health cham</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
C. Thriving Schools	<p>pions, 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 example(s) of our efforts in 2019 include: Kaiser Permanente continued as a partner in CityHealth, an initiative of the de Beaumont Foundation and Kaiser Permanente that advances a package of evidence-based policy solutions that will help millions of people live longer, better lives in vibrant, prosperous communities. CityHealth recognized large cities across the country for specific policies related to health and quality of life, including Pre-K, Tobacco 21, complete streets, smoke-free indoor air, and healthy food procurement. In the policy areas assessed by CityHealth among the 40 largest cities, a total of 35 new policy advances occurred since 2018. San Francisco was recognized by City Health for an advancement related to enhancing quality metrics for Pre-K programs, helping to bolster Pre-K quality for young students and set them on a trajectory for success. This policy enhancement helped propel San Francisco to an overall gold medal for 2019. Kaiser Foundation Health Plan, Inc. has funded the Healthy Eating, Active Living (HEAL) Cities Campaign since its initiation in 2008. Programs were active in 2019 in Kaiser Foundation Health Plan, Inc. Northern California and Southern California. Since 2008, a total of 373 cities, including 206 throughout the state of California, have committed to pass and implement policies addressing healthy eating and active living. These policies range from health in general or comprehensive plans to healthy food procurement to complete streets and work site wellness, with Public Health Advocates leading the work in California and providing technical assistance and coordination in the other regions.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
E. Economic Opportunity	<p>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. Some ways that were helping revitalize and grow our communities by strengthening economic opportunity include:</p> <ul style="list-style-type: none"> <li>- Providing good jobs to individuals facing barriers to employment through high-impact hiring and workforce pipeline efforts.</li> <li>- Pursuing a social impact investment strategy to support impact investments aimed at addressing key social issues that have a significant impact on health.</li> <li>- Purchasing goods and services from local minority- and women-owned businesses and encouraging good employment practices by our vendor partners.</li> <li>- Building new facilities with an emphasis on positive local community impact, including local construction hiring, local and diverse purchasing, healthy and sustainable design features, neighborhood revitalization, and deep community engagement.</li> </ul> <p>Specific examples of our efforts in 2019 include: Kaiser Foundation Health Plan, Inc. partnered with the Inner-City Capital Connections program to support 85 small businesses in Sacramento &amp; Stockton (64% minority-owned; 52% women-owned), 82 small businesses in Los Angeles (71% minority-owned; 60% women-owned), 56 small businesses in San Diego (54% minority-owned; 70% women-owned), and 70 small businesses in Oahu and Maui (71% minority-owned; 51% women-owned) to build their capacity for sustainable growth in revenue, profitability, and employment through a combination of in-person executive education, webinars, coaching, and connections to capital. Kaiser Foundation Health Plan, Inc. formed partnerships with community workforce development organizations in every one of our service areas in Southern California, with a total of 17 partner organizations, to support hiring disadvantaged community residents into gainful employment at Kaiser Permanente. These partnerships supported hiring 112 individuals across our Southern California region into a wide variety of jobs such as Environmental Services, Food &amp; Nutrition Services, Licensed Vocational Nurse (LVN), Appointment Clerks, Admitting Clerks, and Surgical transporters. Kaiser Foundation Health Plan, Inc. Hawaii granted \$50,000 to the YWCA to support their Patsy T. Mink Center for Business and Leadership (MCBL) in partnership with Mana Up Hawaii. The purpose of the collaborative is to promote women in leadership positions</p>

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Return Reference	Explanation
E. Economic Opportunity	<p>and economic opportunities among local and minority-owned businesses by providing a 10-month professional development and leadership training to 20 emerging women leaders. This program also includes a 12-week accelerator program to 40 businesses focusing on high impact sales opportunities, scaling products by tackling production challenges, and executive leadership development. Expected outcomes include providing 8,000 hours of mentoring, increase access to capital, increase employer-based investments for women's professional development, and affect 85 employment statuses, including job creations, promotions, and employment transitions. Kaiser Foundation Health Plan, Inc. Hawaii supported Adult Friends for Youth with a \$57,000 grant for Honolulu's Kind2Kupuna Initiative. Kind2Kupuna is a business initiative aimed at developing age-friendly businesses and communities to provide inclusive and accessible environments to support elderly needs. The project will raise awareness among 240 businesses and the larger community on the value of better supporting kupuna (older/aging) customers and creating an inclusive business environment for them. Kaiser Permanente continued its commitment to source goods and services from the minority, women, veteran, disabled, 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, disabled, and LGBTQ-owned business community. Furthermore, we also began to measure job creation that resulted from our procurement spending and in 2019, found that our procurement spending led our supplier partners to create new jobs.</p> <p>F. Housing for Health 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 example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan, Inc. partnered with Community Solutions in Southern California and Hawaii regions to drive reductions in chronic and veteran homelessness. Community Solutions is Kaiser Permanente's national partner for ending veteran and chronic homelessness in Kaiser Permanente communities. Community Solutions is a nonprofit that leads Built for Zero, a movement of more than 80 cities and counties using data to radically change how they work and the impact they can achieve; and proving that it is possible to make homelessness</p>

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<b>Return Reference</b>	<b>Explanation</b>
E. Economic Opportunity	<p>rare and brief. In order to propel this movement to end homelessness up and over a tipping point, Community Solutions works with communities to solve the most persistent challenges that stand in the way. In Southern California's Bakersfield service area, Community Solutions reduced the number of individuals experiencing chronic homelessness and are looking to expand their work to additional sub-populations. In Riverside County, the partnership with Community Solutions is working to re-engage key stakeholders to continue driving reductions in veteran homelessness. In Hawaii, Community Solutions has been working in Honolulu with Veteran Affairs, the local Continuum of Care and Catholic Charities Hawaii to reduce the number of chronically homeless veterans and has already seen a 30-40% reduction and are working on a proposal to catalyze additional reductions. Additionally, Kaiser Foundation Health Plan, Inc. supported the expansion of the Community Solutions partnership from 15 to 24 communities across Kaiser Permanente's footprint. Kaiser Foundation Health Plan, Inc. funded a \$55,000 grant to the Hawaii Intergenerational Network to assess the feasibility and sustainability of home sharing as an affordable housing option in Honolulu. This grant will be used to examine the process of matching participants and documenting outcomes of home sharing for 40 participants in order to develop a better understanding of the role that home sharing can play in addressing the lack of affordable housing options in Honolulu. Kaiser Foundation Health Plan, Inc. funded a \$50,000 grant to Hawaiian Community Assets to lead the Hawaii Housing Affordability Coalition, a multisector coalition comprised of homeless persons, renters and homeowners, builders, nonprofits, financial institutions, health providers, foundations, businesses, unions, and public officials to establish a shared policy platform and increase capacity of communities and nonprofits to build or preserve affordable homes. The grant will directly support the organizing of 30 multisector coalition members, capacity building for 10 nonprofits to build or preserve affordable homes and the recruitment and placing of 10 Housing Affordability Fellows to support affordable housing development and preservation in their communities.</p>



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Return Reference	Explanation
G. 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"> <li>- Become "carbon net positive" by buying enough clean energy and carbon offsets to remove more greenhouse gases from the atmosphere than it emits.</li> <li>- Buy all of its food locally or from farms and producers that use sustainable practices, including using antibiotics responsibly.</li> <li>- Recycle, reuse or compost 100 percent of its non-hazardous waste.</li> <li>- Reduce the amount of water it uses by 25 percent per square foot of buildings.</li> <li>- Increase its purchase of products and materials that meet environmental standards to 50 percent.</li> <li>- Meet international standards for environmental management at all its hospitals.</li> <li>- Pursue new collaborations to reduce environmental risks to the watersheds and air basins supplying its communities.</li> </ul> <p>Specific example(s) of our efforts in 2019 include: 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 20% of overall spending on products to items that met our Environmentally Preferable Purchasing standards and dedicated 42% of spending on food to items produced locally or from farms and producers that use sustainable practices, including using antibiotics responsibly. Kaiser Foundation Health Plan, Inc. Northern California reduced the energy use intensity (kilowatt hours/rentable square foot) of its facilities by 10% compared to its 2010 baseline; reduced the water use intensity (gallons/rentable square foot) of its facilities by 15% compared to its 2013 baseline; and responsibly reused, recycled or composted over 14,592 tons of materials. The region also dedicated 25% of its overall spending on products to items that met Kaiser Permanentes Environmentally Preferable Purchasing standards; dedicated 46% of spending on food to items produced locally or from farms and producers that use sustainable practices, including using antibiotics responsibly; and verified that its new all-electric medical office building in Santa Rosa has produced Zero Net Energy and Zero Net Carbon over a full one-year period. Kaiser Foundation Health Plan, Inc. Southern California reduced the energy use intensity (kilowatt hours/rentable square foot) of its facilities by 2% compared to its 20</p>

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Return Reference	Explanation
<p>G. Environmental Stewardship</p>	<p>10 baseline; reduced the water use intensity (gallons/rentable square foot) of its facilities by 15% compared to its 2013 baseline; and responsibly reused, recycled or composted over 18,495 tons of materials. The region also dedicated 24% of its overall spending on products to items that met Kaiser Permanentes Environmentally Preferable Purchasing standards; and dedicated 43% of spending on food to items produced locally or from farms and producers that use sustainable practices, including using antibiotics responsibly. Kaiser Foundation Health Plan, Inc. Hawaii dedicated 22% of its overall spending on products to items that met Kaiser Permanentes Environmentally Preferable Purchasing standard; and dedicated 18 % of spending on food to items produced locally or from farms and producers that use sustainable practices, including using antibiotics responsibly. The region also responsibly reused, recycled or composted over 552 tons of materials and reduced the water use intensity (gallons/rentable square foot) of its facilities by 31% compared to its 2013 baseline. Kaiser Foundation Health Plan, Inc. funded \$85,000 to Clean Production Action, an organization with a mission to design and deliver strategic solutions for green chemicals, sustainable materials, and environmentally preferable products. The grant will support the development of an independent, third-party certification process for scaling the procurement of environmentally preferable medical products across the entire health care sector. These funds will accelerate and scale the development and finalization of GreenScreen Certifications that align with Kaiser Permanentes Environmentally Preferable Products (EPP) standards, enabling all health care organizations to scale their specification and sourcing of EPP products, thereby reducing exposure to toxic chemicals for patients, staff, and communities, as well as workers manufacturing the products. Kaiser Foundation Health Plan, Inc. funded \$ 85,000 to Center for Environmental Health, an organization that protects people from toxic chemicals by working with communities, government and the private sector to demand and support business practices that are safe for public health and the environment. The grant will help inform schools and school districts on the human and environmental health issues related to the use of fluorinated water/grease resistant treatments in single use foodware so that they could take steps to procure safer alternatives, thereby reducing student exposures to hormone disrupting chemicals. The grant will also enable certifiers of compostability and sustainability standards for single-use foodware act to restrict the use of per- and polyfluoroalkyl substances (PFAS) and/or implement existing PFAS restrictions so that school purchasers of compostable foodware can easily identify/specify PFAS-free certified products. IV. Advance the Future of Community Health A. Summary of the Strategy Kaiser Permanente works in partnership w</p>

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<b>Return Reference</b>	<b>Explanation</b>
G. Environmental Stewardship	<p>With our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems by:</p> <ul style="list-style-type: none"><li>- Inspiring young people to pursue careers in health care</li><li>- Conducting research to identify and eliminate disparities in care</li><li>- Advancing health innovation and achieving greater and more equitable health outcomes</li></ul> <p>In 2019, Kaiser Foundation Health Plan, Inc. spent a total of \$19.1 million on programs to advance the future of community health (at cost, net of all related revenues). This included \$506,000 in health professionals education, \$18.5 million in research and \$108,000 in charitable contributions designed to spur innovation in the community health field.</p> <p><b>B. Health Professionals Education</b></p> <p>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 2019, Kaiser Foundation Health Plan, Inc. supported 70 interns and residents through the GME program. The majority of medical residents are studying with in 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.</p>

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<b>Return Reference</b>	<b>Explanation</b>
C. Research	<p>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 Permanentes research efforts are core to the organizations mission to improve population health, and its commitment to continued learning. Research activities are conducted at Kaiser Permanentes eight regional research centers and three national groups: Kaiser Permanente Research Bank, Kaiser Permanente Center for Effectiveness &amp; 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 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 nations best efforts 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 Permanente, were trying to shift that paradigm by working to advance conditions for health through 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 backbone 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 and achieving greater and more equitable health outcomes. Specific example(s) of our efforts in 2019 include: Kaiser Permanente partnered with The Public Good Projects (PGP) to reduce stigma and raise awareness around mental health conditions. PGP's Action Minded Mental Health campaign has four components which include Therapy Pets, Like One Another, Mental Health Champions, and Community Partners and each component tailors its evidence-based approach to reach a specific audience. PGP's disease surveillance system monitors all publicly available media sources for mentions of mental health topics, and PGP tailors its messaging to address trending mental health topics.</p>

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<b>Return Reference</b>	<b>Explanation</b>
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: 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. Form 990, Part VI, Line 2 Family or Business Relationships Board members Eugene Washington, MD and Richard Shannon, MD have a business relationship. FORM 990, PART VI, LINE 4 Significant Changes to Governing Documents The Bylaws of the Corporation were amended in 2019 with the following significant changes: On December 12, 2019, Article D, Section D-9 was amended to add that the Executive Vice President and Chief Financial Officer is designated to perform the duties of the Executive Vice President and Group President in his or her absence or disability. FORM 990, PART VI, LINE 11B</p> <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>

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Return Reference	Explanation
Form 990, Part VI, Line 12C	<p>ETHICS AND COMPLIANCE ENFORCEMENT A. REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - KAISER PERMANENTE REGULARLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY IN 3 KEY WAYS: A1. THE KAISER PERMANENTE COMPLIANCE HOTLINE IS AVAILABLE TO ALL EMPLOYEES AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. ALL CALLS ARE ANSWERED BY A THIRD PARTY AND PROVIDED TO KAISER PERMANENTE'S NATIONAL COMPLIANCE OFFICE FOR REVIEW AND APPROPRIATE ACTION. EMPLOYEES CAN REPORT ANONYMOUSLY. RETALIATION IS PROHIBITED. REPORTS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARE GENERATED AND INVESTIGATIONS ARE CONDUCTED AS REQUIRED AND INFORMATION IS TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL GUIDANCE IS REQUIRED TO AVOID OR MANAGE CONFLICTS OF INTEREST. COMPLIANCE HOTLINE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS OF DIRECTORS ANNUALLY. A2.a - ETHICS AND COMPLIANCE ANNUALLY REVIEWS THE DIRECTORS', OFFICERS', KEY EMPLOYEES', AND EXECUTIVES' ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE DISCLOSURES AND PROVIDES DIRECTION ON ANY INVESTIGATIONS REQUIRED. INVESTIGATIONS ARE DOCUMENTED, TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL CONTROLS OR EDUCATION IS REQUIRED. IN ADDITION, CONFLICTS OF INTEREST QUESTIONNAIRE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS OF DIRECTORS ANNUALLY; AND A2.b - ANNUALLY, EMPLOYEES IN ROLES WITH AN ELEVATED RISK OF CONFLICTS OF INTEREST COMPLETE A CONFLICTS OF INTEREST QUESTIONNAIRE. RESPONSES ARE REVIEWED AND ASSESSED. WHEN ACTION IS WARRANTED, THE SITUATION IS ADDRESSED IN ACCORDANCE WITH WRITTEN STANDARDS. DOCUMENTATION AND TRACKING IS MAINTAINED IN THE SAME WAY AS DIRECTORS, OFFICERS, AND KEY EMPLOYEES. A2.c - IN ADDITION TO THE CONFLICTS OF INTEREST QUESTIONNAIRE, ETHICS AND COMPLIANCE RECEIVES, CONSULTS, MONITORS, AND REPORTS ONGOING DISCLOSURES MADE BY EMPLOYEES THROUGHOUT THE YEAR. A3. ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, AN OUTSIDE CERTIFIED PUBLIC ACCOUNTING FIRM REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES PROCESS COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN AS A RESULT OF THE DISCLOSURES. THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS IN THIS AREA, ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS AUDIT AND COMPLIANCE COMMITTEE. B. REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE: B1. REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES. B2. KAISER PERMANENTE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO. 14. CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 12C	ION AND IN ANNUAL COMPLIANCE TRAINING. B3. IN THE EVENT THAT IT IS NECESSARY TO DISCIPLINE ANY EMPLOYEE BECAUSE OF, BUT NOT LIMITED TO, FAILURE TO COMPLY WITH APPLICABLE LEGAL/REGULATORY REQUIREMENTS, KAISER PERMANENTE POLICIES AND PROCEDURES, OR THE PRINCIPLES OF RESPONSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR MISCONDUCT, COACHING/COUNSELING AND/OR CORRECTIVE/DISCIPLINARY ACTION MAY INCLUDE, BUT IS NOT LIMITED TO: - ORAL DISCUSSION AND/OR WARNING BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR HIGHER LEVEL MANAGER TO 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**

<b>Return Reference</b>	<b>Explanation</b>
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 &amp; 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. 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**

<b>Return Reference</b>	<b>Explanation</b>
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 WERE ESTIMATED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9	- Other changes in net assets or fund balances - Change in Pension & Retirement Liabilities \$ (2,752,379,899) Capital Transfers 3,526,947 Cumulative Change in Accounting Principal and Other 18,525,295 Gain/Loss on Sale of Investments - Tax (252,930,659) Gain/Loss on Sale of Investments - Book 387,285,286 Other Than Temporary Impairment (23,217,308) Payment to Affiliate 18,000 Rounding Adjustment 5 Total (2,619,172,333)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> KP CAL LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 20-2712661	HEALTH CARE	CA	597,421,398	44,041,014	NA
<b>(2)</b> ORDWAY INTERNATIONAL LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612	HOLDING CO.	BD	18,000	9,633,839	NA
<b>(3)</b> ORDWAY INDEMNITY LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 90-0031974	INSURANCE	BD	7,075,725	36,778,424	ORDWAY INT'L
<b>(4)</b> RAINBOW DIALYSIS LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 27-0473737	Health Care	DE	6,547,827	3,646,096	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	
<b>(1)</b> NXT CAP SR FD ILLC 191 N WACKER DR 1200 CHICAGO, IL 60606 37-1651297	INVESTMENT	DE	NA	NONE	0	0			0			

**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
<b>(1)</b> OAK TREE ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP	3,232,421	83,809,462	100.000 %	Yes	
<b>(2)</b> KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP	154,929,025	206,750,110	100.000 %	Yes	
<b>(3)</b> KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0		Yes	
<b>(4)</b> GROUP HEALTH SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1392222	INACTIVE	WA	NA	C CORP	0	0		Yes	
<b>(5)</b> 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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		<b>No</b>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>Yes</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>Yes</b>	
<b>f</b> Dividends from related organization(s) . . . . .		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>Yes</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>Yes</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>Yes</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>Yes</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>Yes</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>Yes</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>Yes</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>Yes</b>	

**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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>



**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
Kaiser Foundation Hospitals	B	3,674,062	PER AGREEMENT
Kaiser Foundation Hospitals	G	199,993	PER AGREEMENT
Kaiser Foundation Hospitals	H	227,721	PER AGREEMENT
Kaiser Foundation Hospitals	I	635,887	PER AGREEMENT
Kaiser Foundation Hospitals	L	2,561,020,434	PER AGREEMENT
Kaiser Foundation Hospitals	M	22,889,728,401	PER AGREEMENT
Kaiser Foundation Hospitals	P	3,200,944,748	PER AGREEMENT
Kaiser Foundation Hospitals	Q	5,138,254,690	PER AGREEMENT
Kaiser Foundation Hospitals	R	4,595,693,843	PER AGREEMENT
Kaiser Foundation Hospitals	S	1,319,268,241	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	L	95,458,308	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	M	6,152,091	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	P	66,632,092	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	Q	136,263,196	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	R	251,019,996	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	S	3,019,536	PER AGREEMENT
Kaiser FDN Health Plan of Georgia Inc	L	66,559,098	PER AGREEMENT
Kaiser FDN Health Plan of Georgia Inc	M	18,711,318	PER AGREEMENT
Kaiser FDN Health Plan of Georgia Inc	P	202,280,527	PER AGREEMENT
Kaiser FDN Health Plan of Georgia Inc	Q	119,566,580	PER AGREEMENT
Kaiser FDN Health Plan of Georgia Inc	R	104,190,109	PER AGREEMENT
Kaiser FDN Health Plan of Georgia Inc	S	6,833,055	PER AGREEMENT
KFHP of the Mid Atlantic States Inc	A	118	PER AGREEMENT
KFHP of the Mid Atlantic States Inc	L	146,180,242	PER AGREEMENT
KFHP of the Mid Atlantic States Inc	M	2,507,961	PER AGREEMENT

<b>Form 990, Schedule R, Part V - Transactions With Related Organizations</b>			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
KFHP of the Mid Atlantic States Inc	P	74,526,188	PER AGREEMENT
KFHP of the Mid Atlantic States Inc	Q	190,183,519	PER AGREEMENT
KFHP of the Mid Atlantic States Inc	R	341,464,027	PER AGREEMENT
KFHP of the Mid Atlantic States Inc	S	6,069,516	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	A	144	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	L	122,149,932	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	M	3,328,722	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	P	183,399,828	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	Q	112,903,263	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	R	537,876,613	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	S	127,968,682	PER AGREEMENT
Kaiser FDN Health Plan of Washington	L	43,289,468	PER AGREEMENT
Kaiser FDN Health Plan of Washington	P	58,410,485	PER AGREEMENT
Kaiser FDN Health Plan of Washington	Q	11,085,533	PER AGREEMENT
Kaiser FDN Health Plan of Washington	R	359,088,149	PER AGREEMENT
Kaiser FDN Health Plan of Washington	S	7,042,996	PER AGREEMENT
Kaiser FDN Health Plan of Washington Options	L	4,389,425	PER AGREEMENT
Kaiser FDN Health Plan of Washington Options	P	357,394	PER AGREEMENT
Kaiser FDN Health Plan of Washington Options	Q	550,048	PER AGREEMENT
Kaiser FDN Health Plan of Washington Options	R	613,034	PER AGREEMENT
Camp Bowie Service Center	L	96,913,317	PER AGREEMENT
Camp Bowie Service Center	P	6,692,348	PER AGREEMENT
Camp Bowie Service Center	Q	34,146,472	PER AGREEMENT
Camp Bowie Service Center	R	1,275,883	PER AGREEMENT
Camp Bowie Service Center	S	100,985,463	PER AGREEMENT

<b>Form 990, Schedule R, Part V - Transactions With Related Organizations</b>			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
1800 Harrison Foundation	A	3,526,947	PER AGREEMENT
Kaiser Permanente Insurance Company	A	71,888	PER AGREEMENT
Kaiser Permanente Insurance Company	L	151,306,314	PER AGREEMENT
Kaiser Permanente Insurance Company	M	130,691,868	PER AGREEMENT
Kaiser Permanente Insurance Company	P	3,087,992	PER AGREEMENT
Kaiser Permanente Insurance Company	Q	9,934,465	PER AGREEMENT
Lokahi Assurance Ltd	L	152,339,701	PER AGREEMENT
Lokahi Assurance Ltd	M	352,722,104	PER AGREEMENT
Lokahi Assurance Ltd	P	60,873,991	PER AGREEMENT
Lokahi Assurance Ltd	Q	280,225,182	PER AGREEMENT
Lokahi Assurance Ltd	R	23,606,429	PER AGREEMENT
Lokahi Assurance Ltd	S	1,508,301	PER AGREEMENT
Kaiser Permanente International	Q	507,455	PER AGREEMENT
Kaiser Hospital Asset Management Inc	Q	40,095,700	PER AGREEMENT
Kaiser Health Plan Asset Management Inc	H	1,857,895	PER AGREEMENT
Kaiser Health Plan Asset Management Inc	K	56,055,003	PER AGREEMENT
Kaiser Health Plan Asset Management Inc	Q	1,069,214	PER AGREEMENT
Kaiser Health Plan Asset Management Inc	R	230,953	PER AGREEMENT
Kaiser Health Plan Asset Management Inc	S	6,747,103	PER AGREEMENT
Oak Tree Assurance Ltd	L	541,031	PER AGREEMENT
Oak Tree Assurance Ltd	Q	982,381	PER AGREEMENT
KP Bernard J Tyson School of Medicine Inc	L	7,555,432	PER AGREEMENT
KP Bernard J Tyson School of Medicine Inc	M	22,240,736	PER AGREEMENT
KP Bernard J Tyson School of Medicine Inc	P	1,062,513	PER AGREEMENT
KP Bernard J Tyson School of Medicine Inc	Q	1,659,135	PER AGREEMENT

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
KP Bernard J Tyson School of Medicine Inc	R	16,515,477	PER AGREEMENT
KP Bernard J Tyson School of Medicine Inc	S	2,463,665	PER AGREEMENT