

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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 \$ 68,714,034,750

F Name and address of principal officer
BERNARD J TYSON
ONE KAISER PLAZA SUITE 15L
OAKLAND, CA 94612

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	28,423
6 Total number of volunteers (estimate if necessary)	267
7a Total unrelated business revenue from Part VIII, column (C), line 12	8,111,696
7b Net unrelated business taxable income from Form 990-T, line 34	2,857,288

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	300	0
9 Program service revenue (Part VIII, line 2g)	50,930,020,265	53,901,946,011
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	127,124,724	76,679,884
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,571,245	4,997,628
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,065,716,534	53,983,623,523
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,235,293	69,625,944
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,131,757,564	3,227,805,630
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	47,823,677,330	50,467,127,024
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	50,977,670,187	53,764,558,598
19 Revenue less expenses Subtract line 18 from line 12	88,046,347	219,064,925

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	19,931,581,625	21,117,803,253
21 Total liabilities (Part X, line 26)	17,249,641,027	19,560,541,767
22 Net assets or fund balances Subtract line 21 from line 20	2,681,940,598	1,557,261,486

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: 2018-10-25
ALFONSE UPSHAW SVP, CC AND CAO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Robert W Friz
Preparer's signature: Robert W Friz
Date: _____
Check if self-employed PTIN: P00438748
Firm's name: PricewaterhouseCoopers LLP
Firm's address: 2001 MARKET ST SUITE 1800 PHILADELPHIA, PA 19103
Firm's EIN: _____
Phone no: (267) 330-3000

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

Part III Statement of Program Service Accomplishments

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

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 \$ 48,224,482,226 including grants of \$ 13,680,244) (Revenue \$ 51,960,319,866)
See Additional Data

4b (Code) (Expenses \$ 2,894,007,931 including grants of \$ 0) (Revenue \$ 1,939,421,811)
See Additional Data

4c (Code) (Expenses \$ 145,979,092 including grants of \$ 0) (Revenue \$ 2,204,334)
See Additional Data

(Code) (Expenses \$ 81,356,754 including grants of \$ 55,945,700) (Revenue \$ 0)
See Community Benefit Report in Sch O

4d Other program services (Describe in Schedule O)
(Expenses \$ 81,356,754 including grants of \$ 55,945,700) (Revenue \$ 0)

4e Total program service expenses ▶ 51,345,826,003

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CA), 18, 19, 20 (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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (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 8,955

Table with 3 rows of questions (3, 4, 5) regarding compensation reporting, with Yes/No columns.

Section B. Independent Contractors

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

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 3,005

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			0			
Program Service Revenue		Business Code					
	2a MEMBER HEALTH CARE	900099	37,054,411,461	37,054,411,461			
	b MEDICARE	900099	13,119,566,187	13,119,566,187			
	c SUPPLEMENTAL REVENUE	900099	1,722,676,868	1,722,676,868			
	d NON-PLAN & INDUSTRY	900099	79,339,687	71,270,584	8,069,103		
	e OTHER PROGRAM SVCS	900099	1,925,951,808	1,925,918,696	33,112		
	f All other program service revenue						
g Total. Add lines 2a-2f			53,901,946,011				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0			0	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real					
		2,557,927	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	2,557,927	0			
	d Net rental income or (loss)			2,557,927		2,557,927	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		14,806,197,643	(ii) Other		893,468		
		b Less cost or other basis and sales expenses	14,729,290,684	1,120,543			
		c Gain or (loss)	76,906,959	-227,075			
	d Net gain or (loss)			76,679,884		76,679,884	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities See Part IV, line 19	a	0					
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a PARKING GARAGES	812930	2,439,701		9,481	2,430,220		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			2,439,701				
12 Total revenue. See Instructions			53,983,623,523	53,893,843,796	8,111,696	81,668,031	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	69,625,944	69,625,944		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	78,690,728	70,244,941	8,445,787	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	654,182	583,969	70,213	
7 Other salaries and wages.	2,321,063,934	2,071,946,770	249,117,164	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	371,377,091	369,270,752	2,106,339	
9 Other employee benefits.	283,761,499	185,774,525	97,986,974	
10 Payroll taxes.	172,258,196	171,308,838	949,358	
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	2,056,038		2,056,038	
c Accounting.	1,683,317		1,683,317	
d Lobbying.	557,116		557,116	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	15,014,329		15,014,329	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12 Advertising and promotion.	100,124,885	39,059,196	61,065,689	
13 Office expenses.	81,901,209	49,864,050	32,037,159	
14 Information technology.	2,722,063,636	2,207,561,181	514,502,455	
15 Royalties.	0			
16 Occupancy.	251,479,305	251,226,103	253,202	
17 Travel.	50,845,060	43,181,032	7,664,028	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	23,359,775		23,359,775	
20 Interest.	16,139,916	16,139,916		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	296,554,345	296,554,345		
23 Insurance.	208,848,335	208,847,777	558	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BASIC CONTRACTUAL PAYMENTS	35,064,406,355	35,064,406,355		
b SUPPLIES	5,320,147,660	4,804,578,171	515,569,489	
c PURCHASED MEDICAL SERVICES	4,273,679,493	4,271,455,524	2,223,969	
d NON-MEDICAL PURCHASED SVC	1,326,660,612	774,474,148	552,186,464	
e All other expenses	711,605,638	379,722,466	331,883,172	
25 Total functional expenses. Add lines 1 through 24e.	53,764,558,598	51,345,826,003	2,418,732,595	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance 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
Assets	1 Cash—non-interest-bearing	49,937,953	1	52,208,761
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	7,014,299,278	4	6,627,188,993
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	425,000	5	450,000
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	1,212,500	7	2,917,047
	8 Inventories for sale or use	237,451,702	8	218,478,496
	9 Prepaid expenses and deferred charges	57,791,302	9	58,872,980
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 8,576,505,933		
	b Less accumulated depreciation	10b 4,086,466,552	4,116,032,139	10c 4,490,039,381
	11 Investments—publicly traded securities	7,355,453,379	11	8,654,767,079
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	1,098,978,372	15	1,012,880,516
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,931,581,625	16	21,117,803,253	
Liabilities	17 Accounts payable and accrued expenses	5,025,333,281	17	5,559,354,207
	18 Grants payable	0	18	0
	19 Deferred revenue	578,625,790	19	575,357,807
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	11,645,681,956	25	13,425,829,753
	26 Total liabilities. Add lines 17 through 25	17,249,641,027	26	19,560,541,767
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	-279,618,427	31	-276,095,213
	32 Retained earnings, endowment, accumulated income, or other funds	2,961,559,025	32	1,833,356,699
	33 Total net assets or fund balances	2,681,940,598	33	1,557,261,486
	34 Total liabilities and net assets/fund balances	19,931,581,625	34	21,117,803,253

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,983,623,523
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,764,558,598
3	Revenue less expenses Subtract line 2 from line 1	3	219,064,925
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,681,940,598
5	Net unrealized gains (losses) on investments	5	192,519,503
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,536,263,540
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,557,261,486

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>1 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>2a 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>	2a		No
<p>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>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>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>	3b		

Additional Data

Software ID:

Software Version:

EIN: 94-1340523

Name: KAISER FOUNDATION HEALTH PLAN INC

Form 990 (2017)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

- MEDICAID AND OTHER GOVERNMENT SPONSORED PROGRAMS - Kaiser Foundation Health Plan (KFHP, Inc) is committed to improving medical care for beneficiaries of Medicaid and other government sponsored programs, not only for KFHP, Inc members, but also within the communities we serve At the end of 2017, over 591,000 individuals were receiving the benefits of full membership in KFHP, Inc 's Medicaid managed care programs in the states of California and Hawaii Approximately 146,000 more individuals were members of the Children's Health Insurance Program (CHIP) In addition, KFHP, Inc provided health care on a fee-for-service basis for Medicaid beneficiaries who were not enrolled as KFHP, Inc members

Form 990, Part III, Line 4c:

- CHARITY CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE) - Kaiser Foundation Health Plan (KFHP, Inc) provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs KFHP, Inc offers financial assistance through the MFA program to help families and individuals with a demonstrated financial need pay for all or part of the cost of emergency or medically necessary care provided in Kaiser Permanente facilities and/or by Kaiser Permanente providers In 2017, this program assisted approximately 165,000 qualifying applicants, including nearly 29,000 patients who were not covered by a KFHP, Inc product The CHC programs offer regular Kaiser Foundation Health Plan membership at minimal cost to low income families who are not eligible for other public or privately sponsored coverage Approximately 19,000 individuals were receiving comprehensive health care through these programs at the end of 2017

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard Shannon MD Director	2 0 3 5	X						190,000	0	18,000
Cynthia A Telles PHD Director	3 0 4 5	X						223,956	10,000	0
Bernard Tyson Chairman & CEO	15 0 35 0	X		X				10,709,503	0	5,373,250
Eugene Washington MD Director	3 0 4 0	X						193,495	0	0
Gregory Adams EVP, Group President	15 0 35 0			X				3,042,495	0	3,546,643
Mary Barnes Region President - Hawaii	0 0 50 0			X				1,071,569	0	29,603
Anthony Barrueta SVP, Government Relations	25 0 25 0			X				1,354,413	0	396,224
Kristin Bear Assistant Secretary	17 0 33 0			X				346,012	0	142,273
Vanessa Benavides SVP, Chief Comp & Priv Officer	30 0 20 0			X				923,294	0	190,921
Charles Bevilacqua SVP, HP Products, Svc & Admin	35 0 15 0			X				1,521,557	0	308,111

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Maryann Bodayle Assistant Secretary	22 0 28 0			X				172,364	0	48,189
William Caswell Interim Regional President -HI	10 0 40 0			X				1,509,573	0	146,401
Bechara Choucair SVP,Community Health & Benefit	25 0 25 0			X				955,689	0	188,323
Charles Columbus SVP, Chief HR Officer	25 0 25 0			X				1,857,813	0	336,076
Patrick Courneya EVP, Chief Medical Officer	22 5 27 5			X				1,220,085	0	630,555
Richard Daniels EVP, CIO	46 0 4 0			X				1,814,409	0	146,709
Sandra Golze Assistant Secretary - NCAL	25 0 25 0			X				374,649	0	220,377
Bernice Gould Assistant Secretary	25 0 25 0			X				211,923	0	119,722
Kathryn Lancaster EVP & CFO	15 0 35 0			X				2,834,247	0	889,086
Janet Liang Regional President - NCAL	25 0 25 0			X				1,461,682	0	541,446

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Meier SVP, Corporate Treasurer	18 5 31 5			X				1,125,095	0	191,167
Julie Miller-Phipps Regional President - SCAL	25 0 25 0			X				1,518,610	0	295,129
Donald Orndoff SVP, NFS	15 0 35 0			X				974,157	0	230,435
Wade Overgaard SVP, Health Plan Ops - CA	40 0 10 0			X				1,471,370	0	277,717
Frank Richardson Assistant Secretary - HI	25 0 25 0			X				311,997	0	141,313
Rochelle Roth Assistant Secretary	32 0 18 0			X				235,364	0	200,790
Jacqueline Sellers Assistant Secretary	15 0 35 0			X				287,588	0	171,076
Arthur Southam EVP, Health Plan Operations	24 0 26 0			X				3,230,890	0	776,312
Paul Swenson SVP & Chief Strategy Officer	45 0 5 0			X				1,472,354	0	284,884
Alfonse Upshaw SVP, Corporate Controller & CAO	16 0 34 0			X				839,199	0	168,061

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			
Cesar Villalpando SVP, Enterprise Shared Svcs	25 0			X				816,812	0	210,779
John Yamamoto Assistant Secretary	25 0			X				669,177	0	225,971
Philip Young Assistant Secretary	25 0			X				479,379	0	191,476
Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy	15 0			X				330,937	0	179,627
Mark Zemelman SVP, General Counsel & Secy	18 0			X				2,447,915	0	221,897
Chandrika Bhalla SVP, CFO - NCAL	25 0				X			779,587	0	191,209
Thomas Curtin SVP, Natl Sales & Acct Mgmt	50 0			X				1,000,030	0	163,062
Mick Diede SVP, Chief Actuary	50 0				X			889,015	0	227,611
George Disalvo SVP, CFO - SCAL	25 0				X			1,420,963	0	162,314
Amy Gutierrez VP, Chief Pharmacy Officer	50 0				X			482,277	0	134,586

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			
Laurel Junk VP, Chief Procurement Officer	50 0 0 0				X			862,187	0	197,267
Christine Paige SVP, Marketing & Internet Svcs	50 0 0 0				X			804,203	0	236,615
Michael Rowe SVP, CFO - NCAL	25 0 25 0				X			1,309,546	0	347,371
James Simpson SVP, Finance - BU & ROC	0 0 50 0				X			1,444,464	0	353,119
Wayne Swafford VP, Natl Facilities Svc - ROC	50 0 0 0				X			282,644	0	13,547
Robert J Alger SVP, HP Tech Solutions & Svcs	50 0 0 0					X		977,226	0	146,629
Peter Andrade SVP, Sales & Acct Mgmt - CA	50 0 0 0					X		922,950	0	256,852
Debora Lynn Catsavas SVP, HR - NCAL	50 0 0 0					X		1,010,149	0	177,793
Arlene Peasnall SVP, HR - SCAL	50 0 0 0					X		893,120	0	185,216
Leanne Trachok SVP, Revenue Management	50 0 0 0					X		1,001,380	0	96,839

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
George Halvorson Chairman	00 00						X	28,956	0	25,716
J Neal Purcell Director	00 00						X	20,937	27,808	0
Raymond Baxter SVP, CB Research & Hlth Policy	00 00						X	1,025,489	0	0
Jerry Fleming SVP, Health Reform Implement	00 00						X	370,330	0	72,706
Daniel Garcia SVP, Chief Compliance Officer	00 00						X	593,429	0	0
Gerald Mccall SVP Operations	00 500						X	994,274	0	236,988
Deborah Stokes SVP, Corporate Controller & CAO	00 00						X	165,396	0	0
Nancy Wollen SVP, Chief Operating Officer	00 00						X	449,497	0	89,911
Carlos Zaragoza Assistant Secretary	00 00						X	163,976	0	0
Victoria Zatkan VP, Off of Brd & Corp Gov Svcs	00 00						X	105,278	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee		Former			
Robert Beltch Chief Audit Executive	50 0 0 0							X	748,489	0	168,233
Kendall Hunter SVP, Health Ins Exchange Opns	0 0 0 0							X	140,813	0	0
Christopher Ohman VP, Health Plan Expansion	50 0 0 0							X	521,884	0	107,647

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	63	0	300	0	363
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	42,237,748,540	45,254,173,266	48,338,326,786	50,920,804,003	53,893,843,796	240,644,896,391
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	42,237,748,540	45,254,173,329	48,338,326,786	50,920,804,303	53,893,843,796	240,644,896,754
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						240,644,896,754

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	42,237,748,540	45,254,173,329	48,338,326,786	50,920,804,303	53,893,843,796	240,644,896,754
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83,016,438	97,415,016	73,196,928	92,291,557	2,557,927	348,477,866
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	83,016,438	97,415,016	73,196,928	92,291,557	2,557,927	348,477,866
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,106,851	2,256,291	2,785,620	2,886,478	2,857,288	14,892,528
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,891,955	3,836,033	2,289,802	2,502,273	2,430,220	15,950,283
13 Total support. (Add lines 9, 10c, 11, and 12.)	42,329,763,784	45,357,680,669	48,416,599,136	51,018,484,611	53,901,689,231	241,024,217,431
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.843%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.811%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.145%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.174%
19a 33 1/3% support tests—2017. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2016. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ 797
- 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 ▶ \$ 80
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		10,000
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		150,000
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,198,754
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		7,505
i Other activities?	Yes		2,622,655
j Total Add lines 1c through 1i			3,988,914
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1, PART I-B LINE 4b	KAISER FOUNDATION HEALTH PLAN, INC ("KFHP") OBTAINED A RULING FROM THE INTERNAL REVENUE SERVICE IN 2001 UNDER WHICH IT IS PERMITTED TO COLLECT VOLUNTARY EMPLOYEE CONTRIBUTIONS TO CERTAIN LABOR UNION COMMITTEES ON POLITICAL EDUCATION ("COPEs") AS PART OF ITS PAYROLL ADMINISTRATION AND TRANSFER THOSE CONTRIBUTIONS TO THE COPEs WITHOUT TAX CONSEQUENCE SO LONG AS IT IS FULLY REIMBURSED FOR ALL COSTS OF ADMINISTRATION BY THE UNIONS KFHP DUE TO AN ADMINISTRATIVE ERROR HAD NOT HISTORICALLY COLLECTED THE COSTS FROM THE UNIONS BEGINNING IN 2015, KFHP COMMENCED BILLING AND INITIATED COLLECTION OF THE COSTS KFHP HAS FILED FORMS 4720 AND PAID EXCISE TAXES UNDER SECTION 4955 AND FILED FORMS 1120-POL AND PAID CERTAIN INCOME TAXES ASSOCIATED WITH THE INDIRECT POLITICAL EXPENDITURES UNDER SECTION 527(F) KFHP HAS IMPLEMENTED CORRECTIVE ACTION BY INVOICING EACH LABOR UNION FOR ITS SHARE OF THE COSTS OF ESTABLISHING AND OPERATING THE PAYROLL ADMINISTRATION SERVICE FOR WITHHOLDING OF VOLUNTARY EMPLOYEE CONTRIBUTIONS TO COPEs TO MINIMIZE RISK OF FUTURE ERRORS KFHP HAS ADOPTED PROCEDURES AND PROCEDURES FOR REIMBURSEMENT KFHP BILLS TIMELY FOR ALL COSTS FROM EACH LABOR UNION AND REQUIRES TIMELY PAYMENT FOR A UNION TO CONTINUE TO PARTICIPATE IN THIS ADMINISTRATION SERVICE THE ANNUAL COST OF ADMINISTRATION INCURRED AND BILLED FOR 2017 WAS \$9,118, OF WHICH \$8,321 WAS REIMBURSED BY THE LABOR UNIONS IN 2017 KFHP IS EXPECTED TO RECEIVE THE REMAINING \$797 IN THE NEAR FUTURE
SCHEDULE C, PART II-B, LINE 1A THROUGH 1I	THE ORGANIZATION (HEALTH PLAN) IS A MEMBER OF THE KAISER PERMANENTE MEDICAL CARE PROGRAM AND PARTICIPATED IN AND BENEFITED FROM LOBBYING ACTIVITIES CONDUCTED AT THE REGIONAL AND NATIONAL LEVELS FOR THE BENEFIT OF ITS ENROLLED MEMBERS, THE BROADER COMMUNITY AND FOR THE HEALTH CARE INDUSTRY AS A WHOLE AS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), KAISER FOUNDATION HEALTH PLAN, INC (KFHP) HAS A POLICY PROHIBITING ANY OF KFHP'S RESOURCES BEING USED IN ANY POLITICAL CAMPAIGNS THIS POLICY IS CLOSELY MONITORED FOR COMPLIANCE DURING THE YEAR 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
► 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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number
94-1340523

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		721,423,707		721,423,707
b Buildings		5,325,808,742	2,522,813,268	2,802,995,474
c Leasehold improvements		1,026,295,091	787,117,853	239,177,238
d Equipment		510,939,218	368,967,733	141,971,485
e Other		992,039,175	407,567,698	584,471,477
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,490,039,381

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

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
RESERVE - PHYSICIAN RETIREMENT	8,164,685,970
SELF INSURED RISKS	940,594,163
LONG TERM EXTERNAL LIABILITIES	18,047,168
POST RETIREMENT BENEFIT LIAB	2,146,134,628
OTHER CURRENT LIABILITIES	878,827,243
OTHER LONG-TERM LIABILITIES	399,623,773
SECURITIES LENDING PAYABLE	555,007,938
BROKER PAYABLE	322,908,870
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	13,425,829,753

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
RESERVE - PHYSICIAN RETIREMENT	8,164,685,970
SELF INSURED RISKS	940,594,163
LONG TERM EXTERNAL LIABILITIES	18,047,168
POST RETIREMENT BENEFIT LIAB	2,146,134,628
OTHER CURRENT LIABILITIES	878,827,243
OTHER LONG-TERM LIABILITIES	399,623,773
SECURITIES LENDING PAYABLE	555,007,938
BROKER PAYABLE	322,908,870

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number
94-1340523

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

- 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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		1			232,190,057
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			232,190,057

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not 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, do not 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).

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

Additional Data

Software ID:

Software Version:

EIN: 94-1340523

Name: KAISER FOUNDATION HEALTH PLAN INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		1	Program Services	PP&L INSURANCE	5,632,502
Central America and the Caribbean			Conduct board meetings		3,555

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
Europe (Including Iceland and Greenland)			Investments		13,604,000
Central America and the Caribbean			Investments		2,642,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Investments		34,294,000
East Asia and the Pacific			Investments		176,014,000

Schedule I (Form 990)

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

OMB No 1545-0047

2017

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

Name of the organization KAISER FOUNDATION HEALTH PLAN INC

Employer identification number 94-1340523

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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 non-cash 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. 147
3 Enter total number of other organizations listed in the line 1 table. 16

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 a financial accounting for how funds were used

Additional Data

Software ID:

Software Version:

EIN: 94-1340523

Name: KAISER FOUNDATION HEALTH PLAN INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
50 Corridor Transportation Mgmt Assn 2365 Iron Point Rd 300 Folsom, CA 95630	68-0314535	501(c)(4)	10,000				May Is Bike Month
Aloha Medical Mission 810 N Vineyard Blvd Honolulu, HI 96817	99-0234811	501(c)(3)	40,000				Project Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Aloha United Way Inc 200 N Vineyard Blvd 700 Honolulu, HI 96817	99-0073494	501(c)(3)	10,000				Event Support\Annual Fundraiser
Alonzo King's Lines Contemporary Ballet 26 7th Street San Francisco, CA 94103	94-2933309	501(c)(3)	7,600				Community Programs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimer's Association 3675 Mt Diablo Bl 250 Lafayette, CA 94549	94-2897949	501(c)(3)	13,500				Walks to End Alzheimer
American Cancer Society Inc 2222 W Shaw Ave Suite 201 Fresno, CA 93711	13-1788491	501(c)(3)	55,000				Event Support\Annual Fundraiser

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Conservatory Theatre Foundation 30 Grant Ave Fl 7 San Francisco, CA 94108	94-6135772	501(c)(3)	22,600				A C T 50th Anniversary Gala
American Diabetes Association Inc 900 Fort St Mall 940 Honolulu, HI 96813	13-1623888	501(c)(3)	22,500				Project Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association Inc 7425 N Palm Bluff Ave Fresno, CA 93711	13-5613797	501(c)(3)	50,619				Event Support\Annual Fundraiser
AMERICAN LEADERSHIP FORUM 1601 Response Rd 350 Sacramento, CA 95815	91-1792774	501(c)(3)	9,400				Community Partner Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American National Red Cross 1663 Market St San Francisco, CA 94103	53-0196605	501(c)(3)	520,000				Hurricane Relief
APIAHF 1 Kaiser Plaza Suite 850 Oakland, CA 94612	94-3030866	501(c)(3)	12,000				Conference Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA AGENCY ON AGING 400 Contra Costa St Vallejo, CA 94590	94-2742309	501(c)(3)	18,000				Fitness and Fall Prevention events for Older Adult
Arthritis Foundation Inc 2752 Woodland Dr 204B Honolulu, HI 96822	58-1341679	501(c)(3)	7,275				Walk Sponsor

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Sunday 6111 Melrose Ave Los Angeles, CA 90038	42-1765317	501(c)(3)	30,000				Event Support
BIPARTISAN POLICY CENTER INC 1225 Eye St NW 1000 Washington, DC 20005	73-1628382	501(c)(3)	100,000				Project support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Club of Maui Inc 100 Kanaloa Avenue Kahului, HI 96732	99-0272347	501(c)(3)	40,000				Project Support
Brentwood School 100 S Barrington Pl Los Angeles, CA 90049	95-1426236	501(c)(3)	12,500				Board Matching Gift

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California State Conference of The NAACP 1215 K St Ste 1609 Sacramento, CA 95814	95-4617376	501(c)(4)	10,000				2017 CA HI State NAACP Convention
California Center for Civic Participation 1220 H Street 102 Sacramento, CA 95814	23-7182049	501(c)(3)	8,560				She Shares Conversations with Women Leaders

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California College of the Arts 1111 Eighth Street San Francisco, CA 94107	94-1156485	501(c)(3)	6,620				2017 CCA Annual Scholarship Gala
California Musical Theater 1510 J Street 200 Sacramento, CA 95814	95-1744392	501(c)(3)	19,840				2017 Music Circus Official Health Care Provider an

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

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California School Boards Association 3251 Beacon Blvd West Sacramento, CA 95691	95-1510492	501(c)(4)	15,000				Pro Buss Affiliate, Golden Bell Awards, AEC Lunche
California State Association of Counties 1100 K St Suite 101 Sacramento, CA 95814	94-6000551	501(c)(4)	25,000				7/17 to 6/18 Premier Partner Dues

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

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California Women Lead 1017 L Street 418 Sacramento, CA 95814	51-0184448	501(c)(3)	20,000				2017 Annual Corp Membership Dues
Catholic Charities Hawaii 1822 Keeaumoku Street Honolulu, HI 96822	99-0073547	501(c)(3)	25,000				Project Support

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

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Central City Association of Los Angeles 626 Wilshire Blvd200 Los Angeles, CA 90017	95-0691090	501(c)(6)	10,000				24th Annual Treasures of Los Angeles
Central Valley Community Foundation 205 E River Park 410 Fresno, CA 93720	77-0478025	501(c)(3)	7,500				2017 SJVMA Manufacturing Summit/Membership

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

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Children's Network of Solano County 827 Missouri St 5 Fairfield, CA 94533	68-0014506	501(c)(3)	20,000				SOFITCITY VI We Run This Town
Christmas in the Park Inc 171 Branham Ln 10-234 San Jose, CA 95136	77-0046955	501(c)(3)	7,500				Christmas in the Park

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

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Cinequest Inc 410 South First St San Jose, CA 95113	77-0250734	501(c)(3)	20,000				Kaiser Permanente Thrive Award & Event
City of Folsom Parks & Recreation 50 Natoma Street Folsom, CA 95630	94-6000334	Government or P	5,330				Community Events Sponsorship

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

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City of Vacaville 650 Merchant St Vacaville, CA 95688	94-6000447	Government or P	10,000				Health and Wellness Classes/Activities
Climate Ride Inc 111 N Higgins Ave 415 Missoula, MT 59802	27-1777457	501(c)(3)	11,350				2018 CA North Coast Ride

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

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Collective Impact PO Box 156853 San Francisco, CA 94115	20-8964069	501(c)(3)	16,500				2017 Mo' Magic Backpack Giveaway and Health Fair
Commonwealth Club of California 555 Post Street San Francisco, CA 94102	94-0399260	501(c)(3)	48,000				Distinguished Citizen Award Gala

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

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Community Partners 1000 N Alameda Street Los Angeles, CA 90012	95-4302067	501(c)(3)	114,500				CA Accountable Communities
Cope Family Center 707 Randolph Street Napa, CA 94559	94-2322399	501(c)(3)	10,000				Child Abuse Prevention Awareness Campaign

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Cosumnes Community Services District 9355 E Stockton 185 Elk Grove, CA 95624	68-0385873	501(c)(3)	7,000				Healthy Family Fest
Council on Aging Services for Seniors 30 Kawana Springs Road Santa Rosa, CA 95404	94-6138714	501(c)(3)	12,500				Principal Sponsor

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

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Crocker Art Museum Association 216 O Street Sacramento, CA 95814	94-2552486	501(c)(3)	10,400				Crocker Ball
Delta Research & Educational Foundation PO Box 841 Vallejo, CA 94950	52-1338072	501(c)(3)	5,500				Women's Empowerment Conference

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

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Desert AIDS Project 1695 North Sunrise Palm Springs, CA 92262	33-0068583	501(c)(3)	8,500				Event Support\Awards Ceremony
East Bay Asian Local Development Corp 1825 San Pablo Ave 200 Oakland, CA 94612	51-0171851	501(c)(3)	6,750				EBALDC 42nd Annual Gala

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East Bay Community Foundation 200 Frank Ogawa Plaza Oakland, CA 94612	94-6070996	501(c)(3)	55,000,000				Project Support
Elk Grove Youth Sports Foundation 9401 E Stockton 210 Elk Grove, CA 95624	26-3779055	501(c)(3)	14,500				Elk half marathon

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Emergency Food Bank 7 West Scotts Avenue Stockton, CA 95203	68-0002165	501(c)(3)	21,950				Walk against hunger
End 68 Hours of Hunger 3336 No Texas Ste J187 Fairfield, CA 94533	45-0998251	501(c)(3)	15,000				Feeding Children during the School Year

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

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ENROLL AMERICA 1225 New York Ste 750 Washington, DC 20005	27-1661221	501(c)(3)	550,000				2017 General Support
Enterprise for High School Students 200 Pine St Fl 6 San Francisco, CA 94104	23-7139082	501(c)(3)	27,500				Allied Healthcare Career Exploration Program & Int

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

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Equality California Institute 3701 Wilshire 725 Los Angeles, CA 90010	68-0438008	501(c)(3)	18,400				SF Equality Awards
Fairfield-Suisun Rotary Club Foundation PO Box 477 Fairfield, CA 94533	68-0393992	501(c)(4)	10,000				Ready to Succeed

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Foundation for Central Schools 4605 N Polk Ave Fresno, CA 93722	56-2316616	501(c)(3)	8,000				Summer Library Program
GEORGETOWN UNIVERSITY 2121 Wisconsin NW 4TH Washington, DC 20007	53-0196603	501(c)(3)	182,172				CENTER ON POVERTY INEQUALITY INNOVATIVE BEHAVIORA

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

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Girl Scouts of Hawaii 410 Atkinson Dr 2E1Bx3 Honolulu, HI 96814	99-0073488	501(c)(3)	9,320				Event sponsor
Global Education Fund PO Box 548 Boulder, CO 80306	84-1437310	501(c)(3)	5,667				Board Matching Gift

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Grantmakers In Health 1100 Connecticut AveNW Washington, DC 20036	13-3206571	501(c)(3)	10,000				Conference Support
Greater Fresno Area Chamber of Commerce 2331 Fresno Street Fresno, CA 93721	94-0489640	501(c)(6)	8,000				Chairman's Circle

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Greater LA African Amer Chamber of Comm 5100 W Goldleaf Cir 203 LA, CA 90056	95-4357302	501(c)(6)	10,000				24th Annual Economic Awards Dinner
Greater Sacramento Urban League 3725 Marysville Blvd Sacramento, CA 95838	94-1686314	501(c)(3)	6,466				Unity Ball 2017

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Habitat for Humanity of San Joaquin Inc 4933 West Lane Stockton, CA 95206	68-0293903	501(c)(3)	10,000				Dream Creek
Hawaii Appleseed 119 Merchant St 605A Honolulu, HI 96813	76-0748976	501(c)(3)	50,000				Project Support

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Hawaii Cord Blood Bank 1319 Punahou Street Honolulu, HI 96826	99-0349269	501(c)(3)	27,500				Project support
Hawaii Primary Care Association 1003 Bishop St 1810 Honolulu, HI 96813	99-0268275	501(c)(3)	43,300				Project Support

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Hawaii Public Health Institute 850 Richards St 201 Honolulu, HI 96813	68-0637054	501(c)(3)	80,000				Project Support
Hawaii State Rural Health Association 4442 Hardy Avenue Ste 205 Lihue, HI 96766	99-0338158	501(c)(3)	19,750				Project Support

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Health Care Cost Institute 1100 G St NW Ste 600 Washington, DC 20005	38-3917409	501(c)(3)	350,000				2017 Full Year Legacy Payment
Healthy Aging Association 3500 Coffee Road 19 Modesto, CA 95355	77-0546574	501(c)(3)	15,000				Healthy Aging & Fall Prevention Summit

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Hispanic Foundation of Silicon Valley 1922 The Alameda 217 San Jose, CA 95126	77-0481921	501(c)(3)	14,050				Hispanic Fdn Ball sponsorship
Hispanics in Philanthropy 414 13th St Suite 200 Oakland, CA 94612	94-3040607	501(c)(3)	10,000				Conference Support

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Hollywood Chamber of Commerce 6255 Sunset Blvd Los Angeles, CA 90028	95-4557923	501(c)(6)	9,845				Event sponsor
Honolulu Theatre for Youth 1149 Bethel St 700 Honolulu, HI 96813	99-0107563	501(c)(3)	25,000				Project Support

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Huckleberry Youth Programs Inc 3310 Geary Blvd San Francisco, CA 94118	94-1687559	501(c)(3)	7,500				Huckleberry Youth Programs 50th Anniversary Gala
Illumination Foundation 2691 Richter Ave 107 Irvine, CA 92606	71-1047686	501(c)(3)	9,000				Event Support\Annual Fundraiser

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Individuals Now Inc 2447 Summerfield Rd Santa Rosa, CA 95405	94-1711490	501(c)(3)	6,880				SAY-vivor
Instituto Laboral De La Raza 2947 - 16th Street San Francisco, CA 94103	94-2890401	501(c)(3)	8,500				2017 National Labor-Community Awards

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International Medical Corps 12400 Wilshire Blvd 1500 LA, CA 90025	95-3949646	501(c)(3)	1,250,000				Mexico Earthquake Relief and Recovery
Jewish Vocational & Career Counseling Srvc 225 Bush St 400 San Francisco, CA 94104	94-2213100	501(c)(3)	22,957				2017 Strictly Business Awards Luncheon

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Junior Achievement of San Diego 4756 Mission Gorge Pl San Diego, CA 92120	95-1727087	501(c)(3)	7,150				Event Support\Awards Ceremony
JW House 3850 Homestead Road Santa Clara, CA 95051	20-2034560	501(c)(3)	25,000				Celebration of Hope

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Kihei Youth Center Request 131 S Kihei Road Kihei, HI 96753	99-0222885	501(c)(3)	6,000				Event Sponsor
KNOWLEDGE ECOLOGY INTERNATIONAL 1621 Connecticut-500 Washington, DC 20009	83-0461554	501(c)(3)	250,000				Work program on drug pricing issues in the US, gra

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Kokua Hawaii Foundation PO Box 866 Haleiwa, HI 96712	20-0315475	501(c)(3)	7,341				Project support
LA Works Inc 570 W Avenue 26 400 Los Angeles, CA 90065	95-4329727	501(c)(3)	10,000				2018 MLK/LA Works Day

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LA County Economic Development Corp 444 S Flower St 37th Fl LA, CA 90071	95-3643339	501(c)(3)	35,000				2017 INLA Gold Level Sponsorship
LATINO HEALTH ACCESS 450 W 4th St Ste 130 Santa Ana, CA 92701	33-0562943	501(c)(3)	200,000				Project Support

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League of California Cities 1400 K St Suite 400 Sacramento, CA 95814	94-6000835	501(c)(3)	20,000				2016 League Partnership & Caucus support
Leaven Program 2220 Boynton Ave A Fairfield, CA 94533	26-3653717	501(c)(3)	10,000				Leaven Event Sponsorship

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Leland Stanford Junior University 326 Galvez Street Stanford, CA 94305	94-1156365	501(c)(3)	12,912				Board Matching Gift
Los Angeles Area Chamber of Commerce 350 S Bixel St Los Angeles, CA 90017	95-0947860	501(c)(6)	16,000				Event sponsor

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LOS ANGELES EDUCATION PARTNERSHIP 202 W 1st Ste 6 0410 Los Angeles, CA 90012	95-3909218	501(c)(3)	611,884				Trauma-Informed Schools for School Staff Wellness
Los Angeles Latino Chamber of Commerce 801 S Grand Ave 400 Los Angeles, CA 90017	26-2949705	501(c)(6)	10,000				2017 Latino Business Awards

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Los Angeles NAACP PO Box 56408 Los Angeles, CA 90056	95-2585704	501(c)(4)	10,000				2017 Roy Wilkins Freedom Fund Awards Gala
Los Rios Foundation 3835 Freeport Blvd Sacramento, CA 95822	94-2506591	501(c)(3)	5,300				Sacramento City College Centennial Gala

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Make A Wish Foundation 2800 Club Center Drive Sacramento, CA 95835	68-0027351	501(c)(3)	14,500				Adopt-A-Wish
March of Dimes 1580 Makaloa St 1200 Honolulu, HI 96814	13-1846366	501(c)(3)	13,250				Walk Sponsor

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Matter Of Trust Inc 99 Sanit Germain San Francisco, CA 94114	06-1530091	501(c)(3)	20,000				Heart of the City Farmers Market Incentive & Nutri
Maui Economic Development Board Inc 1305 North Holocono St 1 Kihei, HI 96753	99-0226377	501(c)(3)	20,000				Project Support

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MEMORIAL SLOAN KETTERING CANCER CENTER PO Box 26338 New York, NY 10087	13-1624182	501(c)(3)	550,000				Drug Pricing Grant Work on behalf of Peter Bach -
Mental Health America of Greater Houston 2211 Norfolk Suite 810 Houston, TX 77098	74-1272394	501(c)(3)	500,000				Project support

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Mental Health Association in Hawaii 1124 Fort St Mall 205 Honolulu, HI 96813	99-0076458	501(c)(3)	61,000				Project Support
Mount Calvary Baptist Church Inc 1735 Enterprise Dr 3 Fairfield, CA 94533	68-0008759	501(c)(3)	9,400				Youth Life Skills Workshop, Scholarship Golf Tourn

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Na Lei Wili Area Health Education Ctr 4442 Hardy St Ste 205 Lihue, HI 96766	99-0337948	501(c)(3)	81,850				Project Support
NATIONAL COUNCIL FOR COMMUNITY 1701 K St NW Ste 400 Washington, DC 20006	23-7092671	501(c)(3)	487,500				Trauma-Informed Primary Care Practice Transformati

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

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National Fdn For The Ctrs For Disease Contr & Prev 55 Park Place Suite 400 Atlanta, GA 30303	58-2106707	501(c)(3)	1,000,000				Project support
NATIONAL GOVERNORS ASSOCIATION 444 N Capitol Ste 267 Washington, DC 20001	23-7391796	501(c)(3)	200,000				Project support

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

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NATIONAL HEALTH LAW PROGRAM 3701 Wilshire Blvd Ste 750 Los Angeles, CA 90010	95-3080947	501(c)(3)	200,000				Project support
National Kidney Foundation of Hawaii 1314 South King Street Honolulu, HI 96814	99-0266733	501(c)(3)	10,000				Event Sponsor

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

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NATIONAL MEDICAL FELLOWSHIPS 347 5th Ave STE 510 New York, NY 10016	36-2125449	501(c)(3)	333,333				Project support
Nehemiah Community Foundation 640 Bercut Dr Suite A Sacramento, CA 95811	68-0449972	501(c)(3)	7,500				Nehemiah Emerging Leaders Program (NELP)

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

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NICOS Chinese Health Coalition 1208 Mason Street San Francisco, CA 94108	94-3184812	501(c)(3)	6,000				2017 Chinatown Community Health Fair (CCHF)
North Bay Operation Hand Up PO Box 2395 Vacaville, CA 95696	26-1899796	501(c)(3)	15,000				North Bay Stand Down

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

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Oakland Chinatown Chamber of Commerce 388 Ninth St Suite 290 Oakland, CA 94607	94-2960444	501(c)(6)	11,000				Oakland Chinatown Streetfest Festival
Opera Noir 3152 Roundhill Road Alamo, CA 94507	77-0503778	501(c)(3)	9,000				Divas & Desserts

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 2001 Pennsylvania 900 Washington, DC 20006	27-1712188	501(c)(3)	300,000				Making Healthy Choice the Easy Choice
Performing Arts Center of Los Angeles 135 North Grand Ave Los Angeles, CA 90012	95-2217011	501(c)(3)	7,500				Sponsorship support

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

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Regents of the University of California 405 Hilgard Ave Los Angeles, CA 90095	94-3067788	501(c)(3)	125,000				Scholarship support
Renaissance - Parents of Success 1800 Oakdale Ave San Francisco, CA 94124	94-3155564	501(c)(3)	6,000				10th Annual Health Fair

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

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Revival Center Ministries 910 Tennessee St Vallejo, CA 94590	55-3642299	501(c)(3)	20,000				2017 Remnant Youth and Young Adult Retreat
Richmond Area Multi-Services Inc 639 14th Avenue San Francisco, CA 94118	23-7389436	501(c)(3)	9,500				2017 Asian Pacific American (APA) Mental Health Da

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

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Richmond District Neighborhood Center 741 30th Avenue San Francisco, CA 94121	94-2684271	501(c)(3)	8,800				2017 Annual Celebration
Riverside University Health System 26520 Cactus Ave Moreno Valley, CA 92552	33-0374018	501(c)(3)	11,300				Event Support\Annual Fundraiser

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

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Sacramento City Unified School District 5735 47th Avenue Sacramento, CA 95824	94-6002491	Government or P	10,000				SCUSD Step Into Wellness Community Walk and Health
Sacramento Convention & Visitors Bureau 1608 I Street Sacramento, CA 95814	94-0824640	Government or P	20,224				2017 Farm-to-Fork Celebration

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

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Safe Harbor Outreach Ministries Inc PO Box 554 Vacaville, CA 95696	76-0822599	501(c)(3)	24,050				Ongoing Staff Training
SAFE ROUTES TO SCHOOL PO Box 102088 Vacaville, CA 95696	46-2694434	501(c)(3)	229,821				Project support

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

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Sakura Matsuri 1759 Sutter Street San Francisco, CA 94115	93-1141006	501(c)(3)	12,500				2017 Cherry Blossom Festival & Senior Appreciation
San Francisco - Marin Food Bank 900 Pennsylvania Ave SF, CA 94107	94-3041517	501(c)(3)	24,000				2017 One Big Table

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

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San Francisco Ballet Association 455 Franklin St San Francisco, CA 94102	94-1415298	501(c)(3)	38,228				2017-18 Dance in Schools & Communities and Communi
San Francisco Botanical Garden Society 1199 9th Ave San Francisco, CA 94122	94-6050168	501(c)(3)	24,200				2017 Bean Sprouts Family Days & Flower Piano

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

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San Francisco Dept of the Environment 1455 Market 12th Fl S Francisco, CA 94103	94-6000417	Government or P	14,000				2017 Mayor's Annual Earth Day Breakfast
San Francisco Green Film Festival 145 Ninth St 220 San Francisco, CA 94103	47-1454754	501(c)(3)	27,460				2017 Green Film Fest

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

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San Francisco Opera Association 301 Van Ness Avenue San Francisco, CA 94102	94-0836240	501(c)(3)	58,465				Opera ARIA, Opera in the Park
San Francisco Parks Alliance 465 California St 425 SF, CA 94104	23-7131784	501(c)(3)	7,000				2017 Shared Schoolyard Project Fall Fundraiser

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

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San Francisco Planning & Urban Research 654 Mission Street San Francisco, CA 94105	94-1498232	501(c)(3)	75,000				SPUR 2017 Regional Partnership with KP
San Francisco Recreation and Park Dept 501 Stanyan St San Francisco, CA 94117	94-6000417	Government or P	19,600				2017 Seasonal Events

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

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San Joaquin Medical Society 3031 W March Lane 222W Stockton, CA 95219	94-1220674	501(c)(6)	14,000				Decision Medicine
San Jose Jazz Society 145 W San Carlos St San Jose, CA 95113	77-0140627	501(c)(3)	15,000				Kaiser Permanente SJZ Winter Fest 2017

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

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San Leandro Chamber of Commerce 120 Estudillo Ave San Leandro, CA 94577	94-0838570	501(c)(6)	7,285				Annual Signature Events
SFMade Inc 926 Howard Street San Francisco, CA 94103	27-2850703	501(c)(3)	49,050				Growing a Healthier Bay Area Through a Stronger Ma

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

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Sierra College Foundation 5000 Rocklin Road Rocklin, CA 95677	23-7241877	501(c)(3)	14,800				BSN Merger Scholarship & Taste of Excellence 2017
Smart Growth America 1152 15th St NW 450 Washington, DC 20005	27-0038938	501(c)(3)	6,500				Project support

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

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Solano County Fair Association 900 Fairgrounds Drive Vallejo, CA 94589	94-1328867	501(c)(3)	10,000				Youth Ag Day 2017
Solano County Library Foundation 601 Kentucky Street Fairfield, CA 94533	68-0342423	501(c)(3)	9,690				2017 Women's History Month Luncheon and 2017 Autho

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

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Stern Grove Festival Association 832 Folsom St 1000 San Francisco, CA 94107	94-6064356	501(c)(3)	25,000				Stern Grove Festival's 80th Season
Susan G Komen Breast Cancer Foundation 2817 McGaw Irvine, CA 92614	33-0487943	501(c)(3)	8,500				Event Support\Annual Fundraiser

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

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The Exploratorium Pier 17 Suite 100 San Francisco, CA 94111	94-1696494	501(c)(3)	18,040				Project support
The Food Basket Inc 40 Holomua Street Hilo, HI 96720	26-0349475	501(c)(3)	50,000				Project Support

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

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The Kohala Center Inc PO Box 437462 Kamuela, HI 96743	99-0354676	501(c)(3)	60,000				Project Support
The Salvation Army 3755 No Freeway Blvd Sacramento, CA 95834	94-1156347	501(c)(3)	7,130				Camp del Oro

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

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TIDES CENTER LEADERSPRING PO Box 29198 San Francisco, CA 94129	94-3213100	501(c)(3)	537,500				Transformation Accelerator for Center of Care Inno
TIDES FOUNDATION 1012 Torney Ave San Francisco, CA 94129	51-0198509	501(c)(3)	300,000				Convergence Partnership

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

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Tipping Point Community 220 Montgomery St850 S Francisco, CA 94102	20-2121739	501(c)(3)	2,000,000				Project Support
Touro University California 1310 Club Drive Vallejo, CA 94592	13-3838740	501(c)(3)	10,000				Mosaic Celebration a diversity scholarship fundra

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

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Tri-City Health Center 40910 Fremont Blvd Fremont, CA 94538	23-7255435	501(c)(3)	10,000				Giving Tree Donation
University of Hawaii Foundation 2444 Dole St Honolulu, HI 96822	99-0085260	501(c)(3)	165,260				Project Support

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University of the Pacific 3601 Pacific Ave Stockton, CA 95211	94-1156266	501(c)(3)	9,615				Advancing Women's Leadership Forum
Vacaville Public Education Foundation 401 Nut Tree Rd Vacaville, CA 95687	61-1568727	501(c)(3)	10,000				Loop the Lagoon Sponsorship and General VPEF Spons

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

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Volunteer Center of Sonoma County Inc 153 Stony Circle 100 Santa Rosa, CA 95401	94-1751375	501(c)(3)	15,000				Volunteer Center Corporate Sponsorship
Waianae District Comprehensive Health Ctr 86-260 Farrington Highway Waianae, HI 96792	99-0148164	501(c)(3)	35,000				Project Support

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Women Helping Women 1935 Main Street Wailuku, HI 96793	99-0205452	501(c)(3)	10,000				Dinner Table Sponsor
YMCA Of Honolulu 1441 Pali Highway Honolulu, HI 96813	99-0073533	501(c)(3)	33,000				Project Support

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

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YMCA of San Francisco 50 California 650 San Francisco, CA 94111	94-0997140	501(c)(3)	7,390				2017 Richmond District Jog in the Fog 5K

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number
94-1340523

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<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)			
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<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)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <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 </td> </tr> </table>	<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			
<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				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	Yes			
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	Yes			

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
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 ELEVEN OTHER OFFICERS AS APPROVED BY THE COMPENSATION COMMITTEE, CHIEF EXECUTIVE OFFICER, OR CHIEF HUMAN RESOURCES OFFICER THE VALUE OF THESE CHARGES ARE NOT INCLUDED IN THE RECIPIENTS COMPENSATION TRAVEL FOR COMPANIONS AS APPROVED BY SENIOR MANAGEMENT INFREQUENTLY WHERE BUSINESS REQUIREMENT DICTATES THE VALUE OF THESE CHARGES ARE NOT INCLUDED IN THE RECIPIENTS COMPENSATION PERSONAL SERVICES CAR AND SECURITY SERVICE IS APPROVED FOR SENIOR MANAGEMENT IN CONNECTION WITH BUSINESS RELATED TRAVEL CEO'S NONBUSINESS TRANSPORTATION IS BOARD APPROVED AND INCLUDED IN COMPENSATION TAX INDEMNIFICATION AND GROSS-UP PAYMENTS LIMITED TO PARTIAL TAX GROSS-UP UNDER RELOCATION POLICY, CEO TRANSPORTATION AND SECURITY, AND AS APPROVED ON A LIMITED BASIS BY SENIOR MANAGEMENT THESE PAYMENTS ARE INCLUDED IN COMPENSATION HOUSING ALLOWANCE PROVIDED ON A LIMITED BASIS TO FOUR OFFICERS AND ONE KEY 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 - NANCY WOLLEN 338,460 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 325,791 Robert J Alger 282,671 Peter Andrade 100,000 Mary Barnes 116,452 Anthony Barrueta 222,051 Robert Beltech 48,495 Charles Bevilacqua 162,240 William Caswell 510,463 Charles Columbus 263,974 Thomas Curtin 121,400 Mick Diede 80,634 George Disalvo 233,501 Jerry Fleming 323,172 Kendall Hunter 21,359 Laurel Junk 74,056 Kathryn Lancaster 309,860 Gerald McCall 86,822 Thomas Meier 97,965 Julie Miller-Phipps 151,668 Christopher Ohman 81,691 Wade Overgaard 124,888 Christine Paige 70,030 Arlene Peasall 295,105 James Simpson 111,182 Arthur Southam 568,315 Paul Swenson 243,792 Bernard Tyson 789,552 Alfonse Upshaw 129,022 John Yamamoto 65,932 Victoria Zatkan 81,430 Mark Zemelman 773,564 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 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 I, Line 8	Certain amounts reported in Form 990, Part VII, were paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3). Fixed payments were paid to or accrued for one individual in 2017.
Schedule J, Part II, Column F	Amounts included in Schedule J, Part II, Column F include amounts previously reported as deferred compensation, as well as, distributions from a 457(b) plan that were previously reported as reportable compensation in accordance with Form 990 Instructions

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Gregory Adams EVP, Group President	(i)	1,049,401	1,616,205	376,889	3,517,776	28,867	6,589,138	0
	(ii)	0	0	0	0	0	0	0
1 Robert J Alger SVP, HP Tech Solutions & Svcs	(i)	311,714	325,071	340,441	131,795	14,834	1,123,855	0
	(ii)	0	0	0	0	0	0	0
2 Peter Andrade SVP, Sales & Acct Mgmt - CA	(i)	356,861	429,986	136,103	232,524	24,328	1,179,802	81,357
	(ii)	0	0	0	0	0	0	0
3 Ramon F Baez Director	(i)	204,500	0	12,456	0	0	216,956	0
	(ii)	0	0	0	0	0	0	0
4 Mary Barnes Region President - Hawaii	(i)	317,207	611,781	142,581	13,250	16,353	1,101,172	0
	(ii)	0	0	0	0	0	0	0
5 Anthony Barraeta SVP, Government Relations	(i)	458,177	633,570	262,666	375,259	20,965	1,750,637	177,089
	(ii)	0	0	0	0	0	0	0
6 Raymond Baxter SVP, CB Research & Hlth Policy	(i)	0	676,852	348,637	0	0	1,025,489	331,848
	(ii)	0	0	0	0	0	0	0
7 Kristin Bear Assistant Secretary	(i)	224,693	116,173	5,146	124,717	17,556	488,285	0
	(ii)	0	0	0	0	0	0	0
8 Robert Beltch Chief Audit Executive	(i)	326,271	282,926	139,292	144,867	23,366	916,722	0
	(ii)	0	0	0	0	0	0	0
9 Vanessa Benavides SVP, Chief Comp & Priv Officer	(i)	391,760	437,497	94,037	172,275	18,646	1,114,215	86,809
	(ii)	0	0	0	0	0	0	0
10 Regina M Benjamin MD MBA Director	(i)	187,000	0	8,085	0	0	195,085	0
	(ii)	0	0	0	0	0	0	0
11 Charles Bevilacqua SVP, HP Products, Svc & Admin	(i)	558,377	777,537	185,643	285,847	22,264	1,829,668	124,859
	(ii)	0	0	0	0	0	0	0
12 Chandrika Bhalla SVP, CFO - NCAL	(i)	420,443	341,106	18,038	165,398	25,811	970,796	0
	(ii)	0	0	0	0	0	0	0
13 Maryann Bodayle Assistant Secretary	(i)	151,515	18,654	2,195	38,051	10,138	220,553	0
	(ii)	0	0	0	0	0	0	0
14 William Caswell Interim Regional President -HI	(i)	503,757	363,713	642,103	125,073	21,328	1,655,974	424,433
	(ii)	0	0	0	0	0	0	0
15 Debora Lynn Catsavas SVP, HR - NCAL	(i)	386,405	509,682	114,062	161,073	16,720	1,187,942	0
	(ii)	0	0	0	0	0	0	0
16 Bechara Choucair SVP, Community Health & Benefit	(i)	486,899	150,000	318,790	167,564	20,759	1,144,012	0
	(ii)	0	0	0	0	0	0	0
17 Charles Columbus SVP, Chief HR Officer	(i)	566,222	980,775	310,816	300,458	35,618	2,193,889	263,974
	(ii)	0	0	0	0	0	0	0
18 Patrick Courneya EVP, Chief Medical Officer	(i)	518,855	657,633	43,597	610,234	20,321	1,850,640	0
	(ii)	0	0	0	0	0	0	0
19 Thomas Curtin SVP, Natl Sales & Acct Mgmt	(i)	391,976	448,266	159,788	135,021	28,041	1,163,092	101,092
	(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				
21Richard Daniels EVP, CIO	(i)	725,531	1,040,625	48,253	113,239	33,470	1,961,118	0
	(ii)	0	0	0	0	0	0	0
1Mick Diede SVP, Chief Actuary	(i)	403,094	366,693	119,228	207,310	20,301	1,116,626	62,518
	(ii)	0	0	0	0	0	0	0
2George Disalvo SVP, CFO - SCAL	(i)	533,322	611,188	276,453	142,465	19,849	1,583,277	193,426
	(ii)	0	0	0	0	0	0	0
3Jeffery E Epstein Director	(i)	202,000	0	7,793	0	0	209,793	0
	(ii)	0	0	0	0	0	0	0
4Jerry Fleming SVP, Health Reform Implement	(i)	0	42,033	328,297	72,706	0	443,036	323,172
	(ii)	0	0	0	0	0	0	0
5Daniel Garcia SVP, Chief Compliance Officer	(i)	0	537,870	55,559	0	0	593,429	45,739
	(ii)	0	0	0	0	0	0	0
6Sandra Golze Assistant Secretary - NCAL	(i)	132,508	214,499	27,642	209,266	11,111	595,026	0
	(ii)	0	0	0	0	0	0	0
7Bernice Gould Assistant Secretary	(i)	175,937	33,715	2,271	109,987	9,735	331,645	0
	(ii)	0	0	0	0	0	0	0
8Amy Gutierrez VP, Chief Pharmacy Officer	(i)	248,796	200,000	33,481	112,263	22,323	616,863	0
	(ii)	0	0	0	0	0	0	0
9George Halvorson Chairman	(i)	0	0	28,956	25,716	0	54,672	17,874
	(ii)	0	0	0	0	0	0	0
10Leslie S Heisz Director	(i)	204,500	0	16,511	0	0	221,011	0
	(ii)	0	0	0	0	0	0	0
11David F Hoffmeister Director	(i)	217,000	0	11,956	0	0	228,956	0
	(ii)	0	0	0	0	0	0	0
12Kendall Hunter SVP, Health Ins Exchange Opns	(i)	0	115,025	25,788	0	0	140,813	21,359
	(ii)	0	0	0	0	0	0	0
13Judith A Johansen JD Director	(i)	217,000	0	14,556	0	0	231,556	0
	(ii)	13,667	0	0	0	0	13,667	0
14Laurel Junk VP, Chief Procurement Officer	(i)	440,259	326,951	94,977	183,451	13,816	1,059,454	56,738
	(ii)	0	0	0	0	0	0	0
15Kim J Kaiser Director	(i)	202,000	0	12,545	0	0	214,545	0
	(ii)	14,667	0	0	0	0	14,667	0
16Kathryn Lancaster EVP & CFO	(i)	896,255	1,578,456	359,536	868,611	20,475	3,723,333	0
	(ii)	0	0	0	0	0	0	0
17Janet Liang Regional President - NCAL	(i)	749,954	668,436	43,292	511,444	30,002	2,003,128	0
	(ii)	0	0	0	0	0	0	0
18Gerald Mccall SVP Operations	(i)	473,914	401,723	118,637	206,249	30,739	1,231,262	22,350
	(ii)	0	0	0	0	0	0	0
19Thomas Meier SVP, Corporate Treasurer	(i)	415,802	569,121	140,172	161,620	29,547	1,316,262	32,787
	(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				
41 Julie Miller-Phipps Regional President - SCAL	(i)	775,317	538,030	205,263	274,104	21,025	1,813,739	0
	(ii)	0	0	0	0	0	0	0
1 Christopher Ohman VP, Health Plan Expansion	(i)	120,808	294,172	106,904	97,401	10,246	629,531	64,966
	(ii)	0	0	0	0	0	0	0
2 Donald Orndoff SVP, NFS	(i)	425,896	521,871	26,390	198,216	32,219	1,204,592	0
	(ii)	0	0	0	0	0	0	0
3 Wade Overgaard SVP, Health Plan Ops - CA	(i)	547,681	773,035	150,654	246,132	31,585	1,749,087	3,341
	(ii)	0	0	0	0	0	0	0
4 Christine Paige SVP, Marketing & Internet Svcs	(i)	375,967	317,787	110,449	215,144	21,471	1,040,818	14,366
	(ii)	0	0	0	0	0	0	0
5 Arlene Peasnell SVP, HR - SCAL	(i)	341,002	234,271	317,847	171,597	13,619	1,078,336	0
	(ii)	0	0	0	0	0	0	0
6 Edward Y W Per Director	(i)	214,000	0	13,488	18,000	0	245,488	0
	(ii)	0	0	0	0	0	0	0
7 Margaret E Porfido JD Director	(i)	239,500	0	18,848	0	0	258,348	0
	(ii)	14,667	0	0	0	0	14,667	0
8 J Neal Purcell Director	(i)	0	0	20,937	0	0	20,937	20,937
	(ii)	11,000	0	16,808	0	0	27,808	0
9 Frank Richardson Assistant Secretary - HI	(i)	218,969	81,211	11,817	114,131	27,182	453,310	0
	(ii)	0	0	0	0	0	0	0
10 Rochelle Roth Assistant Secretary	(i)	130,910	81,317	23,137	186,070	14,720	436,154	0
	(ii)	0	0	0	0	0	0	0
11 Michael Rowe SVP, CFO - NCAL	(i)	605,284	680,986	23,276	321,006	26,365	1,656,917	0
	(ii)	0	0	0	0	0	0	0
12 Jacqueline Sellers Assistant Secretary	(i)	185,684	74,361	27,543	157,570	13,506	458,664	0
	(ii)	0	0	0	0	0	0	0
13 Richard Shannon MD Director	(i)	190,000	0	0	18,000	0	208,000	0
	(ii)	0	0	0	0	0	0	0
14 James Simpson SVP, Finance - BU & ROC	(i)	437,730	592,170	414,564	327,996	25,123	1,797,583	91,191
	(ii)	0	0	0	0	0	0	0
15 Arthur Southam EVP, Health Plan Operations	(i)	922,115	1,690,487	618,288	742,216	34,096	4,007,202	245,168
	(ii)	0	0	0	0	0	0	0
16 Deborah Stokes SVP, Corporate Controller & CAO	(i)	0	156,115	9,281	0	0	165,396	0
	(ii)	0	0	0	0	0	0	0
17 Wayne Swafford VP, Natl Facilities Svc - ROC	(i)	81,472	142,402	58,770	4,394	9,153	296,191	48,015
	(ii)	0	0	0	0	0	0	0
18 Paul Swenson SVP & Chief Strategy Officer	(i)	598,720	582,757	290,877	256,387	28,497	1,757,238	166,466
	(ii)	0	0	0	0	0	0	0
19 Cynthia A Telles PHD Director	(i)	212,000	0	11,956	0	0	223,956	0
	(ii)	10,000	0	0	0	0	10,000	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				
6 Leanne Trachok SVP, Revenue Management	(i)	356,003	530,000	115,377	83,758	13,081	1,098,219	0
	(ii)	0	0	0	0	0	0	0
1 Bernard Tyson Chairman & CEO	(i)	1,436,935	7,978,527	1,294,041	5,335,702	37,548	16,082,753	0
	(ii)	0	0	0	0	0	0	0
2 Alfonse Upshaw SVP, Corporate Controller & CAO	(i)	378,040	311,757	149,402	141,409	26,652	1,007,260	98,416
	(ii)	0	0	0	0	0	0	0
3 Cesar Villalpando SVP, Enterprise Shared Svcs	(i)	286,752	499,438	30,622	197,165	13,614	1,027,591	0
	(ii)	0	0	0	0	0	0	0
4 Eugene Washington MD Director	(i)	193,000	0	495	0	0	193,495	0
	(ii)	0	0	0	0	0	0	0
5 Nancy Wollen SVP, Chief Operating Officer	(i)	0	76,648	372,849	54,789	35,122	539,408	0
	(ii)	0	0	0	0	0	0	0
6 John Yamamoto Assistant Secretary	(i)	341,726	243,696	83,755	200,009	25,962	895,148	18,538
	(ii)	0	0	0	0	0	0	0
7 Philip Young Assistant Secretary	(i)	282,789	180,142	16,448	165,852	25,624	670,855	0
	(ii)	0	0	0	0	0	0	0
8 Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy	(i)	225,517	88,592	16,828	155,892	23,735	510,564	0
	(ii)	0	0	0	0	0	0	0
9 Carlos Zaragoza Assistant Secretary	(i)	0	114,383	49,593	0	0	163,976	37,869
	(ii)	0	0	0	0	0	0	0
10 Victoria Zatkan VP, Off of Brd & Corp Gov Svcs	(i)	0	20,815	84,463	0	0	105,278	81,430
	(ii)	0	0	0	0	0	0	0
11 Mark Zemelman SVP, General Counsel & Secy	(i)	577,508	1,031,758	838,649	190,188	31,709	2,669,812	556,159
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

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
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) ROBERT BELTCH	EMPLOYEE	EMPLOYEE RELOCATION		X	100,000	50,000		No	Yes		Yes	
Total						▶ \$	50,000					

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RACHEL BARNES	FAMILY MEMBER OF OFFICER	169,140	COMPENSATION		No
(2) Nicholas Marcus Ohman	FAMILY MEMBER OF OFFICER	77,322	COMPENSATION		No
(3) Karen N Villalpando	FAM Mbr OF Fmr Key Empl	99,214	COMPENSATION		No
(4) Steven R Zatkín	FAM MBR OF FMR OFFICER	308,506	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)

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

94-1340523

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4A-4D	<p>- EXEMPT PURPOSE ACHIEVEMENTS - Legal Affiliation with Kaiser Foundation Hospitals Kaiser Foundation Hospitals (KFH) and Kaiser Foundation Health Plan, Inc (KFHP, Inc) are separate corporations governed by identical boards of directors KFHP, Inc provides and arranges comprehensive health care services for members on a predominantly prepaid basis Kaiser Foundation Health Plan, Inc fulfills its contractual obligations to group and individual members by contracting with KFH facilities and Permanente Medical Group physicians to provide health care services for its members through market leading performance in quality and service KFHP, Inc primarily conducts its operations in the states of California and Hawaii, with five principal operating subsidiaries located in other states These tax-exempt subsidiary health plans are Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan of Georgia, Inc , Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc , Kaiser Foundation Health Plan of the Northwest, and Kaiser Foundation Health Plan of Washington Kaiser Foundation Health Plan Inc 's Commitment to the Community Membership in KFHP, Inc and its health plan subsidiaries is available without regard to age, sex, race, religion, or national origin, or to the individual's ability to pay Health plan members are broadly representative of the communities served Once enrolled, a member may maintain membership regardless of health or employment status As a nonprofit organization, Kaiser Foundation Health Plan, Inc is committed to improving the health of the communities beyond its enrolled membership Annual investments in a range of Community Benefit programs are a fundamental embodiment of the organization's ongoing commitment to improve the general wellbeing within the broader community These investments result in intentional, planned, measurable, and accountable benefits intended to address many of the health challenges faced at the individual, local, state, and national levels In 2007, the board of directors of Kaiser Foundation Health Plan, Inc and Kaiser Foundation Hospitals refined the focus of the organization's Community Benefit programs and established the following four priority areas, which have come to be known as "Streams of Work" A Care and Coverage for Low-Income People - Creates and supports programs that lower the financial barriers for the under- and uninsured B Community Health Initiatives (CHI) - Seeks to measurably improve the health of the communities we serve Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods C Safety Net Partnerships - Builds partnerships with community clinics, local health departments, and public hospitals Provides funding, technical assistance, dissemination of care management and quality improvements technology to help improve care and expand treatment capacity for vulnerable populations D Dev</p>

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Form 990, Part III, Line 4A-4D	<p>eloping and Disseminating Knowledge - Improves health care by sharing our knowledge - educ ating practitioners, advancing research, empowering consumers, and informing policymakers about evidence-based care and health In addition to the streams of work above, KFHP, Inc also made contributions to benefit the communities served in the following areas E Othe r Community Benefit Investments - Support Community Benefit activities and programs beyond the national streams of work, including the administrative expenses of regional Community Benefit departments dedicated to supporting the organization's Community Benefit programs and services and coordinating related initiatives F Environmental Stewardship - Protect ing and improving the natural environment is a key component of KFHP, Inc 's mission to im prove the health of the community it serves Although costs associated with this initiativ e are not included in the dollars reported as Community Benefit investments, efforts in th is area contribute to advancing a broader vision emphasizing healthy people and healthy en vironments while also improving health care quality and affordability The following are d etails of the Community Benefit activities provided by Kaiser Foundation Health Plan, Inc In 2017, Kaiser Foundation Health Plan, Inc served over 8 8 million members and expende d approximately \$1 2 billion (at cost, net of \$1 9 billion of related revenues) to support Community Benefit activities The following summarizes many of the signature Community Be nefit programs and services grouped according to the national Streams of Work A Care and Coverage for Low-Income People Improving health care access for those with limited income s and resources is fundamental to Kaiser Foundation Health Plan Inc 's mission In 2017, K FHP, Inc expended approximately \$1 1 billion (at cost, net of \$1 9 billion of related rev enues) to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age, or other factors Program beneficiarie s (under- and uninsured) received free or discounted care in a Kaiser Permanente facility or by a Permanente provider A 1 Charitable Care (Medical Financial Assistance and Charit able Health Coverage Programs) KFHP, Inc provides charity care to low-income vulnerable p opulations through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) programs In 2017, KFHP, Inc spent approximately \$144 million (at cost, net of \$2 2 million of related revenues) to support under- and uninsured patients A 1 1 Medical Fina ncial Assistance (MFA) Program KFHP, Inc 's Medical Financial Assistance program provides financial assistance for emergency and medically necessary services, medications, and supp lies to patients with a demonstrated financial need Patients must receive health care ser vices at facilities operated by Kaiser Permanente and/or from a Kaiser Permanente provider Eligibility is based upon pr</p>

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Form 990, Part III, Line 4A-4D	<p>described levels of income to patients who have exhausted other private and public sources of support. In 2017, KFHP, Inc provided \$71.5 million (at cost, net of \$177 thousand of related revenues) of services under this program. At KFHP, Inc, patients who are eligible for medical financial assistance, but do not receive an MFA award, are not charged more than amounts generally billed. Contracted collection agency practices are aligned with the organization's social values and IRC section 501(r). Additionally, any patient experiencing financial hardship due to high medical expenses relative to their income level may qualify for the program under KP's high medical expense criteria.</p>

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<p>A 1 1 1 MFA Program Offered in California</p>	<p>In California, KFHP covers 100% of the out of pocket costs incurred by eligible patients. In 2017, the MFA program assisted approximately 149,000 qualifying applicants in California, including more than 26,200 patients who were not otherwise covered by a health care plan offered by Kaiser Foundation Health Plan, Inc. This program offered forgiveness for over 919,000 outpatient visits and approximately 1.6 million prescriptions in 2017.</p> <p>A 1 1 1 1 Community Medical Financial Assistance (CMFA) The MFA program also includes support for community based initiatives, known as Community Medical Financial Assistance (CMFA) programs. CMFA programs are designed to broaden access to health care within the community and help KFHP, Inc. fulfill its objectives to reduce the financial barriers that limit access to care for qualified low income populations. The following are two of the CMFA programs offered in the State of California.</p> <p>A 1 1 1 1 1 Operation Access Thirteen hospitals in the Northern California Region participate in Operation Access, a nonprofit organization that mobilizes a network of medical volunteers, hospitals, facilities, and referring community clinics to provide the uninsured with donated outpatient surgeries and procedures that significantly improve their health, ability to work, and quality of life. Some of the most common procedures performed include hernia repairs, biopsies, and cyst excisions.</p> <p>A 1 1 1 1 2 Mission Cataract USA Mission Cataract USA offers free cataract surgery to people of all ages who have no means to pay. It was started in 1991 when Frederick A. Richburg, MD, Medical Director of Valley Eye Institute in Fresno, California decided to donate one day for free cataract surgery and create a local mission right in his own back yard. The goal of Mission Cataract USA is to eradicate blindness due to cataracts and bring as many people as possible from blindness to useful productive lives.</p> <p>A 1 1 2 MFA Program Offered in Hawaii In Hawaii, KFHP covers 100% of the out of pocket costs incurred by eligible patients. In 2017, The MFA program in Hawaii assisted approximately 16,000 qualifying applicants who received forgiveness for over 104,000 outpatient visits and more than 163,000 prescriptions.</p> <p>A 1 1 2 1 Community Medical Financial Assistance (CMFA) A 1 1 2 1 1 Premium Assistance Program MFA (PAP MFA) in Hawaii In 2017, KFHP, Inc. in Hawaii continued to offer the Premium Assistance Program MFA, as part of Community Medical Financial Assistance (CMFA), to low income individuals who qualified for premium subsidy through the Hawaii Health Connector but did not qualify for Medicaid/QUEST.</p> <p>A 1 2 Charitable Health Coverage (CHC) Program Charitable Health Coverage is a unique approach to caring for low-income uninsured persons in the community. Eligible participants receive a regular Kaiser Permanente Health Plan members hip card and access to the full range of services and providers—a much better alternative to potentially costly emergency</p>

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<p>A 1 1 1 MFA Program Offered in California</p>	<p>y room visits or hospitalization KFHP, Inc 's CHC programs have a long history of making a real difference in the lives of low-income people who might otherwise have no permanent medical home In 2017, the CHC program was offered to more than 19,000 low-income adults and children who were not eligible for other public or privately sponsored coverages KFHP, Inc contributed approximately \$72.3 million (at cost, net of \$2.2 million of related revenues) to provide subsidized care to these underserved populations in 2017 It should also be noted that CHC membership in California declined in 2017 due to the State's expansion of the Medicaid program In May 2016, all low income children subject to financial eligibility rules regardless of immigration status became eligible for full scope participation in the State's program Because CHC is for low income individuals who are not eligible for other public or privately-sponsored coverage, members who qualify for Medicaid are no longer eligible for CHC A 1 2 1 CHC Program Offered in California A 1 2 1 1 Community Health Care Program (Northern California) and Child Health Program (Southern California) The Community Health Care Program and Child Health Program provide comprehensive medical, pediatric dental and prescription coverage to low income individuals with household income up to 300% of the Federal Poverty Level Guidelines who do not have any access to public or private coverage Both programs focus on children under the age of 19 However, in the Fresno service area, the Health Plan has extended the age limit up to age 25 as a pilot program The California CHC programs provide a 100% premium subsidy and also provide 100% cost sharing support for covered services provided at Kaiser Permanente facilities California CHC members are enrolled in the Health Plan's standard platinum level off exchange plan A 1 2 1 2 Healthy San Francisco KFHP provided access to approximately 700 KFHP, Inc members participating in the Healthy San Francisco program at the end of 2017 Healthy San Francisco is a program created by the City and County of San Francisco to make health care services accessible and affordable for uninsured residents living on a combined family income at or below 500% of the Federal Poverty Level It is available for all San Francisco residents, regardless of immigration or employment status, or pre-existing medical conditions While this program is not an insurance plan, it does provide access to primary care, preventive services, and hospitalization within the city and county of San Francisco A 2 Participation in Medicaid and Other Government-Sponsored Programs Kaiser Foundation Health Plan, Inc has a long history of participating in publicly financed health programs as a nonprofit organization KFHP, Inc participates in Medicaid and other government-sponsored programs under a variety of models, depending on the structure of these programs in each state In 2017, KFHP, Inc provided coverage</p>

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A 1 1 1 MFA Program Offered in California	<p>rage and services valued at \$954 million (at cost, net of \$1.9 billion of related revenues) for members and nonmembers in programs sponsored by the federal, state, and local governments. The Affordable Care Act has had a far-reaching impact on the landscape of government-sponsored programs. These options have become a key source of health coverage for a significant portion of the American population. KFHP, Inc. has responded to this challenge by developing organizational strategies to enable individuals whose coverage is changing - due to personal or financial circumstances - to enroll in a Medicaid program offered by KFHP, Inc. Realized and anticipated growth in the organization's Medicaid offerings closely aligns with and supports KFHP, Inc.'s core mission, tax-exempt status, credibility in state and federal policy arenas, and community health needs focusing on access to care. As of December 2017, KFHP, Inc.'s combined membership in Medicaid programs was over 737,000, including the Child Health Insurance Program (CHIP). To better cope with the expansion of KFHP, Inc.'s Medicaid program, a Medicaid Assistance Center (MAC) was opened for operation in 2014. With an emphasis on delivering bilingual support, the representatives in this center provide specialized enrollment services by assisting callers in understanding Medicaid eligibility in their state and the qualifications to enroll in Medicaid with KFHP, Inc. A proactive follow-up process has been implemented to nurture a good foundational relationship with those prospects who elect to receive communications.</p>

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<p>A 2 1 Government-Sponsored Programs Offered in California</p>	<p>Kaiser Permanente Medi-Cal Managed Care and Medi-Cal Fee-for-Service are specific government-sponsored health care coverage programs in California. A total of over 700,000 individuals received care under these programs during 2017. A 2 1 1 Medicaid/Medi-Cal Managed Care Improving access to care for vulnerable populations is fundamental to Kaiser Foundation Health Plan, Inc's social mission to improve the health of the communities served, and consistent with the obligations of a tax exempt organization. KFHP, Inc's membership under this program included over 700,000 Medicaid/Medi-Cal managed care members in California. KFHP, Inc contracts with various local and state government entities to participate in this program. Approximately \$845 million (at cost, net of \$1.9 billion of related revenues) was invested in this program in 2017. Prior to 2014, KFHP, Inc offered healthcare coverage under the federal- and state-funded Children's Health Insurance Program (CHIP) in California. California now administers its CHIP program as part of Medicaid. Member counts and expenditures are included above. A 2 1 2 Medicaid/Medi-Cal Fee-for-Service KFHP, Inc provides health care on a fee-for-service basis for Medicaid/Medi-Cal beneficiaries not enrolled as KFHP, Inc members. Kaiser Foundation Health Plan, Inc expended approximately \$87 million (at cost, net of \$770 thousand of related revenues) to subsidize care for over 215,000 patients under this program. A 2 2 Government-Sponsored Programs Offered in Hawaii Highlights of the government-sponsored health care coverage programs supported by KFHP, Inc in Hawaii include: A 2 2 1 QUEST QUEST is a Medicaid managed care program run by Hawaii's Department of Human Services. The state administers the QUEST program and pays KFHP, Inc to provide medical services. Kaiser Foundation Health Plan, Inc participates in the QUEST programs on the islands of Oahu and Maui. KFHP, Inc in partnership with Kaiser Foundation Hospitals provided care to approximately 27,000 individuals enrolled in QUEST and expended approximately \$19.2 million (at cost, net of \$74.8 million of related revenues) on subsidized medical care services. A 2 2 2 Medicaid Fee-for-Service KFHP, Inc provides services on a fee-for-service basis to individuals in states not participating in the Medicaid managed care program or for individuals/populations not enrolled in managed care. In 2017, KFHP, Inc in Hawaii contributed \$499 thousand (at cost, net of \$281 thousand of related revenues) on subsidized care for Medicaid patients who were not enrolled in the Kaiser Foundation Health Plan QUEST program. A 2 2 3 Children's Health Insurance Program (CHIP) The Children's Health Insurance Program provides health insurance coverage to children with family income up to twice the federal poverty guideline for Hawaii under Title XXI of the Social Security Act. CHIP is one of several aid categories under the QUEST program. More than 3,300 children enrolled in</p>

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<p>A 2 1 Government-Sponsored Programs Offered in California</p>	<p>this program were cared for by KFHP, Inc in Hawaii at a total expense of \$2 9 million (at cost, net of \$3 2 million of related revenues) in 2017 B Community Health Initiatives T he Community Health Initiatives (CHI) strategy aims to improve the health of individuals, families, and communities by addressing the social, economic, and environmental determinants of health Research supports the central premise that excellent medical care alone is insufficient to create healthy people in healthy communities Evidence underscores the importance of changing community environments as a critical community health strategy Guided by this evidence, Kaiser Foundation Health Plan, Inc supports comprehensive initiatives that focus on policy and environmental changes to promote healthy eating and active living, community safety, economic stability, and social and emotional wellness Two of the primary programs supported within the CHI Stream of Work include Healthy Eating, Active Living (HEAL) and obesity prevention Healthy eating, active living has been and continues to be a compelling focus for Kaiser Foundation Health Plan, Inc 's work, as obesity continues to be a significant and pervasive public health problem Despite encouraging signs of obesity rates leveling off in recent years, substantial racial and ethnic disparities continue to exist Also, through a focus on healthy eating and active living, Kaiser Foundation Health Plan, Inc can have a marked impact on a wide range of health conditions including pre-diabetes, diabetes, cardiovascular disease and several cancers that are affected by these behaviors Finally, a focus on nutrition, physical activity and weight management are highly aligned with Health Plan's clinical expertise in this area, including a prevention orientation and a number of existing programs and partnerships Wherever possible, KFHP, Inc supports a concentration of multiple strategies that enable sustainable change towards healthy eating and active living lifestyles These include policies and practices to reduce the availability and consumption of sugar-sweetened beverages, encourage the establishment of safe spaces, promote active transportation policies that support equitable public transit, and create connections between health clinics and community resources Thriving Schools Thriving Schools is an initiative to improve healthy eating, physical activity, and social and emotional wellness in K-12 schools within Kaiser Foundation Health Plan, Inc 's geographic service areas Thriving Schools efforts focus on policy, systems, and environmental changes that make the healthy choice the easy choice Interventions aim to create a culture of health on school campuses to spur individual behavior change targeting students, teachers, and staff Kaiser Foundation Health Plan, Inc invested \$55 7 million in 2017 to work with community-based organizations to design, deliver, and sustain long-term efforts that improve the conditions of</p>

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A 2 1 Government-Sponsored Programs Offered in California	neighborhoods, workplaces, schools and other settings so that they promote good health

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<p>B 1 CHI Programs and Services</p>	<p>Kaiser Foundation Health Plan's CHI program is focused upon reducing and treating overweight and obesity by focusing on prevention through healthy eating and physical activity programs and initiatives for service area residents through community partnerships, grant making and education. The following are examples of CHI programs and services funded during the year:</p> <p>B 1 1 East Bay Community Foundation In 2017, KFHP, Inc. contributed \$55 million to East Bay Community Foundation to support the development and implementation of community-based health initiatives that promote healthy eating, active living and other healthy lifestyle choices. This funding may also address the needs of safety net providers and other community-based or public institutions that serve groups facing cultural, linguistic or socio-economic barriers to care.</p> <p>B 1 2 Hawaii Public Health Institute The Hawaii Public Health Institute (HIPHI) received \$80,000 from KFHP, Inc. to promote education and awareness around community health policy and advocacy. As the only public health institute in Hawaii, HIPHI has been paramount in promoting community health policies identified in the Community Health Needs Assessment including policies around reducing tobacco use, reducing obesity, increasing physical activity and healthy eating, and improving oral health. Some examples of policy changes HIPHI helped pass were tobacco 21, banning smoking in cars when a minor is present, and farm to school funding.</p> <p>B 1 3 The Kohala Center The Kohala Center received \$60,000 from KFHP, Inc. as a fiscal agent for the statewide Farm to School collaborative. Phase 2 of the Farm to School Project improved systems and policies within the Department of Education (DOE) through local procurement and changing school menus to include made from scratch meals. By providing locally sourced meats and produce, DOE has been able to reduce costs and food waste, increase student participation in USDA child nutrition programs, improve nutritional quality and taste of school meals. Phase two expanded to include the second largest school in the state, Mililani High School which serves 2,500 lunches per day to students at Mililani High School and two nearby elementary schools. In combination with the Phase 1 schools on Hawaii Island, the project is reaching 4,711 students.</p> <p>B 1 4 Mental Health America of Hawaii Mental Health America of Hawaii received \$60,000 from KFHP, Inc. for the Youth Suicide and Bullying Prevention Program. The goals of the program are:</p> <ol style="list-style-type: none"> 1 Create and implement a strategic plan to update existing curriculum to engage elementary (new target age), middle, and high school students on suicide prevention content that uses age-appropriate learning and builds upon each other. 2 Train adult and youth volunteers in communities to administer the new curriculum. 3 Advocate locally for policies that support families and reduce Adverse Childhood Experiences, which create the toxic levels of stress that can lead to

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<p>B 1 CHI Programs and Services</p>	<p>suicidal behavior The program addresses mental health needs, especially for children and adolescents, as identified in the Community Health Needs Assessment The program is expected to benefit at least 28 schools and 1,400 individuals C SAFETY NET PARTNERSHIPS Kaiser Foundation Health Plan, Inc is committed to building partnerships with the institutions that serve on the front lines of health care for the uninsured and underserved By providing support to community health centers, public hospitals, and local health departments, KFHP, Inc helps them deliver care and treatment to the most vulnerable in our communities KFHP, Inc is dedicated to investing in communities and promoting good health for the communities served As such, Safety Net Partnership (SNP) initiatives aim to strengthen the system of community clinics, public hospitals, and health departments to promote access to high quality care for the uninsured and underserved vulnerable populations Kaiser Foundation Health Plan, Inc also focuses on improving access to health services and the transformation of care delivery to meet the challenges of the ever evolving performance expectations and revenue design Efforts to improve access and transform care include work on increasing access to specialty care services, increasing the utility of health information technology in safety net settings, addressing mental health and wellness, improving population outcomes and eliminating health disparities KFHP, Inc also supports innovative efforts to bring both health care and support services closer to underserved populations through partnerships with school based health centers and community clinics Investments in Safety Net Partnerships target the following strategic focus areas I Care Delivery Transformation II Capacity Building III Clinic-Community Integration IV Policy, Systems, and Environmental Change V Create and Spread Knowledge VI Total Health In 2017, KFHP, Inc expended approximately \$231 thousand to support Safety Net Partnerships The following are examples of initiatives funded in accordance with the objectives of the Safety Net Partnerships Stream of Work during the year C 1 Safety Net Initiatives and Programs C 1 1 Hawaii Cord Blood Bank The Hawaii Cord Blood Bank (HCBB) received \$20,000 from KFHP, Inc to address the critical need for umbilical cord blood for transplant patients of mixed-ethnicities The HCBB fills a critical need for umbilical cord blood from multi-ethnic donors, and has proven to be a valuable resource for transplant patients of Asian, Polynesian, or mixed ethnicities The HCBB collects umbilical cord blood at all the five birthing hospitals on Oahu as well as on Maui Kaiser Permanente support is helping to expand the program's outreach to physicians and expecting families The program has already had its first successful transplant on island due to the increased multi-ethnic donor pool D Developing and Disseminating Knowledge The Developi</p>

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B 1 CHI Programs and Services	ng and Disseminating Knowledge Stream of Work supports activities that improve health care by sharing knowledge, educating practitioners, advancing research, empowering consumers and informing policymakers about evidence-based care and health Kaiser Foundation Health Plan, Inc spent a total of \$9.5 million in 2017 to support public policy programs and services associated with the development and dissemination of knowledge

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<p>D 1 Medical Research Programs</p>	<p>Kaiser Permanente (KP), the largest nonprofit integrated health system in the United States, has a long history of conducting health research related to both prevention and treatment of disease that benefits both its members and the communities that it serves. Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Through studies conducted at Kaiser Permanente's seven regional research centers and in collaboration with three national research infrastructure centers, collectively called Kaiser Permanente Research, 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 more than 10 million geographically and demographically diverse members.</p> <p>D 1 1 National Research Program The Division of Research in Northern California, Department of Research and Evaluation in Southern California, and Centers for Health Research in Hawaii are three of eight regional centers. Kaiser Permanente Research also includes the Kaiser Foundation Research Institute (KFRI) which is a national program established to administer and support research at Kaiser Permanente. Research projects conducted by this collaborative team have yielded findings that affect not only the practice of medicine within the area served by KFHI, but also for society-at-large. The following are descriptions of the entities providing support at the national level:</p> <p>D 1 1 1 Kaiser Foundation Research Institute (KFRI) The Kaiser Foundation Research Institute (KFRI) is a national program established in 1958 to administer and support research at Kaiser Permanente. KFRI's responsibilities include overseeing and maintaining Kaiser Permanente's relationship with federal granting agencies, including ensuring financial compliance, providing contract negotiation services for all regions, overseeing Kaiser Permanente's Human Research Participant Protection Program Research through the National Compliance in Research Support Program, and which promotes responsible research conduct, and partnering with clinical trials' stakeholders across Kaiser Permanente to ensure quality and compliance through the clinical trials program.</p> <p>D 1 1 2 The Center for Effectiveness and Safety Research (CESR) The Center for Effectiveness & Safety</p>

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<p>D 1 Medical Research Programs</p>	<p>Research enhances opportunities to answer questions about which interventions work best for whom across all of KP's regional centers by investing in the ongoing development of a common data model, convening researchers and organizational leaders at an annual meeting and via webinars, and by conducting research. The center routinely partners with investigators in KP's regional research centers and with selected operational analytical groups.</p> <p>D 1 1 3 The Utility for Care Data Analysis (UCDA) The Utility for Care Data Analysis (UCDA) was created to ensure that analysts and researchers throughout Kaiser Permanente can fully realize the analytical potential of Kaiser Permanente's electronic medical record systems, HealthConnect (KPHC) and other Kaiser Permanente enterprise-wide information systems. This allows experts to compile and compare clinical and utilization data from across KP regions, to assess patterns in health, health care delivery, and clinical quality, among other uses. UCDA has developed tools for using geographic information systems and conducting geospatial analysis, enrichment of data for research, support for a variety of Program-level analytic activities, and analytic support for Community Benefit including the Community Health Needs Assessments.</p> <p>D 1 1 4 The Kaiser Permanente Research Bank The Kaiser Permanente Research Bank is a research resource designed to help the organization better understand how people's health is affected by their genes, behaviors and the environment. It allows researchers to use DNA and other health information voluntarily provided by a diverse cross-section of KP members to study how genetic and environmental factors affect health, and look for new ways to diagnose, treat and prevent certain diseases. KP has set a goal to collect data from a total of 500,000 participants from all eight regions, which would make it one of the world's largest and most diverse repositories of genetic, environmental and health data. To date, more than 300,000 members from seven geographic regions have participated in biobanking efforts.</p> <p>D 2 Educational Theatre Programs (ETP) For 30 years, the Educational Theatre program has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. KFJ's award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. The programs share health information and develop individual and community knowledge about leading healthier lives. Programs are presented free of charge to schools and the general community. In addition to performances and classroom workshops, ETP supplies schools and organizations with supplementary educational materials including workbook.</p>

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D 1 Medical Research Programs	<p>s, parent and teacher guides, and student wallet cards All materials are designed to rein force the messages presented in our programs ETP performances are localized to suit local cultures, norms, and audience on a regular basis The 2017 productions focused heavily on healthy eating and active living, nutrition, and mental health, depending on the health p riorities of the area as identified in their respective Community Health Needs Assessments The Educational Theatre Program offers a wide repertoire of programs for students from g rade K to 12 and families that address literacy promotion, healthy eating active living, c onflict resolution and violence prevention, adolescent bullying prevention, sexually trans mitted disease prevention, and family oriented workshops that introduce parents and famili es to the concepts their students learned and are encouraged to make changes to become hea lthier families KFHP, Inc in California and Hawaii spent approximately \$4 3 million to p rovide more than 178,000 children and adults the opportunity to view or participate in per formances, workshops, and other educational interactions offered during 2017 D 3 Health Professional Training In 2017, KFHP, Inc of Hawaii invested \$433 thousand in health profe ssional education programs These programs provide training and education for nurse practi tioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professio nals At a time when college tuitions are rising and financial aid is diminishing, KFHP, I nc in Hawaii responded to the continuing need for diversity and growth in the number of s tudents pursuing nursing careers D 4 Public Policy The mission of the Institute for Heal th Policy (IHP) is to advance the understanding of key health policy issues and to support , in collaboration with others, health policy that will improve health and the manner in w hich health care and financing systems serve the members of our communities KFHP, Inc co ntributed approximately \$1 9 million in 2017 on a variety of subjects and interests includ ing the following Supporting efforts to improve care at the end of life Understanding physician and patient attitudes toward the care process Making better use of data to su pport care and population health improvement Navigating health insurance exchanges Sup porting healthy behavior change Using electronic health records to improve care delivery</p>

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E Other Community Benefit Investments	<p>In 2017, Kaiser Foundation Health Plan, Inc spent approximately \$11 million to support community benefit activities and programs beyond the national streams of work. This includes the administrative expenses of program leaders working in a national Community Benefit department dedicated to supporting the organization's Community Benefit programs and services as well as coordinating related initiatives.</p> <p>F Environmental Stewardship A stable and non-toxic environment contributes to health and wellness. Safeguarding and healing the natural environment is therefore a key component of Kaiser Permanente's multifaceted efforts to improve the total health of our members and the communities we serve. Kaiser Permanente maintains a governance structure for environmental stewardship that steers actions across our organization to detoxify the ways in which healthcare is delivered while catalyzing environmental improvement throughout society. This structure includes clearly defined roles, responsibilities, plans and routines, and has resulted in five organization-wide focus areas that have been selected based on their ability to have the most impact on the forces that shape environmental- and human-health.</p> <p>Responding to climate change Promoting sustainable farming and food choices Reducing, reusing, and recycling to eliminate waste Finding safe alternatives to harmful industrial chemicals Conserving water</p> <p>In each of these focus areas, Kaiser Permanente has established ambitious goals (including a 2025 target to remove more greenhouse gases from the atmosphere than we emit), implemented initiatives, achieved measurable improvements, and regularly reported progress to our Board of Directors, our staff, and the communities we serve.</p> <p>F 1 Performance Metrics During 2017, key performance indicators for Kaiser Foundation Health Plan, Inc included:</p> <ul style="list-style-type: none"> F 1 1 Reduced our greenhouse gas emissions associated with routine use of anesthetic agents by over 6,100 metric tons of carbon dioxide equivalent, compared to our 2014 baseline. F 1 2 Purchased over 425 million kilowatt-hours of renewable power (including over 15 million kilowatt-hours of electricity generated by solar panels hosted at our facilities). F 1 3 Improved our energy use intensity (kBtu/rentable square foot) by 5% (not including data centers) compared to our 2010 baseline, and improved the Power Usage Effectiveness of our national data centers by 25% compared to our 2008 baseline. F 1 4 Provided meals to patients containing at least 491,000 pounds of sustainably produced meat and poultry. F 1 5 Responsibly reused, recycled or composted over 25,000 tons of materials. F 1 6 Reduced our overall water use by more than 131 million gallons compared to our 2013 baseline, while improving our water use intensity (gallons/rentable square foot) by 12% (not including data centers).

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Return Reference	Explanation
Form 990, Part VI, Line 1a	<p>- VOTING MEMBERS AND GOVERNING BODY - The Executive Committee, composed of the Directors that are the chairs of the Board's other standing committees, has authority to act for the Board between meetings except it has no authority to</p> <ul style="list-style-type: none">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, orf Approve any aspect of a transaction involving the company when a Director has a material financial interest in that transaction, except as expressly provided by the law <p>FORM 990, PART VI, LINE 4 Significant Changes to Governing Documents The Bylaws of the Corporation were amended in 2017 with the following significant changes On March 17, 2017, Article D, Sections D-7 and D-9 were amended to reflect that the Executive Vice President and Group President instead of the Executive Vice President and Chief Financial Officer shall perform the duties of the President in the absence or disability of the President</p> <p>FORM 990, PART VI, LINE 5 Diversion of asset Individuals at an external vendor overcharged Kaiser Foundation Health Plan, Inc (KFHP) \$6.6 million KFHP recovered the full amount of the overcharge plus \$350 thousand of interest The responsible individuals were terminated by the vendor Policies and procedures have been implemented to mitigate risk of potential future occurrences</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12C	<p>COMPLIANCE ENFORCEMENT A REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE 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 AVAILABL E TO ALL EMPLOYEES AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ALL CA LLS ARE ANSWERED BY A THIRD PARTY AND PROVIDED TO KAISER PERMANENTE'S NATIONAL COMPLIANCE OFFICE FOR REVIEW AND APPROPRIATE ACTION EMPLOYEES CAN REPORT ANONYMOUSLY RETALIATION IS PROHIBITED REPORTS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARE GENERATED AND INVEST IGATIONS ARE CONDUCTED AS REQUIRED AND INFORMATION IS TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL GUIDANCE IS REQUIRED TO AVOID OR MANAGE CONFLICTS OF INTEREST COMPLIANCE HOTLI NE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITA LS BOARDS OF DIRECTORS ANNUALLY A2 THE NATIONAL COMPLIANCE OFFICE AND INTERNAL AUDIT SER VICES ANNUALLY REVIEW THE DIRECTORS', OFFICERS', KEY EMPLOYEES', AND EXECUTIVES' ANNUAL CO NFLICTS OF INTEREST QUESTIONNAIRE DISCLOSURES AND PROVIDE DIRECTION ON ANY INVESTIGATIONS REQUIRED INVESTIGATIONS ARE DOCUMENTED, TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL CO NTROLS OR EDUCATION IS REQUIRED IN ADDITION, CONFLICTS OF INTEREST QUESTIONNAIRE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS O F DIRECTORS ANNUALLY, AND A3 ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, AN OUTSIDE C ERTIFIED PUBLIC ACCOUNTING FIRM REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES PR OCESS COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN A S A RESULT OF THE DISCLOSURES THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS IN THIS AREA ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS AUDIT AND COMPIANC E COMMITTEE B REGULARLY AND CONSISTENTLY ENFORCE COMPLIANCE WITH THE CONFLICTS OF INTER EST POLICY - TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE B1 REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTI VE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES B2 KAISER PERMANEN TE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO 14 CORRECTIVE/DISCIPLINA RY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION AND IN ANNUAL COMPLIANCE TRAINING B3 IN THE EVENT THAT IT IS NECESSARY TO DISCIPLINE ANY EMPLOYEE BECAUSE OF, BUT NOT LIMITED TO, FAILURE TO COMPLY WITH APPLICABLE LEGAL/REGULATORY REQUIREMENTS, KAISER PERMANENTE POLICI ES AND PROCEDURES, OR THE PRINCIPLES OF RESPONSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR MISCONDUCT, COACHING/COUNSELING AND/OR CORRECTIVE/DISCIPLINARY ACTION MAY INCLUDE, BUT IS NOT LIMITED TO - ORAL DISCUSSION AND/OR WARNING BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR HIGHER LEVEL MANAGER TO CO</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	- Other changes in net assets or fund balances - Change in Donated Capital \$ (3,883) Change in Pension & retirement Liabilities (1,564,327,720) Capital Transfers - CY 3,527,097 Gain/Loss on Sale of Investments - Tax (76,906,959) Gain/Loss on Sale of Investments - Book 145,414,765 Other Than Temporary Impairment (43,966,840) Total (1,536,263,540)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

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

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
(1) KP CAL LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 20-2712661	HEALTH CARE	CA	523,119,518	134,144,354	NA
(2) ORDWAY INTERNATIONAL LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612	HOLDING CO	BD	32,000	9,635,679	NA
(3) ORDWAY INDEMNITY LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 90-0031974	INSURANCE	BD	5,924,477	29,472,401	ORDWAY INT'L
(4) RAINBOW DIALYSIS LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 27-0473737	Health Care	DE	6,508,723	4,176,294	NA

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NXT CAP SR FD ILLC 191 N WACKER DR 1200 CHICAGO, IL 60606 37-1651297	INVESTMENT	DE	NA	N/A								

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

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

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e Yes	
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h Yes	
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

See Additional Data Table

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

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)

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 MGT	CA	501(c)(3)	12-I	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299124	ASSET MGT	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	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
OAK TREE ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP	3,480,577	53,420,862	100 000 %	Yes	
KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP	117,601,210	188,136,217	100 000 %	Yes	
KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3259432	REAL ESTATE	CA	NA	C CORP	0	0	100 000 %	Yes	
KAISER COLORADO HOLDINGS ONE KAISER PLAZA 15L OKALND, CA 94612 81-4691154	HEALTH CARE	CO	NA	C CORP	0	0	0 %	Yes	
KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0	0 %	Yes	
GROUP HEALTH OF WASHINGTON ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1314907	INACTIVE	WA	NA	C CORP	0	0	0 %	Yes	
GROUP HEALTH SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1392222	INACTIVE	WA	NA	C CORP	0	0	0 %	Yes	
KFHP OF WASHINGTON OPTIONS INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1467158	INSURANCE	WA	NA	C CORP	0	0	0 %	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	369,260	PER AGREEMENT
Kaiser Foundation Hospitals	j	9,367,403,176	PER AGREEMENT
Kaiser Foundation Hospitals	k	8,101,004,532	PER AGREEMENT
Kaiser Foundation Hospitals	l	6,001,862,203	PER AGREEMENT
Kaiser Foundation Hospitals	m	29,938,870,114	PER AGREEMENT
Kaiser Foundation Hospitals	p	17,258,660,017	PER AGREEMENT
Kaiser Foundation Hospitals	q	26,814,039,623	PER AGREEMENT
Kaiser Foundation Hospitals	r	26,503,704,099	PER AGREEMENT
Kaiser Foundation Hospitals	s	488,510,006	PER AGREEMENT
Camp Bowie Service Center	l	17,437,836	PER AGREEMENT
Camp Bowie Service Center	m	131,384,535	PER AGREEMENT
Camp Bowie Service Center	p	34,031,840	PER AGREEMENT
Camp Bowie Service Center	q	31,369,895	PER AGREEMENT
Camp Bowie Service Center	r	142,043,178	PER AGREEMENT
Camp Bowie Service Center	s	24,144,859	PER AGREEMENT
1800 Harrison Foundation	s	3,526,947	PER AGREEMENT
Kaiser Permanente Insurance Company	a	69,229	PER AGREEMENT
Kaiser Permanente Insurance Company	l	137,152,140	PER AGREEMENT
Kaiser Permanente Insurance Company	m	130,916,568	PER AGREEMENT
Kaiser Permanente Insurance Company	p	435,723	PER AGREEMENT
Kaiser Permanente Insurance Company	q	11,879,760	PER AGREEMENT
Kaiser Permanente Insurance Company	r	8,557,778	PER AGREEMENT
Kaiser Permanente Insurance Company	s	3,067,292	PER AGREEMENT
Lokahi Assurance LTD	l	53,497,971	PER AGREEMENT
Lokahi Assurance LTD	m	142,323,871	PER AGREEMENT

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Lokahi Assurance LTD	q	120,251,383	PER AGREEMENT
Lokahi Assurance LTD	r	8,982,433	PER AGREEMENT
Lokahi Assurance LTD	s	11,349,693	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	l	340,718,992	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	m	22,850,572	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	p	28,817,180	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	q	77,659,428	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	r	1,071,175,337	PER AGREEMENT
Kaiser FDN Health Plan of the Northwest	s	31,346,339	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	l	124,291,905	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	m	8,318,633	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	p	104,061,837	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	q	150,879,625	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	r	1,001,431,617	PER AGREEMENT
Kaiser FDN Health Plan of Colorado	s	17,595,359	PER AGREEMENT
KFHP of the Mid-Atlantic States Inc	l	130,724,379	PER AGREEMENT
KFHP of the Mid-Atlantic States Inc	m	10,098,328	PER AGREEMENT
KFHP of the Mid-Atlantic States Inc	p	55,427,622	PER AGREEMENT
KFHP of the Mid-Atlantic States Inc	q	101,797,624	PER AGREEMENT
KFHP of the Mid-Atlantic States Inc	r	1,346,286,222	PER AGREEMENT
KFHP of the Mid-Atlantic States Inc	s	14,013,285	PER AGREEMENT
Kaiser FDN Health Plan of Georgia Inc	l	58,381,188	PER AGREEMENT
Kaiser FDN Health Plan of Georgia Inc	m	26,381,512	PER AGREEMENT
Kaiser FDN Health Plan of Georgia Inc	p	480,383,199	PER AGREEMENT
Kaiser FDN Health Plan of Georgia Inc	q	324,988,253	PER AGREEMENT

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Kaiser FDN Health Plan of Georgia Inc	r	467,786,358	PER AGREEMENT
Kaiser FDN Health Plan of Georgia Inc	s	6,980,971	PER AGREEMENT
Kaiser Permanente International	l	447,549	PER AGREEMENT
Kaiser Health Plan Asset Management Inc	h	903,034	PER AGREEMENT
Kaiser Health Plan Asset Management Inc	k	54,209,031	PER AGREEMENT
Kaiser Health Plan Asset Management Inc	q	825,517	PER AGREEMENT
Kaiser Health Plan Asset Management Inc	r	796,434	PER AGREEMENT
Kaiser Health Plan Asset Management Inc	s	3,822,013	PER AGREEMENT
Oak Tree Assurance Ltd	l	441,253	PER AGREEMENT
Oak Tree Assurance Ltd	q	1,035,803	PER AGREEMENT
Kaiser FDN Health Plan of Washington	l	6,260,089	PER AGREEMENT
Kaiser FDN Health Plan of Washington	p	831,322	PER AGREEMENT
Kaiser FDN Health Plan of Washington	q	27,429,297	PER AGREEMENT
Kaiser FDN Health Plan of Washington	r	627,864	PER AGREEMENT
Kaiser FDN Health Plan of Washington Options	l	2,116,851	PER AGREEMENT
Kaiser FDN Health Plan of Washington Options	p	104,254	PER AGREEMENT
Kaiser FDN Health Plan of Washington Options	q	483,136	PER AGREEMENT
Kaiser FDN Health Plan of Washington Options	r	98,254	PER AGREEMENT