

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

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KAISER FOUNDATION HOSPITALS		D Employer identification number 94-1105628
	Doing Business As		E Telephone number (510) 271-6611
	Number and street (or P O box if mail is not delivered to street address) Room/suite ONE KAISER PLAZA 15L Suite		
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612		G Gross receipts \$ 28,457,909,982
F Name and address of principal officer Bernard J Tyson ONE KAISER PLAZA 15L OAKLAND, CA 94612		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: N/A			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1948	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities to provide high-quality, affordable health care services to improve the health of our members and the communities we serve				
	2 Check this box <input type="checkbox"/> 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)	3	15		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12		
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	66,766		
	6 Total number of volunteers (estimate if necessary)	6	9,302		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,630,567		
b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,656,796			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	171,916,469	Current Year	136,610,379
	9 Program service revenue (Part VIII, line 2g)		17,596,727,947		18,660,620,902
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		691,358,421		1,120,678,907
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		83,041,135		95,261,006
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,543,043,972		20,013,171,194
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		64,000,882	
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)			7,264,033,133		7,669,093,333
16a Professional fundraising fees (Part IX, column (A), line 11e)			0		0
b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			9,449,254,366		10,071,331,383
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			16,777,288,381		17,878,889,604
19 Revenue less expenses Subtract line 18 from line 12		1,765,755,591		2,134,281,590	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	34,987,895,012	End of Year	39,709,611,780
	21 Total liabilities (Part X, line 26)		23,544,864,032		22,541,003,686
	22 Net assets or fund balances Subtract line 21 from line 20		11,443,030,980		17,168,608,094

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including 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	
	DEBORAH STOKES SVP, CC AND CAO Type or print name and title	
Paid Preparer Use Only	Prnt/Type preparer's name ROBERT	Preparer's signature
	Firm's name \rightarrow PRICEWATERHOUSECOOPERS LLP	
	Firm's address \rightarrow 2001 MARKET ST SUITE 1700 PHILADELPHIA, PA 19103	

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

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 \$ 16,280,204,974 including grants of \$ 22,104,414) (Revenue \$ 18,184,362,720)
Provides Hospital and Medical Care, Training and charity care Kaiser Foundation Hospitals (KFH) provides hospital, medical and surgical care, including emergency services, extended care and home health care without regards to age, sex, race, religion or national origin or the ability to pay KFH educates and trains medical students, physicians and other health care professionals and promotes scientific research and medical and nursing education in order to improve care for our members and our community KFH directly invests in improvements in community health by working to increase access for the underserved, disseminating care improvements, altering the social determinants of health and educating to improve health KFH provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs MFA - KFH offers financial assistance to help families and individuals that are unable to pay for all or part of the cost of urgent or emergent care provided in a Kaiser Permanente facility CHC - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 88,000 patients received comprehensive care for up to four years through this program

4b (Code) (Expenses \$ 789,806,608 including grants of \$ 0) (Revenue \$ 439,979,841)
Kaiser Foundation Hospitals (KFH) is committed to improving medical care for beneficiaries of Medicaid and other government sponsored programs, not only for KFHP members, but also within the communities we serve At the end of 2013, nearly 413,000 individuals were receiving access to inpatient and emergency care at KFH's facilities under Medicaid managed care programs in the states of California, Hawaii, Oregon, and Washington Approximately 7,200 more individuals were receiving treatment under the Children's Health Insurance Program (CHIP) In addition, KFH provided health care on a fee-for-service basis for Medicaid beneficiaries who were not enrolled as KFHP members

4c (Code) (Expenses \$ 232,233,331 including grants of \$ 0) (Revenue \$ 22,875,903)
Kaiser Foundation Hospitals (KFH) provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs KFH 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 2013, this program assisted approximately 169,000 qualifying applicants 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 82,000 patients were receiving access to comprehensive health care through these programs at the end of 2013

(Code) (Expenses \$ 289,965,245 including grants of \$ 116,360,474) (Revenue \$ 13,402,438)
SEE part III, line 4a-d description

4d Other program services (Describe in Schedule O)
(Expenses \$ 289,965,245 including grants of \$ 116,360,474) (Revenue \$ 13,402,438)

4e Total program service expenses 17,592,210,158

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
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>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		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 (see instructions)</i>		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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> <input checked="" type="checkbox"/>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? <input checked="" type="checkbox"/>	Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3,811		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Yes	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 66,766		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Yes	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b Yes	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Yes	Yes	
b	If "Yes," enter the name of the foreign country ID See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? 9a		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
13c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CA , <input type="checkbox"/> CO , <input type="checkbox"/> DC , <input type="checkbox"/> GA , <input type="checkbox"/> HI , <input type="checkbox"/> MD , <input type="checkbox"/> OH , <input type="checkbox"/> OR , <input type="checkbox"/> VA , <input type="checkbox"/> WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input checked="" type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> VP - TAX SERVICES ONE KAISER PLAZA 15L OAKLAND, CA 94612 (510) 271-6385

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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	71,517,764	7,070,824	

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 **▶23,503**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCCARTHY BUILDING COMPANIES INC, 20401 SW BIRCH STREET SUITE 300 NEWPORT BEACH CA 92660	CONSTRUCTION SVCS	203,164,723
RUDOLPH AND SLETTEN, 1600 SEAPORT BLVD SUITE 350 REDWOOD CITY CA 94063	ENGINEERING SVCS	180,836,780
UCSF MEDICAL CENTER, PO BOX 39000 DEPT 3-9157 SAN FRANCISCO CA 941399157	MEDICAL SERVICES	82,822,045
SWINERTON BUILDERS, 17140 BERNARDO CENTER DR SUITE 216 SAN DIEGO CA 921282088	CONSTRUCTION SVCS	56,842,086
MERCY HOSPITAL OF FOLSOM, PO BOX 742232 LOS ANGELES CA 900742232	MEDICAL SERVICES	36,787,838

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 **▶358**

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	478,088					
	e	Government grants (contributions) 1e	98,911,159					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	37,221,132					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f	136,610,379					
Program Service Revenue	2a	HOSPITAL SERV REV	900099	16,264,429,922	16,264,429,922			
	b	NON-PLAN & IND REV	900099	580,277,613	580,277,613			
	c	OTHR PRGM SERV REV	900099	1,749,525,785	1,744,283,351	5,242,434		
	d	MEDICARE PAYMENTS	900099	66,387,582	66,387,582			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		18,660,620,902				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		597,268,485		-3,974,382	
4		Income from investment of tax-exempt bond proceeds		0		601,242,867		
5		Royalties		0				
6a		Gross rents	(i) Real					
			(ii) Personal					
				1,371,314				
b		Less rental expenses						
c		Rental income or (loss)		1,371,314	0			
d		Net rental income or (loss)		1,371,314		1,371,314		
7a		Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
				8,966,392,579	1,756,631			
b		Less cost or other basis and sales expenses		8,439,011,256	5,727,532			
c		Gain or (loss)		527,381,323	-3,970,901			
d		Net gain or (loss)		523,410,422		523,410,422		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b	Less direct expenses	b						
c	Net income or (loss) from fundraising events			0				
9a	Gross income from gaming activities See Part IV, line 19	a						
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities			0				
10a	Gross sales of inventory, less returns and allowances	a						
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code						
11a	CAFETERIA	721210	18,999,405			18,999,405		
b	PARKING GARAGES	812930	9,349,404		233,673	9,115,731		
c	KP ONCALL	900099	42,983,749		128,842	42,854,907		
d	All other revenue		22,557,134		1,000,000	21,557,134		
e	Total. Add lines 11a-11d		93,889,692					
12	Total revenue. See Instructions		20,013,171,194	18,655,378,468	2,630,567	1,218,551,780		

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 governments and organizations in the United States. See Part IV, line 21	137,723,309	137,723,309		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	539,500	539,500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	202,079	202,079		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	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)	0			
7	Other salaries and wages	5,039,108,811	4,950,005,890	89,102,921	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	932,661,121	916,169,548	16,491,573	
9	Other employee benefits	1,337,811,437	1,314,155,884	23,655,553	
10	Payroll taxes	359,511,964	353,154,974	6,356,990	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	489,450		489,450	
c	Accounting	5,104,842		5,104,842	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	56,541,213		56,541,213	
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	3,804,635		3,804,635	
13	Office expenses	1,880,884,768	1,847,626,442	33,258,326	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	232,303,292	228,195,641	4,107,651	
17	Travel	15,656,318	15,379,479	276,839	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	11,668,071		11,668,071	
20	Interest	316,852,186	311,249,518	5,602,668	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	821,601,101	807,073,322	14,527,779	
23	Insurance	79,908,978	78,496,005	1,412,973	
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	CONTRACTUAL PAYMENTS	2,561,375,017	2,561,375,017		
b	PURCHASED MEDICAL SERVICES	3,010,210,486	3,010,210,486		
c	PURCHASED NON-MEDICAL SVC	387,311,636	380,463,084	6,848,552	
d	BAD DEBT EXPENSE	139,333,942	136,870,201	2,463,741	
e	All other expenses	548,285,448	543,319,779	4,965,669	
25	Total functional expenses. Add lines 1 through 24e	17,878,889,604	17,592,210,158	286,679,446	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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	101,456,711	1	37,420,811
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	337,377,555	4	277,456,151
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	649,381,984	7	497,670,155
	8 Inventories for sale or use	511,792,852	8	474,940,998
	9 Prepaid expenses and deferred charges	328,683,183	9	233,236,374
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 29,316,476,810		
	b Less accumulated depreciation	10b 12,502,697,306	16,007,645,126	10c 16,813,779,504
	11 Investments—publicly traded securities	12,712,673,942	11	16,449,091,590
	12 Investments—other securities See Part IV, line 11	3,574,439,806	12	4,026,959,075
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	600,000	14	0
	15 Other assets See Part IV, line 11	763,843,853	15	899,057,122
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,987,895,012	16	39,709,611,780	
Liabilities	17 Accounts payable and accrued expenses	2,764,489,521	17	3,136,859,974
	18 Grants payable	0	18	0
	19 Deferred revenue	15,128	19	298,390
	20 Tax-exempt bond liabilities	7,218,204,551	20	7,049,875,464
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	13,562,154,832	25	12,353,969,858
	26 Total liabilities. Add lines 17 through 25	23,544,864,032	26	22,541,003,686
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	69,911,557	31	50,802,401
	32 Retained earnings, endowment, accumulated income, or other funds	11,373,119,423	32	17,117,805,693
33 Total net assets or fund balances	11,443,030,980	33	17,168,608,094	
34 Total liabilities and net assets/fund balances	34,987,895,012	34	39,709,611,780	

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	20,013,171,194
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,878,889,604
3	Revenue less expenses Subtract line 2 from line 1	3	2,134,281,590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,443,030,980
5	Net unrealized gains (losses) on investments	5	751,521,920
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	2,839,773,604
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,168,608,094

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 94-1105628
Name: KAISER FOUNDATION HOSPITALS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christine K Cassel Director	5 0 9 0	X						0	189,000	0
Thomas W Chapman Director	3 5 10 5	X						0	197,476	17,500
Jeffrey E Epstein Director	1 5 3 5	X						0	124,090	0
Daniel P Garcia SVP, Chief Compliance Officer	20 0 30 0	X		X				0	1,424,478	56,135
William R Graber Director	2 25 5 25	X						0	231,153	0
J Eugene Gngsby III Director	2 5 6 0	X						0	206,425	0
George C Halvorson Chairman	12 0 38 0	X		X				0	10,049,725	146,207
Judith Johansen Director	2 6 4 7	X						0	231,370	0
Kim J Kaiser Director	3 0 5 5	X						0	214,808	0
Philip Marneau Director	2 3 4 72	X						0	211,230	0
Jenny J Ming Director	2 0 3 1	X						0	207,633	0
Edward YW Pei Director	3 0 4 75	X						0	192,630	17,500
Margaret E Porfido Director	2 0 4 5	X						0	229,752	0
Cynthia Telles Director	2 3 4 8	X						0	225,539	0
Bernard J Tyson CEO & President	12 0 38 0	X		X				0	4,150,020	139,874
Gregory A Adams EVP & Grp President, NCAL/MAS	22 0 28 0			X				0	1,904,557	229,462
Anthony A Barrueta SVP, Government Relations	25 0 25 0			X				0	922,824	94,065
Raymond J Baxter SVP, CB, Research & Health	25 0 25 0			X				0	1,532,717	52,106
Benjamin K Chu EVP & Grp President, SCAL/HI	25 0 25 0			X				0	1,659,762	604,757
Charles E Columbus SVP, Chief HR Officer	25 0 25 0			X				0	1,232,603	269,861
Richard D Daniels SVP, Enterprise Shared Svc	2 0 48 0			X				0	1,358,089	163,883
Steven Doshay Assistant Secretary, CA	15 0 35 0			X				0	338,268	77,960
Erin M Downing Assistant Secretary	14 0 36 0			X				0	95,076	14,143
Philip Fasano EVP & CIO	25 0 25 0			X				0	2,247,447	515,203
Diane E Gage Lofgren SVP, Brand Mgmt, Communication	25 0 25 0			X				0	987,901	154,419

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			
Jennifer Gardner	14 0			X				0	90,505	15,348
Assistant Secretary	36 0			X				0	524,866	82,515
Sandra A Golze	25 0			X				0	1,151,848	49,234
Assistant Secretary, NCAL	25 0			X				0	1,151,289	398,037
Mitchell J Goodstein	1 0			X				0	1,251,250	86,154
SVP, Actuarial, U/W & Pricing	49 0			X				0	847,057	14,983
Kimberly K Horn	10 0			X				0	2,196,752	141,775
Region President - MAS	40 0			X				0	744,038	185,661
Patricia Kennedy-Scott	5 0			X				0	1,236,958	413,628
Region President - Ohio	45 0			X				0	1,045,155	386,072
Kerry Kohnen	10 0			X				0	1,047,162	44,749
Region President - Georgia	40 0			X				0	329,645	16,475
Kathryn Lancaster	12 0			X				0	929,854	170,182
EVP & CFO	38 0			X				0	864,115	94,050
Janet A Liang	25 0			X				0	275,316	45,108
Region President - Hawaii	25 0			X				0	222,413	26,424
Donna Lynne	18 0			X				0	248,419	3,983
EVP, Grp & Regional President	32 0			X				0	2,609,154	45,573
Andrew R Mcculloch	25 0			X				0	764,912	-2,441
Region President - Northwest	25 0			X				0	834,930	4,876
Thomas R Meier	17 0			X				0	1,231,670	352,627
SVP, Corporate Treasurer	33 0			X				0	598,710	37,513
Indrajit Obeysekere	25 0			X				0	684,732	3,219
Assistant Secretary	25 0			X				0	330,156	13,335
Donald H Omdoff	15 0			X				0	1,323,548	43,660
SVP, NFS	35 0			X				0		
Wade Overgaard	20 0			X				0		
SVP, Health Plan Operations	30 0			X				0		
Frank P Richardson	25 0			X				0		
Assistant Secretary, HI	25 0			X				0		
Rochelle M Roth	10 0			X				0		
Assistant Secretary	40 0			X				0		
Jacqueline Sellers	25 0			X				0		
Assistant Secretary	25 0			X				0		
Arthur M Southam	5 0			X				0		
EVP, Health Plan Operations	45 0			X				0		
Deborah Stokes	14 5			X				0		
SVP, CC & CAO	35 5			X				0		
Herman M Weil	10 0			X				0		
SVP, Fed & State Programs	40 0			X				0		
Jed Weissberg	25 0			X				0		
SVP, Quality & Care Delivery	25 0			X				0		
John Yamamoto	20 0			X				0		
VP, Regional Counsel - SCAL	30 0			X				0		
Carlos Zaragoza	25 0			X				0		
Assistant Secretary, SCAL	25 0			X				0		
Victoria B Zatkan	14 0			X				0		
VP, Off of Brd & Corp Gov Svc	36 0			X				0		
Mark S Zemelman	16 0			X				0		
SVP, Gen Counsel & Secretary	34 0			X				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				
Mary Ann Barnes	30 0				X			0	567,554	57,423	
SVP, Exec Dir - San Diego	20 0				X			0	480,997	93,507	
Frank T Beirne	50 0				X			0	500,147	106,947	
SVP & Area Mgr - San Mateo	0 0				X			0	844,309	110,845	
Christopher L Boyd	30 0				X			0	650,800	136,219	
SVP, Area Mgr - Santa Clara	20 0				X			0	801,405	103,823	
Michael O Brady	30 0				X			0	644,082	98,373	
SVP, Infrastructure Mgmt Grp	20 0				X			0	492,620	50,652	
Virginia C Campbell	30 0				X			0	531,294	100,919	
SVP & Area Mgr - Diablo	20 0				X			0	508,643	35,457	
William B Caswell	30 0				X			0	641,328	2,224	
SVP, Operations	20 0				X			0	357,459	55,280	
Greg K Chrstian	30 0				X			0	869,811	-8,247	
Exec Dir - Fontana	20 0				X			0	583,702	-25,507	
Judith L Coffey	30 0				X			0	774,894	-25,116	
SVP & Area Mgr - Marin/Sonoma	20 0				X			0	492,558	45,871	
Mark E Costa	30 0				X			0	908,335	-62,066	
Exec Dir - Los Angeles	20 0				X			0	510,346	70,683	
Elizabeth Jane Finley	30 0				X			0	542,720	43,096	
SVP & Exec Dir - Downey	20 0				X			0	728,138	217,028	
Edward S Glavis	30 0				X			0	748,688	94,933	
SVP & Area Mgr - Roseville	20 0				X			0	861,369	115,629	
Thomas S Hanenburg	50 0				X			0	773,668	161,473	
SVP & Area Mgr - GSAA	0 0				X			0	981,932	119,651	
Gerald A Mccall	30 0				X			0	806,046	-35,376	
SVP Operations	20 0				X			0			
Colleen M Mckeown	30 0				X			0			
SVP & Area Mgr - Diablo	20 0				X			0			
Julie Miller-Phipps	30 0				X			0			
SVP & Exec Dir - Orange	20 0				X			0			
Christine Robisch	30 0				X			0			
SVP & Area Manager - SF	20 0				X			0			
Sandra Small	50 0				X			0			
SVP, Hospital & Area Ops	0 0				X			0			
Max Villalobos	30 0				X			0			
SVP & Area Manager - Napa	20 0				X			0			
Vita M Willett	30 0				X			0			
Exec Dir - Riverside	20 0				X			0			
Claudio F Abreu	50 0				X			0			
SVP, Regional IT Operations	0 0				X			0			
Lisa L Caplan	50 0				X			0			
SVP, Business Info Officer	0 0				X			0			
Diane Comer	30 0				X			0			
SVP, Business Info Officer	20 0				X			0			
James Wesley Doggett Jr	50 0				X			0			
SVP, Chief IT Risk Officer	0 0				X			0			
Kathleen Marie Scheirman	30 0				X			0			
SVP, Business Info Officer	20 0				X			0			
Jerry C Fleming	20 0				X		X	0			
SVP, Health Reform Impl & Pol	30 0				X		X	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			
Marlyn Kawamura Region President - MAS	0 0						X	0	414,555	16,875
Jeffrey A Collins SVP & Area Manager - Fresno	0 0						X	0	566,458	75,686
Corwin Nathaniel Harper SVP & Area Mgr - Central Vall	0 0						X	0	474,234	73,953
Nathaniel L Oubre SVP & Area Mgr - East Bay	0 0						X	0	560,645	14,774

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

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 11, 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)
- 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 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2012. 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 IV 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization KAISER FOUNDATION HOSPITALS

Employer identification number 94-1105628

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and other details.

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

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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" to 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? 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" to 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 in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" to 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' to 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		950,778,050		950,778,050
b Buildings		19,009,695,602	7,773,203,020	11,236,492,582
c Leasehold improvements		210,546,446	153,508,444	57,038,002
d Equipment		2,878,242,233	2,064,795,047	813,447,186
e Other		6,267,214,479	2,511,190,795	3,756,023,684
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,813,779,504

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to 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) ABSOLUTE RETURN FUNDS	2,122,359,310	F
(B) PRIVATE EQUITY FUNDS	1,292,889,693	F
(C) RISK PARITY FUNDS	611,710,072	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	4,026,959,075	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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

(a) Description of liability	(b) Book value
1 Federal income taxes	0
DUE TO RELATED ENTITIES	4,133,823,450
RESERVE FOR WORKERS COMP RISKS	395,626,116
RESERVE FOR PROF/PUBLIC LIAB	234,106,266
RESERVE FOR SELF-INS RISK AUTO	131,000
POST RETIREMENT LIABILITIES	6,448,199,162
OTHER LONG-TERM LIABILITIES	290,964,772
OTHER CURRENT LIABILITIES	675,626,380
BROKER PAYABLES	175,492,712
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	12,353,969,858

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' to 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 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' to 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
Schedule D, Part X	FIN 48 Footnote The organization's financial statements do not include a footnote under FIN 48

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-1105628
Name: KAISER FOUNDATION HOSPITALS

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

¹ (a) Description of Liability	(b) Book Value
DUE TO RELATED ENTITIES	4,133,823,450
RESERVE FOR WORKERS COMP RISKS	395,626,116
RESERVE FOR PROF/PUBLIC LIAB	234,106,266
RESERVE FOR SELF-INS RISK AUTO	131,000
POST RETIREMENT LIABILITIES	6,448,199,162
OTHER LONG-TERM LIABILITIES	290,964,772
OTHER CURRENT LIABILITIES	675,626,380
BROKER PAYABLES	175,492,712

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2013

**Open to Public
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					4,583,797,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					4,583,797,000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe (Including Iceland and Greenland)	Research Grant	106,869				
(2)			East Asia and the Pacific	Research Grant	95,210				
(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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Additional Data

Software ID:
Software Version:
EIN: 94-1105628
Name: KAISER FOUNDATION HOSPITALS

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).

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		36,054,000
East Asia and the Pacific			Investments		99,287,000
Europe (Including Iceland and Greenland)			Investments		172,448,000

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
Middle East and North Africa			Investments		2,165,000
South Asia			Investments		7,521,000
Sub-Saharan Africa			Investments		18,632,000

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
Central America and the Caribbean			Investments		4,247,690,000

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2013

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions. Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization KAISER FOUNDATION HOSPITALS

Employer identification number 94-1105628

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. 1b If "Yes," was it a written policy? 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. 3a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? 3b Did the organization use FPG as a factor in determining eligibility for providing discounted care? 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public?

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance and Means-Tested Government Programs (a-k) and Other Benefits (e-k).

Part III Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	286,443,170	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	310,939,553	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-24,496,383	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

38

Name, address, primary website address, and state license number

Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - ANTIOCH

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 30

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - FRESNO

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 29

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - ANAHEIM

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a** Notified individuals of the financial assistance policy on admission
- b** Notified individuals of the financial assistance policy prior to discharge
- c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - BALDWIN PARK

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____ 18

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http //www kp org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - DOWNEY

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____ 6

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a** Notified individuals of the financial assistance policy on admission
- b** Notified individuals of the financial assistance policy prior to discharge
- c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - FONTANA

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - IRVINE

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 17

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A.)

KFH - LOS ANGELES

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

2

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http //www kp org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - MANTECA

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 38

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - MORENO VALLEY

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 35

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - ONTARIO

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 23

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - PANORAMA CITY

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 21

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - REDWOOD CITY

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 26

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A.)

KFH - RIVERSIDE

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

13

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http //www kp org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - ROSEVILLE

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 8

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - SACRAMENTO

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 15

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - SAN DIEGO

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A.)

KFH - SAN FRANCISCO

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

12

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http //www kp org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - SAN JOSE

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 20

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - SAN RAFAEL

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 32

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - SANTA CLARA

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A.)

KFH - SANTA ROSA

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

27

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http //www kp org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - SOUTH BAY (HARBOR CITY)

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 14

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a** Notified individuals of the financial assistance policy on admission
- b** Notified individuals of the financial assistance policy prior to discharge
- c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - SOUTH SACRAMENTO

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 16

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - SOUTH SAN FRANCISCO

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 31

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - VACAVILLE

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 33

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - VALLEJO

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 24

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - WALNUT CREEK

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 11

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - WEST LOS ANGELES

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 19

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - WOODLAND HILLS

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 22

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - HAYWARD

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 25

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - FREMONT

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 34

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - MODESTO

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 28

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a** Notified individuals of the financial assistance policy on admission
- b** Notified individuals of the financial assistance policy prior to discharge
- c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - OAKLAND

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 10

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - RICHMOND

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 36

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>350</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A.)

KFH - SUNNYSIDE

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 7

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input checked="" type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KAISER WESTSIDE MEDICAL CENTER

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 37

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input checked="" type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

KFH - HONOLULU

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 9

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>2013</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http://www.kp.org/chna</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u> </u> % If "No," explain in Part VI the criteria the hospital facility used	11	No
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input checked="" type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15 Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	Yes	

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21		No
22		No

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
1 BROOKSIDE RESIDENTIAL TREATMENT CENTER 10180 SOUTHEAST SUNNYSIDE RD CLACKAMAS, OR 97015	IMPATIENT MENTAL HEALTH SERVICES
2 KAISER PERMANENTE POST ACUTE CARE CENTER 1440 168TH AVE SAN LEANDRO, CA 94578	SKILLED NURSING
3 INTERSTATE SURGICAL CENTER 3500 N INTERSTATE AVE PORTLAND, OR 97227	AMBULATORY SURGERY
4 SUNNYBROOK SURGICAL CENTER 10180 SOUTHEAST SUNNYSIDE RD CLACKAMAS, OR 97015	AMBULATORY SURGERY
5 SKYLINE SURGICAL CENTER 5135 SKYLINE ROAD SOUTH SALEM, OR 97306	AMBULATORY SURGERY
6 CENTER FOR HEALTH RESEARCH 3800 N INTERSTATE AVE PORTLAND, OR 97227	RESEARCH CENTER
7 MENTAL HEALTH CENTER 765 W COLLEGE ST LOS ANGELES, CA 90012	MENTAL HEALTH
8 CHEMICAL DEPENDENCY PROGRAM 17046 MARYGOLD AVE FONTANA, CA 92335	CHEMICAL DEPENDENCY PROGRAM
9 SANTA CLARA PHF 3840 HOMESTEAD RD SANTA CLARA, CA 95051	MENTAL HEALTH
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I Line 7	The losses attributed to providing charity care (medical financial assistance and charitable health coverage) and participation in select government or community sponsored health coverage programs are calculated using a cost-based methodology for patients in those programs. The cost-based loss is generated through the standard systems used to report on market segments for KFHP/KFH's commercial business lines. In order to calculate the percentages reported in column (f) bad debt was excluded from total expenses. Bad debt of \$139,333,942 was excluded from total expenses of \$17,878,889,604 reported in part IX, line 25, column (a)
Part III Line 4	The organization's financial statement is part of a combined report, The combined statement does not have a footnote related to bad debt. The organization reports Accounts Receivable - net. The calculation begins with gross revenue and multiplies that value by a bad debt percentage which is based on a look back period that is aligned with our reserve model timelines. For specific revenue types within Account Receivable, we applied that bad debt percentage to the general ledger self pay gross charges to determine the bad debt amount. Copay charge codes (less POS payments) we apply a bad debt ratio based on a lag model to give us our estimated copay bad debt. Deductible-HMO and High Deductible Health Plan is also based on a report that pulls their respective gross charges and applies a ratio based on a lag model for those lines of business to calculate our estimated bad debt.

Form and Line Reference	Explanation
Part III Line 8	None of the amounts reported on Part III, line 7 has been treated as community benefit. The cost accounting system takes inputs from the General Ledger, utilization and other statistics, products from the chargemasters, and Relative Value Units (RVUs) to cost the individual products. These costs are then aggregated to form an encounter cost. Revenues received are applied to reduce the cost to a net loss, which is the reported value. Our systems aggregate these costs into the patient's assigned line of business to create our standard line of reporting.
Part III Line 9b	When a patient/guarantor indicates an inability to pay (charity care), the patient/guarantor will be evaluated for charity care in accordance with established criteria outlined in the Medical Financial Assistance (MFA) Program. In addition, outside collection agencies will cancel and return on a retrospective basis any accounts that either would have qualified or now qualify for charity care according to the criteria outlined in the MFA Program.

Form and Line Reference	Explanation
needs assessment	<p>In California and Oregon, each KFH medical center is required to conduct a community needs assessment every three years. The assessments may be conducted individually by each hospital or in collaboration with other hospitals, community-based agencies and public service organizations. Each needs assessment provides a summary of the needs assessment process undertaken including the methodologies and data sources utilized, individuals and organizations consulted, a complete listing of the needs identified and description of the method used to prioritize needs for inclusion in the individual community benefit plans. The most recent needs assessments were completed in 2013.</p>
patient education of eligibility for assistance	<p>In California, Hawaii, Oregon and Washington, information regarding assistance is widely available to patients and the general public as well as Health Plan members throughout the facility. Kaiser Permanente physicians and staff are also a source of information for patients requesting medical financial assistance. The availability and contact information about Kaiser Permanente's Medical Financial Assistance Program (MFAP) are posted in the emergency departments, billing and admitting offices and hospital-based outpatient departments. Information is also publicly posted on our websites and in public entrances of hospitals, medical office buildings, urgent care and outpatient pharmacies. In addition, a special MFAP 800# hotline (in several languages) has been established. This number is included on all bill correspondence, brochures and signage. MFAP information can also be found on the publicly accessible KP web site. All patients identified as "self pay" and who have received care in a Kaiser Permanente emergency department or hospital-based outpatient department are required to receive a Medical Financial Assistance brochure which contains eligibility information on the charity care programs and self pay discounts. All brochures and applications are provided in English or other appropriate languages such as Spanish, Chinese, Armenian, Russian and Farsi.</p>

Form and Line Reference	Explanation
community information	<p>KFH SERVES COMMUNITIES IN CALIFORNIA, HAWAII, AND OREGON THE COMMUNITIES WE SERVE ARE DIVERSE AND INCLUDE BOTH LESS POPULOUS AND DENSELY POPULATED CITIES AND COUNTIES OUR COMMUNITIES ARE DIVERSE IN MANY WAYS INCLUDING INCOME, RATE OF UNINSURED, HIGH SCHOOL GRADUATION AND LIMITED ENGLISH PROFICIENCY OUR FACILITIES AND THE PEOPLE WHO WORK WITHIN THEM ARE LOCATED WITHIN, AND ARE PART OF OUR COMMUNITIES KFH owns and operates 38 licensed hospitals, including five licensed hospitals with multiple campuses in California, Hawaii and Oregon In California, KFH medical centers are located in the cities of Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Harbor City, Hayward, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Rafael, Santa Clara, Santa Rosa, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, Woodland Hills, and HILLSBORO In Hawaii, the Moanalua Medical Center is located in the City of Honolulu on the island of Oahu In Oregon, the Sunnyside Medical Center is located in the City of Clackamas</p> <p>ncal scal Hawaii nw ----- -- Total population in area (mil) 11 8* 21 7* 1 3* 2 7* Average family income \$98,459 \$85,050 \$90,072 \$78,278 % below 100% fpl 13 45* 15 74* 10 8* 13 92* % w/o public or private health ins 13 28* 20 15* 6 84* 14 65* % Population Age 5+ with limited English Proficiency* 16 82 21 84 12 55 7 8 High School Graduation Rate** 83 85 82 96 75 3 71 8 Unemployment Rate (%)** 7 8 4 6 6 5 (SOURCE US CENSUS 2010 AMERICAN COMMUNITY SURVEY S2701, CPO3, AND DP03 LIMITED TO APPROXIMATE KAISER SERVICE AREAS (MSA) IN EACH OF the 4 REGIONS (INCLUDES the ENTIRE STATE OF HAWAII) *US Census Bureau, American Community Survey 2008-12 ** National Center for Education Statistics, NCES - Common Core of Data 2008-09 ***US Department of Labor, Bureau of Labor Statistics 2014 - July KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY AND PROMOTION OF COMMUNITY HEALTH Since our beginnings, we have been committed to helping shape the future of health care Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health KFH is committed to the belief that good health is a fundamental right shared by all, and we recognize that good health extends beyond the doctor's office and the hospital Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach We go beyond traditional corporate philanthropy or grant-making to leverage financial resources with medical research, physician expertise, and clinical practices Historically, we have focused our investments in three areas-Health Access, Healthy Communities, and Health Knowledge-to address critical health issues in our communities For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence We have conducted Community Health Needs Assessments (CHNA) to better understand each community's unique needs and resources The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change-and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health THE KFHP/KFH BOARD HAS A STANDING COMMUNITY BENEFIT COMMITTEE OF THE BOARD OF DIRECTORS TO OVERSEE THE PROGRAM-WIDE COMMUNITY BENEFIT PROGRAM KAISER PERMANENTE ALSO HAS A NATIONAL EXECUTIVE OF KFHP AND KFH TO LEAD KAISER PERMANENTE'S COMMUNITY BENEFIT PROGRAM AS A FULL-TIME ASSIGNMENT RAYMOND J BAXTER, PHD IS THE SENIOR VICE PRESIDENT FOR COMMUNITY BENEFIT, RESEARCH AND HEALTH CARE POLICY REPORTING TO THE CEO AND CHAIRMAN OF THE BOARD</p>
promotion of community health	<p>KFH's principal purpose is to provide hospital, medical, and surgical care, including emergency services, extended care and home health care to members of the public without regard to age, sex, race, religion or national origin, or to the individual's ability to pay KFH SHARES THE KAISER PERMANENTE MISSION, OF PROVIDING AFFORDABLE HIGH QUALITY HEALTH CARE TO OUR MEMBERS, AND IMPROVING THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE KFH's general community benefits include Emergency departments - KFH operates full-time emergency departments in each of its 38 licensed hospitals, including five licensed hospitals with multiple campuses in California, Hawaii and Oregon Emergency medical services are available to all individuals regardless of their ability to pay Care provided to all patients - Hospital care is provided to individuals with health care coverage from any private or government-sponsored health plan, insured and uninsured referrals from safety net and other public health partnerships, and uninsured patients admitted through the emergency department Open Medical Staff Privileges - Staff privileges in the hospitals are available to community practitioners who are not affiliated with a Permanente Medical Group Reinvestment of Surplus Revenues - KFHP pays KFH for hospital services and surplus revenues are reinvested IN THE furtherance OF THE EXEMPT PURPOSE, for capital replacement or expansion of facilities and equipment, debt amortization, improvement in patient care and services, and other community benefit services including charity care, medical education and research In addition, KFH is committed to operating to intentionally protect and preserve the environment and scarce resources Poor environmental quality contributes to disease and economic insecurity Kaiser Foundation Hospitals has therefore committed itself to protecting and improving the natural environment as a key component of our mission to improve healthcare quality and affordability To fulfill this commitment, Kaiser Foundation Hospitals maintains a structure for environmental stewardship that enables the organization to continuously improve its environmental performance This structure includes clearly defined roles, responsibilities, plans and routines, and has resulted in five organization-wide focus areas that have been selected based on their ability to have the most impact on the environmental forces that shape environmental- and human-health</p> <ol style="list-style-type: none"> 1 Finding safe alternatives to harmful industrial chemicals 2 Responding to climate change 3 Promoting sustainable farming and food choices 4 Reducing, reusing, and recycling to eliminate waste 5 Conserving water <p>In each of these focus areas, Kaiser Foundation Hospitals has established ambitious goals ,implemented initiatives, achieved measurable improvements, and regularly reported progress to our Board of Directors, our staff, and the communities we serve</p>

Form and Line Reference	Explanation
affiliated health care system	<p>Kaiser Permanente is a not for profit, integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and The Permanente Medical Groups For more than 65 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve Kaiser Foundation Hospitals (KFH) and Kaiser Foundation Health Plan, Inc (KFHP), with its four principal operating tax-exempt subsidiary health plans-Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan of Georgia, Inc , Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc , and Kaiser Foundation Health Plan of the Northwest, are nonprofit corporations that are part of the integrated health care delivery system known as the Kaiser Permanente Medical Care Program or "Kaiser Permanente " Kaiser Permanente is an integrated health care delivery system that combines the provision and financing of health care services People who elect to enroll in a Kaiser Permanente health plan receive a full range of prepaid health care services, including hospital care, professional care in hospitals and physicians' offices, x-ray and laboratory services, physical therapy, emergency, ambulance transportation, preventive services, health education and certain prescribed drugs More comprehensive drug coverage is also provided through a separate coverage rider In the hospital-based regions - California, Hawaii and Northwest, Kaiser Permanente is comprised of several separate legal organizations KFH - a California nonprofit public benefit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3), KFHP - a California nonprofit public benefit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3), Northwest Health Plan - an Oregon nonprofit corporation Kaiser Permanente contracts with various medical groups in each respective region to provide services to members Persons enroll in Kaiser Permanente through KFHP or one of the Health Plan subsidiaries ("Health Plan") Health Plan provides and arranges comprehensive health care services for members on a predominantly prepaid basis and fulfills its contractual obligations to group and individual members by contracting with KFH and a Permanente Medical Group to provide the required health care services KFHP and KFH are separate corporations governed by identical boards of directors KFH accepts responsibility to provide or arrange necessary hospital services and facilities for Health Plan members KFH owns and operates 38 licensed hospitals, including five licensed hospitals with multiple campuses in California, Hawaii and Oregon, which provide emergency and in-patient services to all persons in the community regardless of membership or ability to pay Staff privileges are available on a nondiscriminatory basis to physicians in the communities served KFH also contracts with other community hospitals to provide hospital services to members for specialized care and other services</p>
state filing of community benefit report	<p>KFH annually prepares and submits a Consolidated Community Benefit Plan to the California Office of Statewide Health Planning and Development in compliance with Health and Safety Code Section 127340 et seq The consolidated plan includes a hospital-specific community benefit plan for each individual medical center campus in California KFH also annually prepares and submits a comprehensive Community benefit report to the Department of Human Services, Office for Oregon Health Policy and Research for the Sunnyside Medical Center located in the City of Clackamas</p>

Schedule I (Form 990)

OMB No 1545-0047

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

2013

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

Attach to Form 990

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization KAISER FOUNDATION HOSPITALS

Employer identification number 94-1105628

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 Code 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. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1488
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Scholarships	305	539,500			

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
PROCEDURES FOR MONITORING THE USE OF GRANTS	Grantees are required to submit a final report that describes progress toward goals, impact to date, as well as financial accounting for how funds were used

Additional Data

Software ID:
Software Version:
EIN: 94-1105628
Name: KAISER FOUNDATION HOSPITALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
100 Mile Club 2191 Fifth Street Norco, CA 92860	20-8425786	501(c)(3)	18,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
1000 Mothers to Prevent Violence 1837 Sally Creek Cir Hayward, CA 94541	74-3191786	501(c)(3)	16,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
2B Successful Youth 1069 Meadowlark Dr Fairfield, CA 94533	26-3309863	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
A Community for Peace 6060 Sunrise Vista dr Citrus Heights, CA 95610	68-0457704	501(c)(3)	11,900				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
A More Excellent Way Health Improv Org 215 Lighthouse Dr Vallejo, CA 94590	14-2011697	501(c)(3)	17,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
A Window Between Worlds 710 4th Ave 5 Venice, CA 90291	95-4448606	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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A World Fit For Kids 678 S La Fayette Park Pl Los Angeles, CA 90057	33-0550994	501(c)(3)	50,000				Mentors in Motion

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ABC Unified School District 16700 Norwalk Blvd Cerritos, CA 90703	95-2380644	Government or P	12,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Abode Services 40849 Fremont Blvd Fremont, CA 94538	94-3087060	501(c)(3)	34,750				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AccessOC 1505 East 17th St Santa Ana, CA 92705	45-5011901	501(c)(3)	15,000				Outpatient Surgery

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Adolescent Counseling Services Inc 1717 Embarcadero Rd Palo Alto, CA 94303	53-0192551	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Advanced Center for Eyecare 1701 Westwind Dr Bakersfield, CA 93301	27-3257780	501(c)(3)	12,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Afford Foundation 2821 Rio Linda Dr Bakersfield, CA 93305	33-0480237	501(c)(3)	10,368				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AIDS Project Los Angeles Inc 611 S Kingsley Dr Los Angeles, CA 90005	95-3842506	501(c)(3)	18,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AIDS Services Center Inc 65 N Raymond Ave Pasadena, CA 91103	95-4165358	501(c)(3)	9,400				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AIDS Services Foundation of OC 17982 Skypark Circle Irvine, CA 92614	33-0126481	501(c)(3)	10,000				HIV Medical Case

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Alameda County Deputy Sheriff's Assoc 16378 E 14th Street San Leandro, CA 94578	83-0410537	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Alameda County Health Care Foundation 350 Frank H Ogawa Pl Oakland, CA 94612	94-3103136	501(c)(3)	107,150				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Alameda County Health Care Services Ag 1000 San Leandro Blvd San Leandro, CA 94577	94-6000501	Government or P	136,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Alameda County Office of Education 313 West Winton Ave Hayward, CA 94544	94-6002421	Government or P	95,723				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Alameda Family Services 2325 Clement Ave Alameda, CA 94501	23-7088243	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Alameda Health Consortium 101 Callan Ave San Leandro, CA 94577	51-0189590	501(c)(3)	97,150				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Albertina Kerr Centers Foundation Inc 424 NE 22nd Avenue Portland, OR 97232	93-1297104	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Alexandria House 426 S Alexandria Ave Los Angeles, CA 90020	95-4809755	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Alliance for Housing and Healing 825 Colorado Blvd Los Angeles, CA 90041	95-4147364	501(c)(3)	25,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Alliance Medical Center 1381 University Ave Healdsburg, CA 95448	94-2308748	501(c)(3)	60,000				Windsor Expansion

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Al-Shifa Clinic Inc 2034-B Mallory St San Bernardino, CA 92407	33-0855769	501(c)(3)	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Alternatives in Action 3666 Grand Ave Oakland, CA 94610	94-3210413	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Alum Rock Counseling Center Inc 777 North 1st St San Jose, CA 95112	23-7367637	501(c)(3)	75,000				Youth & Trauma

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Always Knocking Inc 7741 Amherst St Sacramento, CA 95832	26-4635991	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ALZHEIMERS DISEASE & RELATED DISOR 6632 Convoy Court San Diego, CA 92111	95-3565388	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Alzheimers Disease Assoc of Kern Co Inc 5500 Olive Drive Bldg 1 Bakersfield, CA 93308	77-0017561	501(c)(3)	22,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Alzheimer's Disease&Related Disorder 17771 Cowan Ave Irvine, CA 92614	95-3702013	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Ambrose Recreation and Park District 3105 Willow Pass Rd Bay Point, CA 94565	94-1622656	Government or P	9,900				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Ambulatory Surgery Access Coalition 115 Sansome St1205 San Francisco, CA 94104	94-3180356	501(c)(3)	308,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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America Walks 3903 N Borthwick Portland, OR 97227	04-3401323	501(c)(3)	20,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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American Diabetes Association Inc 5060 Shoreham Dr San Diego, CA 92122	13-1623888	501(c)(3)	13,120				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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American Heart Association Inc 426 17th Street Oakland, CA 94612	13-5613797	501(c)(3)	240,400				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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American Lung Association of California 424 Pendleton Way Oakland, CA 94621	94-0362650	501(c)(3)	32,500				Project support

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American National Red Cross 1663 Market Street San Francisco, CA 94103	53-0196605	501(c)(3)	24,800				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Anaheim Family Justice Center INC 150 W Vermont Ave Anaheim, CA 92805	20-4088652	501(c)(3)	15,000				project support

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ANew America Community Corporation 1918 University Av Berkeley, CA 94704	94-3342658	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Angels for Sight 920 N Alameda St Compton, CA 90221	20-0865241	501(c)(3)	8,000				4 Love of Country

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Another Choice Another Chance 5450 Power Inn Rd Sacramento, CA 95624	68-0184117	501(c)(3)	85,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Antelope Valley College Foundation 3041 West Avenue K Lancaster, CA 93536	95-4398700	501(c)(3)	17,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Antelope Valley Community Clinic 45104 10th St West Lancaster, CA 93534	26-0574826	501(c)(3)	24,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Antelope Valley Partners for Health 45104 10THWSt Lancaster, CA 93534	47-0957404	501(c)(3)	75,000				Project support

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Aptitud Community Academy at Goss 2475 Van Winkle Ln San Jose, CA 95116	77-0016360	Government or P	23,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AREA AGENCY ON AGING NAPA AND SOLANO 400 Contra Costa St Vallejo, CA 94590	94-2742309	501(c)(3)	32,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Arrowhead United Way 646 North D Street San Bernardino, CA 92402	95-1934586	501(c)(3)	14,990				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Arts and Cultural Foundation Of Antioch 301 West 10th St Antioch, CA 94509	68-0479175	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Ascencia 437 Fernando Court Glendale, CA 91204	20-4233822	501(c)(3)	10,000				Engaging Homeless

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Ashland Free Medical Clinic 50 E Lewelling San Lorenzo, CA 94580	68-0554276	501(c)(3)	15,000				Diabetes Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Asian American Drug Abuse Program Inc 5318 S Crenshaw Blvd Los Angeles, CA 90043	95-2848695	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Asian American Recovery Services 1115 Mission Road South San Francisco, CA 94080	94-3007538	501(c)(3)	25,000				Project Connect

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Asian Americans for Community Invol 2400 Moorpark Ave San Jose, CA 95128	94-2292491	501(c)(3)	50,000				Patient Navigation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Asian Health Services 818 Webster Street Oakland, CA 94607	94-2235908	501(c)(3)	28,000				Project Support

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Asian Pac American Legal Cntr of SOCAL Inc 1145 Wilshire Blvd Los Angeles, CA 90017	95-3854152	501(c)(3)	18,550				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Asian Pacific American Public Affairs Asoc 4000 Truxel Rd33 Sacramento, CA 95834	55-0849384	501(c)(3)	9,500				Scholarship Gala

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Asian Pacific Health Care Venture Inc 4216 Fountain Avenue Los Angeles, CA 90029	95-4177752	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Asian Pacific Women's Center Inc 1145 Wilshire Blvd Los Angeles, CA 90017	93-1102854	501(c)(3)	15,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Asian Resources Inc 5709 Stockton Blvd Sacramento, CA 95824	94-2658135	501(c)(3)	17,750				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Asian-American Educational & Cultural 1115 South E St San Bernardino, CA 92408	33-0749876	501(c)(3)	15,000				Healthy Seniors

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AsianWeek Foundation 564 Market St San Francisco, CA 94104	20-1719535	501(c)(3)	6,500				Annual Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Assistance League of Redlands 700 E RedlandU209 Redlands, CA 92373	95-2131653	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Assistance League of San Bernardino 580 West 6th Street San Bernardino, CA 92410	95-6065105	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Assistance League of Victor Valley 22021 Highway 18 Apple Valley, CA 92307	95-3417060	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Association of Black Foundation Exec 333 7th Avenue New York, NY 10001	23-7156531	501(c)(3)	10,000				Membership 2014

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Axis Community Health Inc 4361 Railroad Avenue Pleasanton, CA 94566	94-2232394	501(c)(3)	35,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Azusa Pacific University 901 E Alostia Avenue Azusa, CA 91702	95-1744369	501(c)(3)	12,837				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Baldwin Park Unified School District 4640 Maine Ave Baldwin Park, CA 91706	95-6000213	Government or P	31,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Bartz-Altadonna Community Health Ctr 43322 Gingham Ave Lancaster, CA 93535	27-3261289	501(c)(3)	25,000				Healing Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Battle Ground HealthCare 11117 NE 189th St Battle Ground, WA 98604	27-3148590	501(c)(3)	7,500				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Bay Area Bicycle Coalition 34244 Siward Drive Fremont, CA 94555	94-3023347	501(c)(3)	35,000				Bike to Work Day

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Bay Area Black United Fund Inc 1212 Broadway 810 Oakland, CA 94612	94-2602958	501(c)(3)	90,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Bay Area Community Resources 3219 Pierce Street Richmond, CA 94804	94-2346815	501(c)(3)	25,000				Project Restore

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bay Area Community Services (BACS) 1814 Franklin St Oakland, CA 94612	94-1708069	501(c)(3)	25,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bay Area Legal Aid 1735 Telegraph Ave Oakland, CA 94612	94-1631316	501(c)(3)	20,000				Domestic Violence

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Bay Area Women Against Rape 470 27th Street Oakland, CA 94612	94-2300454	501(c)(3)	15,000				Child Sexual Abuse

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bay Area Womens Sports Initiative 1922 The Alameda San Jose, CA 95126	55-0897084	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bayview Hunters Point Foundation for Com 150 Exec Park Blvd San Francisco, CA 94134	94-1747575	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Being Adept 16 Treetop Way Kentfield, CA 94904	27-2578491	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Being Alive People with AIDS Act Coalit Inc 7531 Santa Monica Blvd West Hollywood, CA 90046	95-4137742	501(c)(3)	9,854				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Being Alive-San Diego 4070 Centre St San Diego, CA 92103	33-0439092	501(c)(3)	8,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bellflower Unified School District 16703 S Clark Avenue Bellflower, CA 90706	95-6000249	Government or P	6,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Benicia Community Action Council 480 Military East BENICIA, CA 94510	68-0294153	501(c)(3)	7,500				Senior Home Deliver

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Benicia Unified School District 350 East K Street Benicia, CA 94510	30-0385724	Government or P	35,000				Nutrition Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bethany Services 1600 East Truxtun Bakersfield, CA 93305	95-2858936	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bethel African Methodist Episcopal Church 855 South F Street Oxnard, CA 93030	95-2670416	501(c)(3)	5,794				HIV/AIDS Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bienvenidos Children's Center Inc 316 West 2nd St Los Angeles, CA 90012	95-4042883	501(c)(3)	26,250				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Black Women For Wellness 4340 11th Ave Los Angeles, CA 90008	95-4624707	501(c)(3)	5,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Borrego Community Health Foundation 4343 Yaqui Pass Rd Borrego Springs, CA 92004	33-0440021	501(c)(3)	24,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Club of Coachella Valley 42600 Cook St 120 Palm Desert, CA 92211	95-6122699	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Club of Fontana 7723 Almeria Av Fontana, CA 92336	33-0443344	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Club of Hollywood 850 N Cahuenga Blvd Hollywood, CA 90038	95-1775142	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Club of Pasadena 3230 East Del Mar Blvd Pasadena, CA 91103	95-1643305	501(c)(3)	7,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Club of Salem Marion & Polk 1395 Summer St NE Salem, OR 97301	93-0581470	501(c)(3)	10,000				Project Support

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Boys & Girls Club of Tracy Inc 753 W Lowell Avenue Tracy, CA 95376	68-0028682	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Club of Whittier Inc 7905 S Greenleaf Ave Whittier, CA 90602	95-6151763	501(c)(3)	8,650				Healthy Lifestyles

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Club W San Gabriel Valley 328 South Ramona Ave Monterey Park, CA 91754	95-2782501	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Clubs North San Mateo Co 201 West Orange Ave South San Francisco, CA 94080	94-1497000	501(c)(3)	36,500				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Clubs of Fresno County 540 North Augusta St Fresno, CA 93701	94-1149171	501(c)(3)	19,643				Kids Health,Nutri

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Clubs of Kern County 801 Niles Street Bakersifeld, CA 93305	95-2462246	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Clubs of the Diablo Valley 1301 Alhambra Avenue Martinez, CA 94553	94-1333618	501(c)(3)	10,000				Triple Play Project

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys and Girls Club of Carson 1950 E 220th St Carson, CA 90810	33-0475452	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys and Girls Clubs of Anaheim Inc 311 East Broadway Anaheim, CA 92805	33-0356284	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys and Girls Clubs of Long Beach 3635 Long Beach Blvd Long Beach, CA 90807	95-1643977	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys Club of San Gabriel Valley 2740 Mountain View Rd El Monte, CA 91732	95-2307624	501(c)(3)	7,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Club of Greater Sacramento 5212 Lemon Hill Ave Sacramento, CA 95824	68-0338324	501(c)(3)	31,820				Leaders In Training

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Braille Institute of America Inc 741 N Vermont Ave Los Angeles, CA 90029	95-1641426	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Breaking Barriers 2210 21st Street Sacramento, CA 95818	68-0456738	501(c)(3)	9,662				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Breast Cancer Emergency Fund 12 Grace St San Francisco, CA 94103	20-3203899	501(c)(3)	13,750				Breast cancer

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Breathe California of Sacramento-Emigrant 909 12th Street Sacramento, CA 95814	94-1641240	501(c)(3)	29,149				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Breathe California of the Bay Area 1469 Park Avenue San Jose, CA 95126	94-1156307	501(c)(3)	25,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Brighter Beginnings 2648 International Blvd Oakland, CA 94601	94-2949749	501(c)(3)	45,200				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Buckelew Programs 900 5th Avenue San Rafael, CA 94901	23-7088977	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Buddhist Tzu Chi Medical Foundation 1000 S Garfield Ave Alhambra, CA 91801	95-4457939	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Building A Generation 932 W Cypress St Redlands, CA 92373	54-2104001	501(c)(3)	13,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CA Consortium For Urban Indian Health 1016 Lincoln Blvd San Francisco, CA 94129	20-4878959	501(c)(3)	75,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CA Center For Public Health Advocacy 1947 Galileo St101 Davis, CA 95617	95-4723901	501(c)(3)	125,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CA Court Appointed Special Advocate Assoc 660 13th St Oakland,CA 94612	68-0163010	501(c)(3)	100,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CA Partnership for Safe Community 469 9th St Oakland, CA 94607	45-3127566	501(c)(3)	125,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Cabrillo Economic Development Corp 702 County Square Drive Ventura, CA 93003	95-3681521	501(c)(3)	20,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Cal State Bakersfield Foundation 9001 Stockdale Highway Bakersfield, CA 93311	95-2643086	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Calico Center 524 Estudillo Ave San Leandro, CA 94577	94-3256781	501(c)(3)	24,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Academy of Family Physicians 1520 Pacific Avenue San Francisco, CA 94109	94-2938597	501(c)(3)	18,800				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Black Health Network 1112 I St Suite 110 Sacramento, CA 95814	95-3794688	501(c)(3)	152,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Black Women's Health Project 101 North La Brea Ave Inglewood, CA 90301	95-4702923	501(c)(3)	27,250				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Dental Association Foundation 1201 K Street Sacramento, CA 95814	68-0411536	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Family Health Council Inc 3600 Wilshire Blvd Los Angeles, CA 90010	95-2564024	501(c)(3)	140,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Food Literacy Center 170 Sandburg Dr Sacramento, CA 95819	45-3973268	501(c)(3)	12,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Food Policy Advocates 436 14th St1220 Oakland,CA 94612	94-3163142	501(c)(3)	225,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Health Collaborative 1680 West Shaw Ave Fresno, CA 93711	94-2862660	501(c)(3)	39,445				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Hospital Medical Cntr Foundation 1401 S Grand Avenue Los Angeles, CA 90015	95-4000909	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Parenting Institute 3650 Standish Ave Santa Rosa, CA 95407	94-2541640	501(c)(3)	11,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Primary Care Association 1231 I Street 400 Sacramento, CA 95814	94-3215565	501(c)(3)	170,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 School Health Centers Association 1203 Preservation Park Oakland, CA 94612	94-3201896	501(c)(3)	119,700				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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California State University Northridge Fou 18111 Nordhoff Street Northridge, CA 91330	95-6196006	501(c)(3)	12,200				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 University San Marcos Fo 333 S Twin Oaks Valley San Marcos, CA 92096	80-0390564	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Teaching Fellows Foundation 1177 E Shaw101 Fresno, CA 93710	20-0359353	501(c)(3)	90,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Youth Connection 604 Mission Street 9th Fl San Francisco, CA 94105	94-3141616	501(c)(3)	20,000				Foster Youth Bay

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Calistoga Family Center Inc 1500 Cedar Street Calistoga, CA 94515	80-0023012	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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California Urban Partnership 1215 K Street Sacramento, CA 95814	45-0842476	501(c)(3)	9,150				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Camarena Health 344 E Sixth Street Madera, CA 93637	94-2503904	501(c)(3)	35,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Campanile Foundation 5500 Campanile Dr San Diego, CA 92182	33-0868418	501(c)(3)	15,000				Obesity Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Campbell Union High School District 3235 Union Ave San Jose, CA 95124	94-2239786	Government or P	11,335				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Campbell Union School District 401 W Hamilton Ave Campbell, CA 95008	77-0226428	Government or P	23,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Canal Alliance 91 Larkspur Street San Rafael, CA 94901	94-2832648	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CANCER PREVENTION INSTITUTE OF CALIFORNIA 2201 Walnut Avenue Fremont, CA 94538	23-7427232	501(c)(3)	101,498				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Cangress 530 S Main St Los Angeles, CA 90013	02-0661629	501(c)(3)	15,000				Promotion Project

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Cardea Services 614 Grand Ave 400 Oakland, CA 94610	94-2401949	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Care Harbor 5855 Green Valley Cir Culver City, CA 90230	27-2984870	501(c)(3)	20,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CAREGIVERS Volunteers Assisting the Elder 1765 Goodyear Ave Ventura, CA 93010	77-0081692	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CASA of Los Angeles 201 Centre Plaza Dr Monterey Park, CA 91754	95-3890446	501(c)(3)	19,500				Youth Prog

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Cascade Aids Project Inc 208 SW Fifth Ave Portland, OR 97204	93-0903383	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Catholic Charities of the Diocese of Oakland 433 Jefferson Street Oakland, CA 94607	94-2677202	501(c)(3)	25,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Catholic Charities of the Diocese of Stockton 400 12th Street Modesto, CA 95354	94-1629114	501(c)(3)	40,000				Children's Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Catholic Charities San BernardinoRiverside 1450 North D Street San Bernardino, CA 92405	95-3516461	501(c)(3)	19,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Catholic Community Svcs of Mid-Willamette PO Box 20400 Salem, OR 97307	93-0903773	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Center for AIDS Research Education 1501 21st Street Sacramento, CA 95811	68-0162903	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Center For Community Dispute Settlement (CCDS) 291 McLeod St Livermore, CA 94550	94-3207385	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Center for Community Health&Well-Being 1900 T Street Sacramento, CA 95811	68-0248303	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Center for Community Solutions 4508 Mission Bay Dr San Diego, CA 92109	95-6379598	501(c)(3)	12,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Center for Domestic Peace 734 A Street San Rafael, CA 94901	94-2415856	501(c)(3)	10,000				Domestic Violence

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Center For Elders Independence 510- 17th Street 4th Fl Oakland,CA 94612	94-3123446	501(c)(3)	77,200				Caregiver Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center For Health Care Strategies Inc 200 American Metro Hamilton, NE 08619	22-3375015	501(c)(3)	174,835				Advancing Medicaid

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Human Development 391 Taylor Blvd120 Pleasant Hill, CA 94523	94-2520840	501(c)(3)	40,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Human Services 1700 McHenry Village Modesto, CA 95350	94-1725620	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Individual and Family Counsel 5445 Laurel Canyon Blvd North Hollywood, CA 91607	51-0204566	501(c)(3)	9,500				Mental Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for the Partially Sighted 18425 Burbank Blvd Tarzana, CA 91356	95-3771974	501(c)(3)	12,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Wellness and Achievement 401 Van Ness Ave San Francisco, CA 94102	39-2060766	501(c)(3)	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Centinela Youth Services Inc 11539 Hawthorne Bl Hawthorne, CA 90250	95-3821576	501(c)(3)	17,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Central City Concern Inc 232 NW Sixth Ave Portland, OR 97209	93-0728816	501(c)(3)	95,000				Recuperative Care

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Central City Lutheran Mission 1354 North G St San Bernardino, CA 92405	33-0634580	501(c)(3)	13,000				Mental Health Prog

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Central Unified School District 4605 N Polk Fresno, CA 93722	77-0559747	Government or P	53,042				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Central Valley Health Network Inc 455 Capitol Mall Sacramento, CA 95814	68-0429643	501(c)(3)	80,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Centro de Salud La Comunidad De San Ys 1275 30th Street San Diego, CA 92154	95-2801772	501(c)(3)	40,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Centro Laboral de Graton 2981 Bowen Street Graton, CA 95444	68-0472311	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Century Center for Economic Opportunity 5021 Lennox Blvd Lennox, CA 90304	95-3512392	501(c)(3)	6,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Cesar Chavez Foundation 316 West 2nd St Los Angeles, CA 90012	95-2466747	501(c)(3)	9,200				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Challengers Boys & Girls Club 5029 S Vermont Av Los Angeles, CA 90037	95-2637167	501(c)(3)	7,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Chapa-De Indian Health Program Inc 11670 Atwood Road Auburn, CA 95603	94-2583156	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Charles Drew University of Medicine & Sc 1731 East 120th St Los Angeles, CA 90059	95-6151774	501(c)(3)	274,542				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Chicana Foundation of Northern California 1419 Burlingame Ave Burlingame, CA 94010	94-2923423	501(c)(3)	5,500				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Chicano & Latino Youth Leadership Proj 1130 K Street LL80 Sacramento, CA 95814	94-3069819	501(c)(3)	8,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Child & Family Center 21545 Centre Pointe Park Santa Clarita, CA 91350	95-3941342	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Child Care Resource Center Inc 20001 Prairie Street Chatsworth, CA 91311	95-3081695	501(c)(3)	21,155				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Children Now 1404 Franklin St Oakland, CA 94612	94-3059243	501(c)(3)	50,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Children&Families First Comm of Ventura Co 2580 E Main St 203 Ventura, CA 93003	77-0525458	Government or P	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Children's Cancer Association 433 NW 4th Ave Portland, OR 97209	93-1181662	501(c)(3)	21,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Childrens Dental Foundation 455 East Columbia St Long Beach, CA 90806	95-2111124	501(c)(3)	35,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Children's Fund Inc 825 E Hospitality Ln San Bernardino, CA 92415	33-0193286	501(c)(3)	15,000				Emergency Needs

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Children's Hospital & Research Center Oak 747 52nd Street Oakland, CA 94609	94-0382330	501(c)(3)	5,030,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Children's Network of Solano County 2320 Courage Drive Fairfield, CA 94533	68-0014506	501(c)(3)	75,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Children's Nurturing Project 490 Chadbourne Rd Fairfield, CA 94534	72-1553818	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CHIME Charter Middle School 22280 Devonshire Dt Chatsworth, CA 91311	95-4309518	501(c)(3)	12,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Chinatown Service Center 767 North Hills St Los Angeles, CA 90012	95-2918844	501(c)(3)	9,365				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Christie's Place Inc 2440 Third Avenue San Diego, CA 92101	91-1878632	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City and County of San Francisco 501 Stanyan Street San Francisco, CA 94117	94-6000417	Government or P	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City Corps of the Central Coast Inc 77 North CA Street Ventura, CA 93001	26-0621080	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Chino 13201 Central Ave Chino, CA 91710	95-0930239	Government or P	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Downey Community Senior Center 7810 Quill Drive Downey, CA 90242	95-1918226	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Folsom Parks & Recreation 50 Natoma Street Folsom, CA 95630	94-6000334	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
City of Fontana 16860 Valencia Ave Fontana, CA 92335	95-6004770	Government or P	25,000				Healthy Living

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
City of Fremont 3300 Capitol AveB Fremont, CA 94538	94-6027361	Government or P	10,000				Swim for Life

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Hawaiian Gardens 21815 Pioneer Blvd Hawaiian Gardens, CA 90716	95-2315964	Government or P	6,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Inglewood 1 W Manchester Blvd Inglewood, CA 90301	95-6000728	Government or P	16,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Jurupa Valley 8304 Limonite Ave Jurupa Valley, CA 92509	45-2260785	Government or P	25,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Lancaster 44933 FERN AVENUE LANCASTER, CA 93534	95-3213004	Government or P	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Long Beach Dept of Health 3820 Cherry Ave Long Beach, CA 90807	95-6000733	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Los Angeles - Dept of Transport 100 S Main St Los Angeles, CA 90012	95-6000735	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Montclair 5111 Benito Street Montclair, CA 91763	95-6005731	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Portland Oregon 1120 SW 5th Avenue Portland, OR 97204	93-6002236	Government or P	100,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Rancho Cucamonga 10500 Civic Center Drive Rancho Cucamonga, CA 91730	95-3213002	Government or P	9,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Redwood City 750 Bradford Street Redwood City, CA 94063	94-6001116	Government or P	25,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Rialto 150 S Palm Avenue Rialto, CA 92376	95-6000768	Government or P	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Salem 555 Liberty St SE Salem, OR 97301	93-6002249	Government or P	8,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of San Bernardino 201 N E St Suite 301 San Bernardino, CA 92401	95-6000772	Government or P	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
City of San Diego 202 C Street MF 37C San Diego, CA 92101	95-6000776	Government or P	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
City of San Fernando 117 Macneil Street San Fernando, CA 91340	95-6000779	Government or P	14,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
City of Sunnyvale 785 Morse Avenue Sunnyvale, CA 94086	94-6000438	Government or P	19,875				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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City of Vancouver PO Box 1995 Vancouver, WA 98668	91-6001288	Government or P	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
City Team Ministries 722 Washington Street Oakland, CA 94607	94-1501265	501(c)(3)	6,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Clackamas Volunteers in Medicine 700 Molalla Ave Oregon City, OR 97045	37-1621141	501(c)(3)	23,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CLEVELAND CLINIC FOUNDATION 9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501(c)(3)	35,234				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Clinica Sierra Vista 1430 Truxtun Ave Bakersfield, CA 93302	95-2707101	501(c)(3)	30,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Clovis Unified School District 1448 N Armstrong Ave Fresno, CA 93727	94-2840774	Government or P	60,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Co of Santa Clara Parks & Recreation Dept 298 Garden Hill Dr Los Gatos, CA 95032	94-6000533	Government or P	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Coachella Valley Volunteers in Medicine 82-915 Avenue 48 Indio, CA 92201	26-3312826	501(c)(3)	24,000				Clinic Operations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Coalition Humane Immigrant Rights of LA 2533 West Third St Los Angeles, CA 90057	95-4421521	501(c)(3)	22,125				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Collective Roots Garden Project 1785 Woodland Av East Palo Alto, CA 94303	71-0901459	501(c)(3)	30,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
College Track 111 Broadway Ave Oakland, CA 94607	94-3279613	501(c)(3)	400,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COLUMBIA UNIVERSITY MEDICAL CTR 630 West 168th Street New York, NY 10032	80-0496512	501(c)(3)	15,242				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COM ACTIVELY LIVING INDEPENDENT & FREE 634 SOUTH SPRING ST LOS ANGELES, CA 90014	95-4860169	501(c)(3)	8,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Committee on the Shelterless 900 Hopper Street Petaluma, CA 94952	68-0176855	501(c)(3)	11,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Common Ground Westside HIV Community 2401 Lincoln Blvd Santa Monica, CA 90405	95-4460765	501(c)(3)	7,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CommuniCare Health Centers 2051 John Jones Rd Davis, CA 95616	94-2188574	501(c)(3)	189,361				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Action Organization 1001 SW Baseline St Hillsboro, OR 97123	93-0554941	501(c)(3)	95,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Action Partnership of Kern 5005 NBusiness Park Bakersfield, CA 93309	95-2402760	501(c)(3)	45,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Community Action Partnership of San Bern 696 S Tippecanoe Av San Bernardino, CA 92408	95-2376882	501(c)(3)	35,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Community Action Partnership of Sonoma 1300 North Dutton Ave Santa Rosa, CA 95401	94-1648949	501(c)(3)	15,000				Give Kids a Smile

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Community Against Sexual Harm 3101 1st Ave Sacramento, CA 95816	46-1498182	501(c)(3)	25,960				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Agencies for Caring Cts 16703 S Clark Ave Bellflower, CA 90706	33-0953881	501(c)(3)	9,500				Caring Connections

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Alliance with Family Farmers PO Box 363 Davis, CA 95617	94-2914745	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Chaplaincy 7812 El Reno Ave Elverta, CA 95626	20-0241444	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Child Care Coordinating Council 22351 City Center Dr Hayward, CA 94541	23-7218859	501(c)(3)	44,115				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Child Care Council of Sonoma 131-A Stony Circle Santa Rosa, CA 94501	94-2274620	501(c)(3)	20,350				Healthy Kids Club

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Clinic Association of LA County 700 S Flower St Los Angeles, CA 90017	95-4576023	501(c)(3)	256,592				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Clinic Consortium of Contra 3720 Barrett Ave Richmond, CA 94805	20-0782029	501(c)(3)	80,000				Community Clinic

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Coalition For Substance Abuse Prevention 8101 South Vermont Av Los Angeles, CA 90044	95-4298811	501(c)(3)	12,220				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Family Guidance Center 10929 South St Cerritos, CA 90703	38-3778773	501(c)(3)	25,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Health Clinic Ole 1141 Pear Tree Ln Napa, CA 94558	23-7221695	501(c)(3)	25,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Health Improvement Partner 5095 Murphy Canyon San Diego, CA 92123	33-0496092	501(c)(3)	100,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Health Partnership Santa Clara 100 N Winchester Blvd Santa Clara, CA 95050	77-0352645	501(c)(3)	130,000				Project Support

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Community Health Systems Inc 22675 Alessandro Blvd Moreno Valley, CA 92553	33-0056551	501(c)(3)	30,000				Diabetes Manag

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community House on Broadway 1105 Broadway Longview, WA 98632	94-3067129	501(c)(3)	9,500				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community HousingWorks 4305 University Av San Diego, CA 92105	33-0317950	501(c)(3)	10,000				HIV/AIDS Permanent

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Initiative 235 Montgomery St San Francisco, CA 94104	94-3255070	501(c)(3)	24,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Partners 1000 North Alameda St Los Angeles, CA 90012	95-4302067	501(c)(3)	710,400				Project Support

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Community Partnership Families San Joaquin 4707 Kentfield Rd Stockton, CA 95207	68-0475602	501(c)(3)	50,000				Project support

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Community Resources Council Inc 8284 Industrial Avenue Roseville, CA 95678	94-1740316	501(c)(3)	27,485				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Service Education (CSERF) 5380 Elvas Avenue Sacramento, CA 95819	23-7003581	501(c)(3)	15,000				SPIRIT Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Violence Solutions 2101 Van Ness St San Pablo, CA 94806	94-2411924	501(c)(3)	15,000				Project Support

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Comprehensive Youth Services of Fresno 3795 E Shields Av Fresno, CA 93726	94-2219412	501(c)(3)	39,510				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Concord Community Economic Dev Org 2699 Monument Blvd Concord, CA 94520	94-3370919	501(c)(3)	28,800				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Conejo Free Clinic 80 East Hillcrest Dr Thousand Oaks, CA 91360	95-3177953	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Continental of Omega Boys and Girls CI 1 Positive Place Vallejo, CA 94589	23-7129424	501(c)(3)	20,000				Nourishment prog

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Contra Costa Child Care Council 1035 Detroit Ave 200 Concord, CA 94518	94-2383037	501(c)(3)	52,400				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Contra Costa County 597 Center Ave 125 Martinez, CA 94553	94-6000509	Government or P	19,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Contra Costa InterFaith Sponsor Committee 684 Juliga Woods St Richmond, CA 94804	68-0361176	501(c)(3)	22,500				Community Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Contra Tiempo 3131 Olympic Blvd Santa Monica, CA 90404	20-5477825	501(c)(3)	12,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Cope Family Center 1340 Fourth Street Napa, CA 94559	94-2322399	501(c)(3)	20,000				Healthy Families

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Copper Tower Family Medical Center Inc 6 Tarman Dr Cloverdale, CA 95425	68-0345901	501(c)(3)	15,000				Oral Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CORA Community Overcoming Relations 2211 Palm Avenue San Mateo, CA 94403	94-2481188	501(c)(3)	35,200				Client Crisis

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Cornerstone Community Development Corp 1395 Bancroft Avenue San Leandro, CA 94577	94-3100741	501(c)(3)	17,452				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Coro Southern California Inc 1000 N Alameda St Los Angeles, CA 90012	95-4274561	501(c)(3)	9,480				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Council Of OC Society ofSt Vincent De Paul 8014 Marine Way Irvine, CA 92618	95-3033494	501(c)(3)	47,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Council on Foundations Inc 2121 Crystal Dr Arlington, VA 22202	13-6068327	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
County of Marin Parks and Open Space 3501 Civic Center Dr San Rafael, CA 94903	94-6000519	Government or P	6,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
County of Sonoma Dept of Health Services 490 Mendocino Ave Santa Rosa, CA 95404	94-6000539	Government or P	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Court Appointed Special Advocate 1505 E 17th St Santa Ana, CA 92705	33-0069334	501(c)(3)	25,000				Mentor-Advocate

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Court Appointed Special Advocates Fresno 1252 Fulton Mall Fresno, CA 93721	77-0401361	501(c)(3)	25,000				Journey of Hope

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Covenant House California 1325 N Western Ave Hollywood, CA 90027	13-3391210	501(c)(3)	12,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Cowlitz Family Health Center 1057 12th Avenue Longview, WA 98632	91-0896241	501(c)(3)	75,000				Diabetic Care

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Cri-Help Inc 11027 Burbank Blvd North Hollywood, CA 91601	95-2758951	501(c)(3)	9,200				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Crystal Stairs Inc 5110 W Goldleaf Cir Los Angeles, CA 90056	95-3510046	501(c)(3)	8,845				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CSULA University Auxiliary Services Inc 5151 State University Dr Los Angeles, CA 90032	95-4016653	501(c)(3)	8,580				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Ctrs For Disease Contr & Prevention Inc 55 Park Place Atlanta, GA 30303	58-2106707	501(c)(3)	90,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Daly City Peninsula Partnership Collab 111 Lake Merced Daly City, CA 94015	06-1734338	501(c)(3)	35,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DANA FARBER CANCER INSTITUTE 450 Brookline Avenue Boston, MA 02215	04-2263040	501(c)(3)	45,384				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Day One 175 N Euclid Avenue Pasadena, CA 91101	95-4172246	501(c)(3)	7,500				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Delta 2000 301 W 10th St Antioch, CA 94509	68-0420357	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Desarrollo Familiar Inc 205 39th Street Richmond, CA 94805	94-2751073	501(c)(3)	60,000				Youth & Trauma

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Desert Samaritans for Seniors 75015 Merle Dr Palm Desert, CA 92211	33-0762300	501(c)(3)	20,000				Senior Health care

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Destiny Arts Center 1000 42nd Street Oakland, CA 94608	94-3176726	501(c)(3)	25,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Dignity Health 185 Berry Street San Francisco, CA 94107	94-1196203	501(c)(3)	80,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DIVA Foundation 9000 Sunset Blvd 709 West Hollywood, CA 90069	95-4419536	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Diversity In Health Training Institute 1000 San Leandro Blvd San Leandro, CA 94577	35-2432876	501(c)(3)	90,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Dixon Family Services 155 North Second St Dixon, CA 95620	68-0041829	501(c)(3)	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Dixon Unified School District 180 S First St Dixon, CA 95620	32-0183755	Government or P	12,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Dovetail Learning Inc 825 Gravenstein Hwy Sebastopol, CA 95472	68-0673821	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Downey Unified School District 13220 Bellflower Blvd Downey, CA 90242	95-6006586	Government or P	31,250				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Downtown Womens Center 325 S LA St Los Angeles, CA 90013	31-1597223	501(c)(3)	40,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Drivers for Survivors Inc 39270 Paseo Padre Fremont, CA 94538	45-4906163	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East Bay Agency for Children 303 Van Buren Avenue Oakland, CA 94610	94-1358309	501(c)(3)	92,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East Bay AIDS Advocacy Foundation 16 Maggiora Drive Oakland, CA 94605	94-3212470	501(c)(3)	7,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East Bay Bicycle Coalition 419 Water St Oakland, CA 94607	94-2585652	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East Bay Center for the Performing Arts 339 - 11th Street Richmond, CA 94801	94-1692171	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East Bay Community Foundation 200 Frank H Ogawa Pl Oakland, CA 94612	94-6070996	501(c)(3)	75,000,000				Project support

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East Bay Community Scholarship Fund 7730 Pardee Lane Oakland, CA 94621	51-0671019	501(c)(3)	48,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East County Faith Based Subcommittee 4549 Delta Fair Blvd Antioch, CA 94509	20-8682635	501(c)(3)	25,000				Walking Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East County Kids-N-Motion 3444 Chandler Cir Bay Point, CA 94565	41-2207708	501(c)(3)	6,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East County Midnight Basketball League 4464 Lone Tree Way Antioch, CA 94531	68-0459427	501(c)(3)	6,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East Los Angeles Women's Center 1255 South Atlantic Blvd Los Angeles, CA 90022	51-0204577	501(c)(3)	8,000				Project Esperanza

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East Oakland Youth Development Center 8200 International Bl Oakland, CA 94621	23-7334590	501(c)(3)	505,000				Capital Fund Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East San Gabriel Valley Coalition Homeless 1345 Turnbull Canyon Rd Hacienda Heights, CA 91745	95-4508436	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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East Valley Community Health Center Inc 420 S Glendora Ave West Covina, CA 91790	23-7068586	501(c)(3)	170,000				Health Planning

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Easter Seals Tri-Counties California 10730 Henderson Rd Ventura, CA 93004	77-0294977	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Ecumenical Ministries of Oregon 0245 SW Bancroft St Portland, OR 97239	93-0625359	501(c)(3)	9,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Eden Youth & Family Center 680 West Tennyson Rd Hayward, CA 94544	94-2442586	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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El Centrito Family Learning Centers 450 South K St Oxnard, CA 93030	31-1652255	501(c)(3)	20,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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El Centro de Accion Social 37 E Del Mar Blvd Pasadena, CA 91105	51-0192257	501(c)(3)	7,050				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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El Monte City School District 3540 N Lexington El Monte, CA 91731	95-6001074	Government or P	5,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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El Monte Emergency Resources Association 10900 Mulhall Street El Monte, CA 91731	95-6097318	501(c)(3)	10,000				Healthy Choices

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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El Nido Family Centers 10200 Sepulveda Blvd Mission Hills, CA 91345	95-3186429	501(c)(3)	18,880				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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El Sol Neighborhood Educational Center 1717 West 5th St San Bernardino, CA 92401	33-0552297	501(c)(3)	7,500				Preventive Obesity

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
El Viento Foundation olden West College 136 Huntington Beach, CA 92647	33-0905269	501(c)(3)	10,000				Healthful Living

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Elevate Your GAME 2019 E 120th Street Los Angeles, CA 90059	68-0533404	501(c)(3)	16,300				Mentoring Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Elevating Soulciety 28924 Ruus Road Hayward, CA 94544	80-0184767	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Elica Health Centers 1860 Howe Ave Sacramento, CA 95825	37-1424390	501(c)(3)	93,500				Health on Wheels

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Elk Grove Food Bank Services 9820 Dino Dr Elk Grove, CA 95624	38-3664737	501(c)(3)	25,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Elk Grove Unified School District 6300 Ehrhardt Avenue Elk Grove, CA 95624	94-6002501	Government or P	79,007				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Ella Baker Center for Human Rights 1970 Broadway 450 Oakland, CA 94612	94-3252009	501(c)(3)	22,414				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Emergency Food Bank 7 West Scotts Avenue Stockton, CA 95203	68-0002165	501(c)(3)	20,000				Feeding homeless

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Enrich LA 2173 Cedarhurst Dr Los Angeles, CA 90027	27-2797687	501(c)(3)	24,000				Home and Garden

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Escondido Community Child Development 819 W 9th Avenue Escondido, CA 92025	95-3264143	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Esperanza Community Housing Corporation 3655 S Grand Ave Los Angeles, CA 90007	95-4230345	501(c)(3)	13,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Essential Health Clinic 266 W Main St Hillsboro, OR 97123	38-3672046	501(c)(3)	15,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Exceed Enterprises 5285 SE Mallard Way Milwaukie, OR 97222	23-7017274	501(c)(3)	15,000				Disabilities prog

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Exceptional Parents Unlimited Inc 4440 N First St Fresno, CA 93726	77-0263702	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fairfield Community Services Foundation 1000 Webster St Fairfield, CA 94510	68-0344658	501(c)(3)	9,500				Fun on the Run

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Faith In Action 3303 Whitemarsh Ln Fairfield, CA 94534	68-0431992	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Family and Children Services 950 W Julian Street San Jose, CA 95126	94-1167408	501(c)(3)	66,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Health Care Centers of Greater LA 6501 S Garfield Ave Bell Gardens, CA 90201	95-1641454	501(c)(3)	33,600				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Family Service Association 21250 Box Springs Rd Moreno Valley, CA 92557	95-1803694	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Family Service Association of Redlands 612 Lawton St Redlands, CA 92374	95-1655614	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Family Services of the Desert Inc 14080 Palm Dr E Desert Hot Springs, CA 92240	95-2549152	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Family Support Services of the Bay Area 401 Grand Ave500 Oakland, CA 94610	94-3108205	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Violence Law Center 470 - 27th Street Oakland, CA 94612	94-2527939	501(c)(3)	20,925				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Family Young Men's Christian Assoc 685 Court St NE Salem, OR 97301	93-0386982	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Feeding America San Diego 9455 Waples St San Diego, CA 92121	26-0457477	501(c)(3)	58,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Fighting Back Partnership 505 Santa Clara St Vallejo, CA 94590	68-0298092	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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First African Methodist Episcopal Church 530 - 37th Oakland, CA 94609	23-7010426	501(c)(3)	12,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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First Place for Youth 426 17th St100 Oakland,CA 94612	94-3341034	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Flood Bakersfield Ministries Inc 3509 Union Avenue Bakersfield, CA 93305	26-2780103	501(c)(3)	22,500				Project HOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Folsom Cordova Unified School District 1965 Birkmont Drive Rancho Cordova, CA 95742	94-6002505	Government or P	58,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Food Bank of Contra Costa and Solano 4010 Nelson Ave Concord, CA 94520	94-2418054	501(c)(3)	57,505				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Food In Need of Distribution Inc 83775 Citrus Ave Indio, CA 92201	33-0006007	501(c)(3)	30,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FOOD Inc 3403 E Central Ave Fresno, CA 93725	77-0320851	501(c)(3)	47,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FOOD Share Inc 4156 Southbank Drive Oxnard, CA 93036	77-0018162	501(c)(3)	30,000				Healthy Eating

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Foothill AIDS Project 233 W Harrison Av Claremont, CA 91711	33-0341665	501(c)(3)	13,000				Mental Health Course

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Foothill De Anza Colleges Foundation 12345 El Monte Rd Los Altos Hills, CA 94022	94-3258220	501(c)(3)	40,000				FEI Safe & Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Foothill Family Service 2500 E Foothill Blvd Pasadena, CA 91107	95-1690990	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Foothill Family Shelter Inc 1501 W Ninth St Upland, CA 91786	33-0341818	501(c)(3)	13,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Forward Fresno Foundation Inc 2331 Fresno Street Fresno, CA 93721	94-2914776	501(c)(3)	7,500				Project Support

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Foundation Educational & Employment 438 South A St Oxnard, CA 93030	30-0223314	501(c)(3)	9,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Foundation for Clovis Schools 1450 Herndon Clovis, CA 93611	77-0140576	501(c)(3)	30,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Foundation for Students Rising Above 287 31st Avenue San Francisco, CA 94121	81-0615887	501(c)(3)	20,000				College2Careers

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Fred Finch Children's Home Inc 3800 Coolidge Avenue Oakland, CA 94602	94-0474080	501(c)(3)	115,000				Project support

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FRED HUTCHINSON CANCER RESEARCH CTR 1100 Fairview Ave North Seattle, WA 98109	23-7156071	501(c)(3)	28,116				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Free Clinic of Southwest Washington 4100 Plomondon St Vancouver, WA 98661	91-1707542	501(c)(3)	33,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Free Medical Clinic of Greater Cleveland 12201 Euclid Ave Cleveland, OH 44106	23-7078501	501(c)(3)	10,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Fresh Lifelines for Youth Inc (FLY) 568 Valley Way Milpitas, CA 95035	52-2234595	501(c)(3)	30,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Fresh Producers Inc 420 I Street 5 Sacramento, CA 95814	20-8747234	501(c)(3)	25,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Fresno Center for New Americans 4879 E Kings Canyon Rd Fresno, CA 93727	77-0280265	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Fresno First Steps Home 2600 Fresno St Fresno, CA 93721	27-2531998	501(c)(3)	52,500				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Fresno Unified School District 2309 Tulare Street Fresno, CA 93721	94-6002206	Government or P	100,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Fresno United Neighborhoods 4670 East Butler Fresno, CA 93702	77-0348220	501(c)(3)	60,000				Project Support

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Friends For Youth Inc 1741 Broadway Redwood City, CA 94402	94-2961034	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Friends of Gateway Green PO Box 16692 Portland, OR 97292	26-4534441	501(c)(3)	10,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Friends of Loma Vista Farms 150 Rainier Ave Vallejo, CA 94589	32-0109022	501(c)(3)	10,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Friends of the Los Angeles Free Clinic 8405 Beverly Blvd Los Angeles, CA 90048	95-3433824	501(c)(3)	13,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Friends of Veterans Memorial Senior Center 1455 Madison Ave Redwood City, CA 94061	94-2977907	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Friends of Alam Cnty Court Appoint Advocat 1000 San Leandro Blvd San Leandro, CA 94577	94-3309728	501(c)(3)	13,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Gardner Family Health Network Inc 160 E Virginia St San Jose, CA 95112	94-1743078	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Gay & Lesbian Services Cntr Orange Cnty 1605 N Spurgeon St Santa Ana, CA 92701	95-2934041	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Gay and Lesbian Elder Housing 1602 Ivar Avenue Hollywood, CA 90028	35-2160631	501(c)(3)	10,000				Housing Care Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GEISINGER CLINIC 100 N Academy Avenue Danville, PA 17822	23-6291113	501(c)(3)	16,178				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
George Washington University 2121 K Street NW Washington, DC 20037	53-0196584	501(c)(3)	216,284				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Gifts to Share Inc 915 I Street 3rd Floor Sacramento, CA 95811	94-2985546	501(c)(3)	15,000				WayFit Project

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Girl Scouts of Northern California 1310 S Bascom Ave San Jose, CA 95128	94-1551410	501(c)(3)	30,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Girls Incorporated of Alameda County 510- 16th Street Oakland, CA 94618	94-1558073	501(c)(3)	20,750				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Girls On The Run Napa Valley Inc 1767 Stockton St St Helena, CA 94574	55-0906534	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Give Every Child A Chance 610 Commerce Court Manteca, CA 95336	68-0399384	501(c)(3)	40,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Glendale Community Free Health Clinic 134 N Kenwood St Glendale, CA 91206	87-0732681	501(c)(3)	8,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Glendale Healthy Kids 223 N Jackson St Glendale, CA 91206	95-4487466	501(c)(3)	10,000				Health Educ

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Golden Valley Health Centers 737 West Childs Av Merced, CA 95341	94-2196086	501(c)(3)	230,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Goodwill Southern California 342 N San Fernando Rd Los Angeles, CA 90031	95-1641441	501(c)(3)	10,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Gospel Center Rescue Mission Inc 445 S San Joaquin St Stockton, CA 95203	94-1375835	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Grantmakers In Aging Inc 2001 Jefferson Davis Arlington, VA 22202	13-4014982	501(c)(3)	10,000				GIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GROUP HEALTH COOPERATIVE 1730 Minor Avenue Seattle, WA 98101	91-0511770	501(c)(3)	474,269				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Grupo Fremont VIP 4766 Serra Ave Fremont, CA 94538	27-3956489	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Guide Dogs for the Blind 32901 SE Kelso Road Boring, OR 97009	94-1196195	501(c)(3)	15,000				Guide Dog Mobil

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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H Street Clinic 1329 North H Street San Bernardino, CA 92405	20-8191393	501(c)(3)	20,000				Health care

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Habitat for Humanity Greater San Francisco 690 Broadway Redwood City, CA 94063	94-3088881	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hamburger Home 7120 Franklin Avenue Los Angeles, CA 90046	95-1693616	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Happy Hollow Corporation 1300 Senter Rd San Jose, CA 95112	23-7219471	501(c)(3)	50,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Harbor Area Gang Alternatives 2555 Industry Way Lynwood, CA 90262	33-0322451	501(c)(3)	32,000				Prevention Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Harbor City-Harbor Gateway Boys & Girls 1220 W 256th St Harbor City, CA 90710	33-0450797	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Harbor Free Clinic Inc 593 W 6th Street San Pedro, CA 90731	23-7103245	501(c)(3)	15,000				Mental Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Harbor-UCLA Research and Education Inst 1124 West Carson St Torrance, CA 90502	95-2138184	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HARC 75-080 Frank Sinatra Palm Desert, CA 92211	20-5719074	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Harm Reduction Services 2800 Stockton Blvd Sacramento, CA 95817	68-0300656	501(c)(3)	19,322				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HARVARD PILGRIM HEALTH CARE 133 Brookline Avenue Boston, MA 02215	04-2452600	501(c)(3)	186,554				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hathaway-Sycamores Child and Family Svs 210 South DeLacey Ave Pasadena, CA 91105	95-1691005	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Haven Women's Center of Stanislaus 618 13th Street Modesto, CA 95354	94-2499361	501(c)(3)	45,000				Domestic Violence

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hawthorne School District 14120 SHawthorne Blvd Hawthorne, CA 90250	95-6001545	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hayward Unified School District 24411 Amador Street Hayward, CA 94544	94-1693499	Government or P	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HC2 The Healthy Community Consortium 200 Douglas Street Petaluma, CA 94952	68-0475211	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Health Edu Council Populations At Risk 3950 Industrial Blvd West Sacramento, CA 95691	68-0249296	501(c)(3)	97,715				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HEALTH PARTNERS RESEARCH 8170 33rd Ave South Minneapolis, MN 55440	41-1670163	501(c)(3)	45,420				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HEALTH RESEARCH INC PO Box 2966 Buffalo, NY 14240	14-1402155	501(c)(3)	707,377				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Healthcare Found of North& Central CA 1215 K Street 730 Sacramento, CA 95814	86-1174825	501(c)(3)	50,000				Project support

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Healthy Aging Association 121 Downey Ave Modesto, CA 95354	77-0546574	501(c)(3)	40,000				Project support

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Healthy Community Forum Gtr Sacramento 1331 Garden Highway Sacramento, CA 95833	68-0377256	501(c)(3)	41,500				Project support

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Healthy Smiles for Kids of OC 10602 Chapman Ave Garden Grove, CA 92840	38-3675065	501(c)(3)	15,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hearts & Lives 24028 Lake Drive Crestline, CA 92325	20-0867845	501(c)(3)	7,500				Families Resources

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hemet Unified School District 1791 West Acacia Ave Hemet, CA 92545	52-1527174	Government or P	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HENRY FORD HEALTH SYSTEM 1 Ford Place-5C69 Detroit, MI 48202	38-1357020	501(c)(3)	92,673				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Herald Christian Health Center 923 S San Gabriel Bl San Gabriel, CA 91776	20-3492620	501(c)(3)	10,000				Dental Health Access

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hillsides 940 Avenue 64 Pasadena, CA 91105	95-1644002	501(c)(3)	8,700				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hispanas Organized for Political Equality 634 South Spring St920 Los Angeles,CA 90014	95-4718409	501(c)(3)	26,480				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hmong National Development Inc 1075 Arcade Street St Paul, MN 55106	52-1804060	501(c)(3)	27,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Hollywood Community Housing Corp 5020 Santa Monica Bl Los Angeles, CA 90029	95-4198215	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Homeboy Industries 130 West Bruno St Los Angeles, CA 90012	95-4800735	501(c)(3)	8,500				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Honolulu Metropolitan Foursquare Church 1585 Kapiolani Blvd Honolulu, HI 96814	90-0774243	501(c)(3)	10,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hope Of The Valley Rescue Mission 8165 San Fernando Rd Sun Valley, CA 91352	27-2053273	501(c)(3)	9,500				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hospice of Napa Valley Inc 414 S Jefferson St Napa, CA 94559	68-0393144	501(c)(3)	15,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hospital Consortium of San Mateo County 225 West 37th Ave San Mateo, CA 94403	94-2637032	501(c)(3)	6,750				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Huckleberry Youth Programs Inc 3310 Geary Blvd San Francisco, CA 94118	94-1687559	501(c)(3)	100,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Human Options Inc 5540 Trabuco Rd Irvine, CA 92620	95-3667817	501(c)(3)	13,500				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Human Services Association 6800 Florence Ave Bell Gardens, CA 90201	95-1816054	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Hunger Action Los Angeles 961 S Mariposa205 Los Angeles, CA 90006	20-5142259	501(c)(3)	29,020				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Hurst Ranch Historical Foundation 1717 W Merrced Ave West Covina, CA 91790	95-4603489	Government or P	7,880				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hurtt Family Health Clinic Inc One Hope Drive Tustin, CA 92782	33-0906866	501(c)(3)	15,000				Prescription Assist

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Imperial Beach Community Clinic 949 Palm Avenue Imperial Beach, CA 91932	23-7209592	501(c)(3)	25,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Indian Health Center of Santa Clara Valley 1333 Meridian Avenue San Jose, CA 95125	94-2476242	501(c)(3)	50,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Info Line of San Diego County 5251 Viewridge Ct San Diego, CA 92123	33-1029843	501(c)(3)	10,000				Military and Veteran

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Inland Empire United Way 9644 Hermosa Ave Rancho Cucamonga, CA 91730	33-0502676	501(c)(3)	20,000				Kids Pack

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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INMED Partnerships for Children Inc 1546 E Compton Ave Compton, CA 90221	52-1482339	501(c)(3)	25,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Inroads Inc 1970 Broadway Oakland, CA 94612	62-0967197	501(c)(3)	85,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Instituto Familiar De La Raza Inc 2919 Mission Street San Francisco, CA 94110	94-2523608	501(c)(3)	52,200				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Insure the Uninsured Project 2444 Wilshire Blvd Santa Monica, CA 90403	27-4159194	501(c)(3)	73,000				Health Reform In CA

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Integrative Clinics International Inc 3871 Piedmont Ave Oakland, CA 94611	74-3163881	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Intercommunity Child Guidance Center 10155 Colima Road Whittier, CA 90603	95-2031148	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Intercommunity Counseling Center Inc 7702 Washington Av Whittier, CA 90608	95-3109547	501(c)(3)	7,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Interfaith Council of Solano County 724 Ohio Street Fairfield, CA 94533	68-0440432	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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International Institute of the Bay Area 2600 Middlefield Rd Redwood City, CA 94063	94-1156554	501(c)(3)	10,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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International Rescue Committee Inc 5348 University Ave San Diego, CA 92105	13-5660870	501(c)(3)	30,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Janet Goeske Foundation 5257 Sierra St Riverside, CA 92504	33-0023938	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Jefferson Union High School District 699 Serramonte Blvd Daly City, CA 94015	94-3083772	Government or P	41,414				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Jewish Community Free Clinic 490 City Center Drive Rohnert Park, CA 94928	94-3386103	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Jewish Family & Children's Svcs East Bay 1855 Olympic Blvd 200 Walnut Creek, CA 94596	94-3250304	501(c)(3)	16,350				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Jewish Family & Childrens Svs of LB-OC 3801 E Willow Street Long Beach, CA 90815	95-2273033	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Jewish Family Service of the Desert 801 E Tahquitz Canyon Palm Spring, CA 92262	33-0613083	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JOHNS HOPKINS HOSPITAL 615 North Wolfe Street Baltimore, MD 21205	52-0591656	501(c)(3)	40,252				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Joyful Heart Foundation 32 West 22 St 4th Fl New York, NY 10010	72-1519537	501(c)(3)	75,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Jumpstart for Young Children Inc 1625 W Olympic Blv Los Angeles, CA 90015	04-3262046	501(c)(3)	10,000				LA community

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Juvenile Diabetes Research Foundation 17992 Mitchell South Irvine, CA 92614	23-1907729	501(c)(3)	6,650				Outreach Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KAISER FOUNDATION HEALTH PLAN OF COLORADO 10350 East Dakota Avenue Denver, CO 80231	84-0591617	501(c)(3)	12,534,270				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KAISER FOUNDATION HEALTH PLAN OF GEORGIA 3495 Piedmont Rd NE Atlanta, GA 30305	58-1592076	501(c)(3)	2,630,394				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Keaton Raphael Memorial Neuroblastoma 2260 Douglas Blvd Roseville, CA 95661	68-0406980	501(c)(3)	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Kern County Children and Families Comm 2724 L Street Bakersfield, CA 93301	77-0529128	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Kern County Superintendent of Schools 1300 17th Street Bakersfield, CA 93301	95-6000941	Government or P	12,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Kids Come First 1556 South Sultana Ontario, CA 91761	33-0969025	501(c)(3)	23,500				Choosing Health

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Kids Community Clinic of Burbank 400 W Elmwood Ave Burbank, CA 91506	95-4791296	501(c)(3)	10,694				Dental Treatment

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KidsFirst 124 Main Street Roseville, CA 95678	68-0195225	501(c)(3)	78,420				Project Support

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KidWorks Community Development Corp 1902 W Chestnut Ave Santa Ana, CA 92703	74-3081569	501(c)(3)	13,000				Health & Fitness

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Kingdom Causes Bellflower 16429 Bellflower Blvd Bellflower, CA 90706	95-4849998	501(c)(3)	6,900				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Korean American Family Service Center 3727 West 6th St Los Angeles, CA 90020	95-3899329	501(c)(3)	15,000				Mental Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Korean Health Education Info Research Cntr 3727 West 6th St Los Angeles, CA 90020	95-4074660	501(c)(3)	8,660				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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La Casa Community Center 203 E Mission Road San Gabriel, CA 91776	95-1660846	501(c)(3)	10,710				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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La Casa De Las Madres 1663 Mission Street San Francisco, CA 94103	94-2330864	501(c)(3)	29,460				Teen Domestic proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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La Clinica De La Raza Inc 1515 Fruitvale Avenue Oakland, CA 94601	94-1744108	501(c)(3)	230,148				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LA County Department of Public Health 600 S Commonwealth Av Los Angeles, CA 90005	95-6000927	Government or P	5,895				Project Support

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La Maestra Family Clinic Inc 4060 Fairmount Ave San Diego, CA 92105	33-0473171	501(c)(3)	40,000				Project Support

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LACER Afterschool Programs 1277 N Wilcox Av Hollywood, CA 90038	95-3890819	501(c)(3)	10,000				Afterschool Prog

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Laguna Beach Community Clinic 362 Third Street Laguna Beach, CA 92651	95-2637633	501(c)(3)	6,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LAMP Inc 526 San Pedro Street Los Angeles, CA 90013	95-3993742	501(c)(3)	97,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Larkin Street Youth Services 701 Sutter St2 San Francisco, CA 94109	94-2917999	501(c)(3)	9,900				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LA's Best 200 N Spring Street Los Angeles, CA 90012	95-4311058	501(c)(3)	23,710				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Latino Center For Prevention & Action 450 W Fourth St Santa Ana, CA 92701	33-0562943	501(c)(3)	21,750				Diabetes Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Latino Community Foundation One Embarcadero Center San Francisco, CA 94111	81-0564400	501(c)(3)	88,900				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Latino Leadership Council 2945 Bell Road 274 Auburn, CA 95603	27-0970476	501(c)(3)	25,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Legal Aid Society of San Mateo County 330 Twin Dolphin Dr Redwood City, CA 94065	94-1451894	501(c)(3)	25,000				Domestic Violenc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Leukemia & Lymphoma Society Inc 221 Main Street San Francisco, CA 94105	13-5644916	501(c)(3)	48,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LifeLong Medical Care 2344 Sixth Street Berkeley, CA 94710	94-2502308	501(c)(3)	135,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LIFT for Teens 70 Skyview Terrace San Rafael, CA 94903	26-3584878	501(c)(3)	34,900				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Lift3 Support Group 490 Chadbourne Rd Fairfield, CA 94534	87-0723514	501(c)(3)	25,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Lighthouse Counseling Family Resource Ctr 427 A Street Lincoln, CA 95648	35-2252834	501(c)(3)	33,324				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Livermore Area Recreation and Park Dist 4444 East Avenue Livermore, CA 94550	94-6000849	Government or P	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Livermore Valley Joint Unified School Dist 685 E Jack London Livermore, CA 94550	94-2175582	Government or P	37,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Loaves and Fishes of Contra Costa 1985 Bonifacio St Concord, CA 94520	68-0018077	501(c)(3)	21,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Local Ecology and Agriculture Fremont 37533 Niles Blvd Fremont, CA 94536	27-1349266	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Loma Linda University 24951 North Circle Dr Loma Linda, CA 92350	95-1816009	501(c)(3)	163,153				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Long Beach Bar Foundation Inc 3515 Linden Ave Long Beach, CA 90807	33-0585482	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Los Angeles Alliance for a New Economy 464 Lucas Avenue Los Angeles, CA 90017	95-4459427	501(c)(3)	8,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Los Angeles Brotherhood Crusade Inc 200 E Slauson Ave Los Angeles, CA 90011	95-2543819	501(c)(3)	8,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Los Angeles Center for Law and Justice 1241 S Soto St102 Los Angeles, CA 90023	95-2690540	501(c)(3)	9,510				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Los Angeles Child Guidance Clinic 3031 S Vermont Ave Los Angeles, CA 90007	95-1690974	501(c)(3)	7,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Los Angeles Christian Health Center 311 East Winston St Los Angeles, CA 90013	95-4315734	501(c)(3)	23,400				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Los Angeles Conservation Corps 605 West Olympic Blvd Los Angeles, CA 90015	95-4002138	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Los Angeles Neighborhood Land Trust 315 W 9th Street Los Angeles, CA 90015	38-3687836	501(c)(3)	75,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Los Angeles Regional Food Bank 1734 East 41st St Los Angeles, CA 90058	95-3135649	501(c)(3)	47,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Los Angeles Team Mentoring Inc 714 W Olympic Blvd LA, CA 90017	95-4443617	501(c)(3)	7,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Los Angeles Trade Tech College Foundation 400 W Washington Bl Los Angeles, CA 90015	95-3813527	501(c)(3)	9,480				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Los Angeles Urban League 3450 Mount Vernon Dr Los Angeles, CA 90008	95-1691288	501(c)(3)	17,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Los Angeles Youth Network 1754 Taft Street Los Angeles, CA 90028	95-3953979	501(c)(3)	12,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Making Waves Education Program 3045 Research Drive Richmond, CA 94806	94-3267851	501(c)(3)	19,300				Mental Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mama's Kitchen 3960 Home Ave San Diego, CA 92105	33-0434246	501(c)(3)	20,000				AIDS Nutrition Prog

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Marin Community Foundation 5 Hamilton Landing Novato, CA 94949	94-3007979	501(c)(3)	12,500				Healthy Marin Partn

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mariposa Women and Family Center 812 W Town Country Rd Orange, CA 92868	95-3626580	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Marjaree Mason Center Inc 1600 M Street Fresno, CA 93721	94-1156639	501(c)(3)	45,000				Project Support

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MARSHFIELD CLINIC RESEARCH 1000 North Oak Ave 1R3 Marshfield, WI 54449	39-0452970	501(c)(3)	110,944				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Marthas Village and Kitchen Inc 83791 Date Ave Indio, CA 92201	33-0777892	501(c)(3)	24,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Martin Luther King Jr Freedom Center 333 East 8th St Oakland, CA 94606	94-3390034	501(c)(3)	130,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mary's Mercy Center Inc 641 Roberds Ave San Bernardino, CA 92411	33-0632426	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MASSACHUSETTS GENERAL HOSPITAL 50 Staniford Street Boston, MA 02114	04-2697983	501(c)(3)	98,551				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MayView Community Health Center 270 Grant Avenue Palo Alto, CA 94306	94-2239648	501(c)(3)	36,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mazon Inc Jewish Response To Hunger 10495 Santa Monica Los Angeles, CA 90025	22-2624532	501(c)(3)	100,000				Healthy Options

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Meals on Wheels Family Srvs of Contra 1300 Civic Drive Walnut Creek, CA 94596	68-0044205	501(c)(3)	6,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Meals on Wheels of Contra Costa Inc 1220 Morello Ave Martinez, CA 94553	68-0231350	501(c)(3)	7,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Meals on Wheels of San Francisco Inc 1375 Fairfax Avenue San Francisco, CA 94124	94-1741155	501(c)(3)	24,050				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Meals On Wheels of Solano County Inc 95 Marina Center Suisun City, CA 94585	94-2453452	501(c)(3)	20,000				Elder Nutrition Serv

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Medical Education Corp Cuba (MEDICC) 1814 Franklin St Oakland, CA 94612	31-1603765	501(c)(3)	40,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Medical Foundation of Marion and Polk Co 2995 Ryan Drive100 Salem, OR 97301	93-1261633	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Medical Ministries International 1004 San Jose 101 Clovis, CA 93612	77-0498274	501(c)(3)	10,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MEMORIAL SLOAN KETTERING CANCER CENTER 633 3rd Avenue New York, NY 10065	13-1624182	501(c)(3)	73,122				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Men Educating Men Inc 30 W Mountain St Pasadena, CA 91103	27-2773299	501(c)(3)	7,300				Get Healthy Fair

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mend-Meet Each Need with Dignity 10641 NSan Fernando Pacoima, CA 91331	23-7306337	501(c)(3)	27,550				MEND's Health Prog

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Mental Health America of Los Angeles 506 W Jackman St Lancaster, CA 93534	95-1881491	501(c)(3)	67,700				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mentoring in Medicine & Science Inc 2201 Broadway Oakland, CA 94612	27-3263074	501(c)(3)	49,990				Healthy Ambassador

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mercy & Wisdom Healing Center 2 NW 3rd Ave Portland, OR 97209	76-0767257	501(c)(3)	9,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mercy Foundation - Bakersfield 551 Shanley Ct Bakersfield, CA 93311	77-0201321	501(c)(3)	12,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mercy House Living Centers 807 N Garfield Santa Ana, CA 92703	33-0315864	501(c)(3)	18,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mercy Housing California 1360 Mission St300 San Francisco, CA 94102	94-3081666	501(c)(3)	75,000				Health and Housing

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Mexican American Legal Defense & Ed Fund 634 S Spring St 11th Fl Los Angeles, CA 90014	74-1563270	501(c)(3)	9,310				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MFI Recovery Center 5870 Arlington Ave Riverside, CA 92504	95-2833715	501(c)(3)	24,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Mid-Peninsula Boys & Girls Club Inc 200 North Quebec St San Mateo, CA 94401	94-1431583	501(c)(3)	43,103				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mission Solano Rescue Mission Inc 740 Travis Blvd Fairfield, CA 94533	61-1431375	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mixteco Indigena Community Organizing 520 West 5th St Oxnard, CA 93030	30-0045901	501(c)(3)	9,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MLK Jr Community Health Foundation 555 S Flower St Los Angeles, CA 90071	45-4433505	501(c)(3)	14,450				Project support

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MOMS Orange County 1128 WSanta Ana blvd Santa Ana, CA 92703	33-0518078	501(c)(3)	19,500				MOMS Pregnancy

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Montebello Unified School District 123 S Montebello Blvd Montebello, CA 90640	95-6002104	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Montgomery County Business Roundtable 6010 Execuctive blvd Rockville, MD 20852	41-2047342	501(c)(3)	95,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Monument Crisis Center 2350 Monument Blvd Concord, CA 94520	41-2111171	501(c)(3)	25,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Mountain Health & Community Svcs 31115 Highway 94 Campo, CA 91906	33-0164420	501(c)(3)	20,000				Executing Patient

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Move San Diego PO Box 87588 San Diego, CA 92138	20-0685682	501(c)(3)	12,000				Community Outreach

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mt Diablo Unified School Dist (MDUSD) 1936 Carlotta Drive Concord, CA 94519	68-0091157	Government or P	34,559				Salad Bars 4 School

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Mt San Antonio College Foundation 1100 NGrand Ave Walnut, CA 91789	95-6196020	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mulnomah County Oregon 426 SW Stark Street Portland, OR 97204	93-6002309	Government or P	42,290				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Museum of the African Diaspora 685 Mission Street San Francisco, CA 94105	94-3338239	501(c)(3)	41,375				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Mutual Assistance Network Del Paso Hts 811 Grand Ave Sacramento, CA 95819	68-0332694	501(c)(3)	15,000				Violence Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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My Sister's House 3053 Freeport Blvd Sacramento, CA 95818	68-0464114	501(c)(3)	29,280				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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My Three Squares 3150 18th St 315 San Francisco, CA 94110	45-3059509	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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N of Market Senior Services Senior Ctr 333 Turk Street San Francisco, CA 94102	23-7362588	501(c)(3)	59,350				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NAMI Alameda County South 4974 Omar Street Fremont, CA 94538	46-1028709	501(c)(3)	15,000				Mentors on Discharg

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Napa Emergency Women's Services 1141 Pear Tree Ln Napa, CA 94558	94-2745889	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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National Coalition of 100 Black Women 6175 Shattuck Ave Oakland, CA 94609	94-3298877	501(c)(3)	13,913				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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National Council of YMCAs of the USA 101 N Wacker Drive Chicago, IL 60606	36-3258696	501(c)(3)	131,250				YMCA's Diabetes

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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National Kidney Foundation of Northern Cal 131 Steuart St 520 San Francisco, CA 94105	94-6130713	501(c)(3)	9,500				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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National Library of Medicine 8600 Rockville Pike Bethesda, MD 20894	52-1417780	501(c)(3)	200,000				Gift

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Native American Health Center Inc 3124 Intl Blvd Oakland, CA 94601	23-7135928	501(c)(3)	20,000				Mom and Baby proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Native American Rehabilitation Assoc 1776 SW Madison Portland, OR 97207	23-7098400	501(c)(3)	75,000				Improving Diabetes

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Neighborhood Healthcare 425 North Date Street Escondido, CA 92025	95-2796316	501(c)(3)	43,750				Project support

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Neighborhood House Inc 7780 SW Capitol Hwy Portland, OR 97215	93-0386875	501(c)(3)	20,000				Project Support

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New Day Dental Clinic 1201 SE Tech Ctr dr Vancouver, WA 98683	27-0475673	501(c)(3)	8,000				MLK Day Dental Se

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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New Directions for Youth 7315 N Lankershim Blvd North Hollywood, CA 91605	95-2973008	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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New Horizons Caregivers Group 3120 S Hacienda Blv Hacienda Heights, CA 91745	75-3132090	501(c)(3)	6,000				Project Support

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Newark Unified School District 5715 Musick Avenue Newark, CA 94560	94-1717677	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Newport Sports Collection Foundation 100 Newport Center Dr Newport Beach, CA 92660	33-0579344	501(c)(3)	10,000				Project support

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North by NE Community Health Center 3030 NE Martin Luther King Portland, OR 97212	72-1618287	501(c)(3)	98,265				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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North County Health Project Inc 150 Valpeda Road San Marcos, CA 92069	95-2847102	501(c)(3)	25,000				Project support

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North County Lifeline 3142 Vista Way 400 Oceanside, CA 92056	95-2794253	501(c)(3)	10,000				Project support

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Northeast Valley Health Corporation 1172 N Maclay Ave San Fernando, CA 91340	23-7120632	501(c)(3)	62,540				Annual Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Northern California Center for Well-Being 365 B Tesconi Circle Santa Rosa, CA 95401	93-1144835	501(c)(3)	23,806				Project support

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Northwest Housing Alternatives 2316 SE Willard St Milwaukie, OR 97222	93-0814473	501(c)(3)	15,000				program 4 homeless

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NORTHWESTERN UNIVERSITY 750 N Lake Shore Drive Chicago, IL 60611	36-2167818	501(c)(3)	64,808				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Novato Youth Center 680 Wilson Ave Novato, CA 94947	94-1735064	501(c)(3)	10,000				Project Support

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Oak Grove Institute Foundation Inc 24275 Jefferson Ave Murrieta, CA 92562	33-0470446	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Oak Park Preschool Inc PO 511 2nd Ave Sacramento, CA 95817	94-2538801	501(c)(3)	7,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Oak View Renewal Partnership 17241 Oak Lane Huntington Beach, CA 92647	61-1495237	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Oakland Museum of California 1000 Oak Street Oakland, CA 94607	45-3138892	Government or P	30,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Oakland School for the Arts 530 18th Street Oakland, CA 94612	68-0463892	501(c)(3)	19,750				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Odd Fellow Rebekah Children's Home of CA 290 IOOF Avenue Gilroy, CA 95020	94-1167402	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Off The Front 7676 North Palm Fresno, CA 93711	27-2022802	501(c)(3)	50,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Olive Crest Treatment Center 555 Technology Ct 300 Riverside, CA 92507	95-2877102	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Olive View UCLA Education and Research 14445 Olive View Dr Sylmar, CA 91342	95-2249539	501(c)(3)	75,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Omega Boys Club of San Francisco 1060 Tennessee St San Francisco, CA 94107	94-3171846	501(c)(3)	12,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
On Lok Day Services 1333 Bush Street San Francisco, CA 94109	94-3101292	501(c)(3)	24,600				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
On The Move 780 Lincoln Ave Napa, CA 94558	75-3149095	501(c)(3)	95,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OneOC 2100 W Alton Ave 2 Santa Ana, CA 92704	95-2021700	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Ontario-Montclair School District 950 West D Street Ontario, CA 91762	95-6002267	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Open Heart Kitchen of Livermore Inc 1141 Catalina Dr 137 Livermore, CA 94550	94-3396038	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Open PATHS Counseling Center 5731 Slauson Ave Culver City, CA 90230	95-3221061	501(c)(3)	7,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Operation Rainbow Inc 4200 Park Blvd 157 Oakland, CA 94602	76-0022338	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Operation Safe House Inc 9685 Hayes St Riverside, CA 92503	33-0326090	501(c)(3)	20,000				Human Trafficking

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Operation Samahan Inc 2835 Highland Ave National City, CA 91950	95-3008798	501(c)(3)	17,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Orange County Department of Education 200 Kalmus Drive Costa Mesa, CA 92628	95-6000943	Government or P	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Orange County Great Park Corporation 1 Civic Center Plaza Irvine, CA 92606	20-1766377	501(c)(3)	50,194				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Orange County Korean American Health 9636 Garden Grove Blv Garden Grove, CA 92844	33-0953529	501(c)(3)	10,000				Diabetes Preventi

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Orangewood Children's Foundation 1575 E 17th Street Santa Ana, CA 92705	95-3616628	501(c)(3)	30,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Oregon College Of Oriental Medicine 10525 SE Cherry Blossom Dr Portland, OR 97216	93-0845182	501(c)(3)	20,000				Expanding Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Oregon Food Bank Inc PO Box 55370 Portland, OR 97238	93-0785786	501(c)(3)	25,000				OFB School-Base

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Oregon Latino Health Coalition 240 N Broadway Portland, OR 97227	26-1530127	501(c)(3)	103,464				Community Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Oregon Oral Health Coalition 800 NE Oregon St Portland, OR 97202	30-0449673	501(c)(3)	15,000				First Tooth prog

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Oregon Primary Care Association 310 SW 4th Ave Portland, OR 97204	93-0877986	501(c)(3)	291,711				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Oregon Public Health Institute 315 SW 5th AV Portland, OR 97204	93-1259522	501(c)(3)	47,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Organizacion En CA De Lideres Campesinas 2101 South Rose Ave Oxnard, CA 93033	95-4611282	501(c)(3)	25,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Our Place Housing Solutions 16429 Bellflower Blvd Bellflower, CA 90706	26-2435307	501(c)(3)	12,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Outside In 1132 SW 13th Ave Portland, OR 97205	93-0567549	501(c)(3)	8,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Pacific Clinics 800 S Santa Anita Ave Arcadia, CA 91006	95-1644034	501(c)(3)	7,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Pacific Symphony 3631 S Harbor Blvd Santa Ana, CA 92704	95-3635496	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Pacoima Beautiful 11243 Glenoaks Blvd Pacoima, CA 91331	95-4770745	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Palm Springs Cultural Center 2100 Tahquitz Canyon Palm Springs, CA 92262	55-0914693	501(c)(3)	12,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Para Los Ninos 500 Lucas Avenue Los Angeles, CA 90017	95-3443276	501(c)(3)	9,480				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Parent Resource Center 811 5th Street Modesto, CA 95351	77-0324466	501(c)(3)	30,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Partners For A Hunger Free Oregon 712 SE Hawthorne Bl Portland, OR 97214	20-4970868	501(c)(3)	10,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Partners In Care Foundation Inc 732 Mott St 150 San Fernando, CA 91340	95-3954057	501(c)(3)	8,700				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Partnership for Children and Youth 1330 Broadway Oakland, CA 94612	04-3653529	501(c)(3)	150,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Pasadena Senior Center 85 East Holly Street Pasadena, CA 91103	95-2085393	501(c)(3)	21,256				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Pasadena Youth Center 805 N Madison Ave Pasadena, CA 91104	15-4819333	501(c)(3)	19,580				Conference Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Passion Society 26931 Creole Place Hayward, CA 94545	80-0105838	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Path of Life Ministries 6216 Brockton Riverside, CA 92506	33-0724945	501(c)(3)	6,140				Sheltering Hearts

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PATH Ventures 340 N Madison Ave Los Angeles, CA 90004	20-1892523	501(c)(3)	50,000				Project Support

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Pathways 2020 1452 Hudson Street Longview, WA 98632	91-1954815	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Pathways Volunteer Hospice 3701 Michaelson St Lakewood, CA 90712	33-0241726	501(c)(3)	18,000				Supportfor Seniors

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Peace Over Violence 1015 Wilshire Blvd Los Angeles, CA 90017	51-0179305	501(c)(3)	12,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Pediatric Adolescent Diabetes Res & Educ 455 South Main Street Orange, CA 92868	33-0099451	501(c)(3)	10,000				Diabetes Self-Care

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Pediatric Dental Initiative of North Coast 1380 19th Hole Drive Windsor, CA 95492	34-2012430	501(c)(3)	15,000				Project Tooth Fairy

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Peer Health Exchange Inc 300 South Grand Ave Los Angeles, CA 90071	56-2374305	501(c)(3)	7,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Peninsula Family Service 24 2nd Avenue San Mateo, CA 94401	94-1186169	501(c)(3)	21,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Penny Lane Centers 15305 Rayen Street North Hills, CA 91343	95-2633765	501(c)(3)	12,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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People Assisting the Homeless 340 North Madison Ave Los Angeles, CA 90004	95-3950196	501(c)(3)	22,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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People Reaching Out Inc 5299 Auburn Blvd Sacramento, CA 95841	94-2795430	501(c)(3)	27,000				Project Support

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Petaluma People Services Center 1500 Petaluma Blvd Petaluma, CA 94952	94-2271299	501(c)(3)	12,375				Senior Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Physician Medical Forum 2201 Broadway Oakland, CA 94612	30-0086728	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Pittsburg Boys Club Inc 1001 Stoneman Ave Pittsburg, CA 94565	94-1251108	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Placer People of Faith Together 3080 Sunshine Meadow Auburn, CA 95602	27-0240478	501(c)(3)	19,953				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PLACER WOMENS CENTER INC 700 Sunrise AveN Roseville, CA 95661	94-2578871	501(c)(3)	20,850				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Planned Parenthood Los Angeles 400 West 30th Street Los Angeles, CA 90007	95-2408623	501(c)(3)	15,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Planned Parenthood Mar Monte-Sacramento 1605 The Alameda San Jose, CA 95126	94-1583439	501(c)(3)	45,482				Women's health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Planned Parenthood of SB & San Luis Ob Co 518 Garden Street Santa Barbara, CA 93101	95-2319356	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Planned Parenthood of the Pacific SW 1075 Camino del RioS San Diego, CA 92108	95-6111785	501(c)(3)	30,000				Breast Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Planned Parenthood Shasta Diablo Inc 2185 Pacheco St Concord, CA 94520	94-1575233	501(c)(3)	52,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Playworks Education Energized 1507 NW 23rd Ave A Portland, OR 97210	94-3251867	501(c)(3)	225,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Point Break Resources 1102 North School St Stockton, CA 95205	94-1708137	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Portland Habitat for Humanity 1478 NE Killingsworth Portland, OR 97211	93-0801200	501(c)(3)	17,000				Habitat 4 Humanity

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Positive Exposure Productions Inc 43 East 20th St New York, NY 10003	02-0536768	501(c)(3)	13,500				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Powerhouse Ministries Inc 311 Market Street Folsom, CA 95630	68-0020855	501(c)(3)	25,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Prescott -Joseph Center for Community Enh 920 Peralta Street Oakland,CA 94607	94-3248535	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PRESIDENT AND FELLOWS OF HARVARD COLLEGE 25 Shattuck Street Boston, MA 02115	72-1304948	501(c)(3)	6,097				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Pretend City Children's Museum of O C 29 Hubble Irvine, CA 92618	33-0761254	501(c)(3)	30,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project Access Now PO Box 10953 Portland, OR 97296	20-8928388	501(c)(3)	98,400				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Project Angel Food 922 Vine Street Los Angeles, CA 90038	95-4115863	501(c)(3)	22,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Project Food 3755 Lemon St Riverside, CA 92502	02-0627242	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Project New Village 5106 Federal Blvd San Diego, CA 92105	27-1306157	501(c)(3)	12,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Project Sister Family Services 363 S Park Avenue Pomona, CA 91769	23-7116161	501(c)(3)	20,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Promises2Kids 9440 Ruffin Court San Diego, CA 92123	95-3655288	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PSU Foundation Portland State Univ PO Box 751 RSP Portland, OR 97207	48-1278529	501(c)(3)	39,939				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Public Counsel 610 S Ardmore Ave Los Angeles, CA 90005	23-7105149	501(c)(3)	7,895				Homeless Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Public Health Foundation Enterprises INC 12801 SCrossroads Pkwy City of Industry, CA 91746	95-2557063	501(c)(3)	73,260				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Public Health Institute 555 12th Street 10th fl Oakland, CA 94607	94-1646278	501(c)(3)	100,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Queen of the Valley Medical Center 3448 Villa Lane Napa, CA 94558	94-1243669	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Quest Center for Intergrative Health 2901 E Burnside Street Portland, OR 97214	93-1121778	501(c)(3)	15,000				Mental Health Care

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Quinn Community Outreach Corporation 25400 Alessandro Blvd Moreno Valley, CA 92553	33-0637525	501(c)(3)	19,464				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rancho Los Amigos Foundation Inc 7601 E Imperial Hwy Downey, CA 90242	95-3849600	501(c)(3)	9,680				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rape Trauma Services 1860 El Camino Real Burlingame, CA 94010	94-3215045	501(c)(3)	15,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Reach Out West End Inc 1126 West Foothill Blvd Upland, CA 91786	95-2642747	501(c)(3)	27,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Reading and Beyond 4670 E Butler Ave Fresno, CA 93702	77-0508471	501(c)(3)	25,000				Workforce Develop

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rebuilding Together Sacramento 8231 Alpine Ave Sacramento, CA 95826	68-0246355	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rector Wardens Vestry Church Our Saviour 4368 Santa Anita Ave El Monte, CA 91731	95-1765149	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Redwood Community Health Coalition 1310 Redwood Way Petaluma, CA 94954	94-3220029	501(c)(3)	100,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Redwood Empire Food Bank 3990 Brickway Blvd Santa Rosa, CA 95403	68-0121855	501(c)(3)	22,700				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Regents of the University of CA-San Diego 9500 Gilman Drive San Diego, CA 92093	95-6006144	501(c)(3)	15,000				Project Support

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Regents University of California Los Angeles 650 Charles E Young Dr Los Angeles, CA 90095	95-6006143	501(c)(3)	7,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Regional Parks Foundation PO Box 21074 Oakland, CA 94605	23-7011877	501(c)(3)	144,900				Project Support/Healthy Festival

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rescue Mission Alliance 315 North Street Oxnard, CA 93030	23-7278002	501(c)(3)	29,600				Assist homeless

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Richmond Community Foundation 1014 Florida Ave299 Richmond, CA 94804	94-3337754	501(c)(3)	109,630				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rim Family Services Inc 28545 State Hwy Skyforest, CA 92385	33-0496148	501(c)(3)	10,000				Outpatient Alcohol

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Ritter Center 16 Ritter Street San Rafael, CA 94912	94-2675517	501(c)(3)	10,900				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Riverside Area Rape Crisis Center 1845 Chicago Ave Riverside, CA 92507	95-3245057	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Riverside Community College District Founda 4800 Magnolia Ave Riverside, CA 92506	95-2993847	501(c)(3)	20,000				Project support

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Riverside County Physicians Memor Found 3993 Jurupa Ave Riverside, CA 92506	95-6080778	501(c)(3)	18,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Robert FKennedy Institute of Community 544 N Avalon Blvd Wilmington, CA 90744	33-0531975	501(c)(3)	9,000				Community Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Roberts Family Development Center 770 Darina Ave Sacramento, CA 95815	68-0470557	501(c)(3)	26,150				Project support

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Rosemary Children's Services 36 S Kinneloa Ave200 Pasadena, CA 91107	95-1661683	501(c)(3)	7,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RotaCare Bay Area Inc PO Box 18430 San Jose, CA 95158	77-0328723	501(c)(3)	72,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rotary Club of San Jose Endowment 1690 Senter Road San Jose, CA 95112	94-6112270	501(c)(3)	25,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rubicon Programs Inc 2500 Bissell Avenue Richmond, CA 94804	94-2301550	501(c)(3)	97,280				Reentry and Violence

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Ryse Inc 205 41st Street Richmond, CA 94805	26-0692904	501(c)(3)	64,800				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SAC Health System 1454 E Second St San Bernardino, CA 92408	33-0664371	501(c)(3)	20,000				Beter health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Sacramento City Unified School District 5735 47th Avenue Sacramento, CA 95824	94-6002491	Government or P	50,750				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sacramento Co Dept of Health and Human Svs 7001A East Pkwy Sacramento, CA 95823	94-6000529	Government or P	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sacramento County Office of Education 10474 Mather Blvd Sacramento, CA 95826	94-6002536	Government or P	35,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sacramento Kings Foundation One Sports Parkway Sacramento, CA 95834	68-0249718	501(c)(3)	70,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Sacramento Loaves and Fishes 1351 North C Street Sacramento, CA 95811	68-0189897	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sacramento Native American Health Ctr 2020 J Street Sacramento, CA 95811	20-4287737	501(c)(3)	60,000				Member Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sacramento Neighborhood Housing Svcs 2400 Alhambra Blvd Sacramento, CA 95817	68-0118032	501(c)(3)	20,000				Farmers Market

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sacramento Steps Forward 1331 Garden Hwy Sacramento, CA 95833	27-4907397	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sacramento Valley Concussion Care 3902 Black Oak Ct Rocklin, CA 95765	46-1474925	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Safe Alternatives for Everyone Inc 28910 Pujol Street Temecula, CA 92590	91-1962947	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Safe Alternatives to Violent Environments 1900 Mowry Ave204 Fremont, CA 94538	94-2520559	501(c)(3)	14,800				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Safe Routes to School National Partnship 207 Canyon Blvd Boulder, CO 80302	20-4306888	501(c)(3)	100,000				Safe Rts to School

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SafeQuest Solano 1049 Union StB Fairfield, CA 94533	94-2853669	501(c)(3)	9,900				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Salem Free Medical Clinic 1300 Broadway Salem, OR 97301	20-3549992	501(c)(3)	58,000				SFC Diabetes

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Salem Hospital PO Box 140001 Salem, OR 97309	93-0579722	501(c)(3)	2,914,537				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Salvation Army 625 I Street Modesto, CA 95354	94-1156347	501(c)(3)	55,000				Salvation Army Co

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Samaritan Counseling Center 1126 W Foothill Blvd Upland, CA 91786	95-3160005	501(c)(3)	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Samaritan House 4031 Pacific Blvd San Mateo, CA 94403	23-7416272	501(c)(3)	30,150				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Samuel Dixon Family Health Center Inc 25115 WStanford Ave Valencia, CA 91355	95-4278726	501(c)(3)	8,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Diego American Indian Health Center 2602 First Avenue San Diego, CA 92103	95-3397369	501(c)(3)	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Diego County Medical Society Fo 5575 Ruffin Rd250 San Diego, CA 92123	95-2568714	501(c)(3)	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Diego Food Bank Corporation 9850 Distribution Av San Diego, CA 92121	20-4374795	501(c)(3)	58,000				MIA-HEFP Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Diego Lesbian Gay Bisexual & Transg 3909 Centre Street San Diego, CA 92103	23-7332048	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Diego Public Library Foundation 820 E Street MS 17 San Diego, CA 92101	33-0959608	501(c)(3)	15,000				Health Information

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Diego Unified School District 4100 Normal Street San Diego, CA 92103	95-6002781	Government or P	34,950				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Diego Youth Services 3255 Wing Street San Diego, CA 92110	95-2648050	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Francisco AIDS Foundation 1035 Market Street San Francisco, CA 94103	94-2927405	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Francisco Community Clinic Cons 1550 Bryant St450 San Francisco, CA 94103	94-2897258	501(c)(3)	80,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Francisco Food Bank 900 Pennsylvania Ave San Francisco, CA 94107	94-3041517	501(c)(3)	9,200				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Francisco Free Clinic 4900 California Street San Francisco, CA 94118	94-3186248	501(c)(3)	9,925				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Francisco Parks Alliance 2150 Allston Way Berkeley, CA 94704	23-7131784	501(c)(3)	55,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Francisco Public Health Foundation 375 Laguna Honda Blvd San Francisco, CA 94116	94-3117093	501(c)(3)	25,000				Project Homeless

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Francisco Study Center Inc 944 Market Street San Francisco, CA 94102	94-2168838	501(c)(3)	25,000				Project Support

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San Gabriel Unified School District 408 Junipero Serra Dr San Gabriel, CA 91776	95-6000777	Government or P	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Gabriel Valley Conservation & Svs 3629 Cypress El Monte, CA 91731	27-0030016	501(c)(3)	10,000				Healthy Harvesters

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Joaquin County Office of Education 2901 Arch-Airport Road Stockton, CA 95213	68-0006282	Government or P	83,000				Exercise Across Ca

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Joaquin County Public Health Svcs 1601 East Hazelton Ave Stockton, CA 95201	94-6000531	Government or P	40,000				Project Support

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San Juan Unified School District 3738 Walnut Avenue Carmichael, CA 95608	94-6002533	Government or P	23,000				Operating support

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San Leandro Unified School District 14735 Juniper Street San Leandro, CA 94579	94-6002608	Government or P	15,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Mateo County Sheriff's Activities 400 County Center Redwood City, CA 94063	45-0617342	501(c)(3)	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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San Mateo Police Activities League 200 Franklin Pwy San Mateo, CA 94403	31-1593896	501(c)(3)	15,300				Operating Support

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San Rafael City Schools 35 Marin St San Rafael, CA 94901	68-0194365	Government or P	11,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Santa Clara City Library Foundation & Friend 2635 Homestead Rd Santa Clara, CA 95051	91-2125234	501(c)(3)	10,000				Project Support

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Santa Clara County Office of Education 1290 Ridder Park Dr San Jose, CA 95131	77-0272168	Government or P	52,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Santa Clara University 500 El Camino Real Santa Clara, CA 95053	94-1156617	501(c)(3)	120,000				MSIS Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Santa Clarita Community Development Corp P O Box 802978 Santa Clarita, CA 91380	95-4587823	501(c)(3)	12,626				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Santa Clarita Valley Boys and Girls Club 24909 Newhall Avenue Newhall, CA 91321	95-2572622	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Santa Rosa City Schools 211 Ridgeway Ave Santa Rosa, CA 95401	68-0180139	Government or P	24,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Santa Rosa Community Health Center 3569 Round Barn Cir Santa Rosa, CA 95403	68-0365296	501(c)(3)	200,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Santa Rosa Junior College District 1501 Mendocino Ave Santa Rosa, CA 95401	94-6033759	Government or P	5,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Santa Rosa Memorial Hospital 1165 Montgomery Drive Santa Rosa, CA 95405	94-1231005	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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School Health Clinics of Santa Clara Cou 5671 Santa Teresa Blv San Jose, CA 95123	77-0031679	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Schwitzer Health News LLC 1602 Watson Ave Saint Paul, MN 55116	02-0434037	501(c)(3)	23,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Second Harvest Food Bank of Santa Clara 4001 North 1st Street San Jose, CA 95134	94-2614101	501(c)(3)	70,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Second Harvest Food Bank San Joa & Stan Cty 704 E Industrial Park Dr Manteca, CA 95337	68-0376587	501(c)(3)	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Seneca Family Of Agencies 2275 Arlington Drive San Leandro, CA 94578	94-2971761	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Senior Community Centers of San Diego 525 14th Street200 San Diego, CA 92101	95-2850121	501(c)(3)	12,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Senior Support of the Tri-Valley 5353 Sunol Blvd Pleasanton, CA 94596	20-3225569	501(c)(3)	10,000				Healthy Lifestyle

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Seniors First 11566 D Avenue Auburn, CA 95603	68-0430154	501(c)(3)	25,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SEPULVEDA RESEARCH CORP 16111 Pulmmer Street Sepulveda, CA 91343	95-4246275	501(c)(3)	23,196				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SEQUOIA FOUNDATION 2166 Avenida de la Playa La Jolla, CA 92037	33-0100208	501(c)(3)	8,682				Asthma Symposium/Research Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Serotonin Surge Charities 824 Falcon Avenue Davis, CA 95616	68-0411254	501(c)(3)	50,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Seven Tepees Youth Program 3177 Seventeenth St San Francisco, CA 94110	94-3231059	501(c)(3)	27,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SF Bay Area Little Brothers Friends of Eld 909 Hyde Street San Francisco, CA 94109	94-3143730	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SF Court Appointed Special Advocate Prog 2535 Mission Street San Francisco, CA 94110	94-3039028	501(c)(3)	20,000				Core Volunteer Advo

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Shanti Orange County 23461 SPointe Dr Laguna Hills, CA 92653	33-0236592	501(c)(3)	10,000				HIV/AIDS Outreach

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Share Inc PO Box 1209 Vancouver, WA 98666	91-1205119	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sharefest Community Development Inc 3480 Torrance Blvd Torrance, CA 90503	20-5651596	501(c)(3)	15,000				YDA Project Sup

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Shelter from the Storm 73-555 Alessandro Palm Desert, CA 92260	33-0293124	501(c)(3)	15,000				Children Domestic V

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Shelter Inc of Contra Costa County 1815 Arnold Drive Martinez, CA 94553	68-0117241	501(c)(3)	16,000				Food Smarts

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sierra Vista Children's Center 100 Poplar Ave Modesto, CA 95354	94-2158023	501(c)(3)	80,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Skid Row Housing Trust 1317 East 7th Street Los Angeles, CA 90021	95-4205316	501(c)(3)	90,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SnowCap Community Charities 17788 SE Pine St Fairview, OR 97024	23-7121915	501(c)(3)	8,000				Food Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Soil Born Farm Urban Agriculture Project 2140 Chase Drive Rancho Cordova, CA 95670	20-0774693	501(c)(3)	30,600				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Solano Coalition for Better Health One Harbor Center Suisun City, CA 94585	94-3189914	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Solano Community College Education Found 4000 Suisun Valley Rd Fairfield, CA 94534	94-2985548	501(c)(3)	15,000				Violence Interventio

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Solano County Health & Social Svcs Dept 355 Tuolumne St Vallejo, CA 94590	94-6000538	Government or P	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Solano Midnight Sun 795 Alamo Drive Vacaville, CA 95688	20-8124921	501(c)(3)	10,000				Breast Health Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Somali Family Service of San Diego 6035 University Ave San Diego, CA 92115	91-2065038	501(c)(3)	12,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Sonoma County Adult & Youth Development PO Box 7078 Cotati, CA 94931	94-2812489	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Sonoma Valley Community Health Center 430 West Napa St Sonoma, CA 95476	68-0286382	501(c)(3)	50,000				Capital Fund Sup

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SOSMentor 23622 Calabasas Rd Calabasas, CA 91302	95-4722980	501(c)(3)	27,550				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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South Asian Network 18173 S Pioneer Blvd Artesia, CA 90701	33-0608166	501(c)(3)	8,900				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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South Bay Children's Health Center Assoc 410 Camino Real Redondo Beach, CA 90277	95-6003956	501(c)(3)	10,000				Dental Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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South Bay Community Services 430 F Street Chula Vista, CA 91910	95-2693142	501(c)(3)	12,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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South Bay Family Healthcare Center 23430 Hawthorne Torrance, CA 90505	23-7049937	501(c)(3)	20,000				Healthy Students

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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South Central Family Health Center 4425 South Central Ave Los Angeles, CA 90011	95-3877793	501(c)(3)	13,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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South County Community Health Center 1798A Bay Road East Palo Alto, CA 93510	94-3372130	501(c)(3)	353,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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South Hayward Parish 27287 Patrick Ave Hayward, CA 94544	94-2250549	501(c)(3)	17,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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South San Francisco Friends of Library 840 W Orange Ave South San Francisco, CA 94080	74-3116201	501(c)(3)	20,000				Healthy Choices

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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South San Francisco High Schools 400 B Street South San Francisco, CA 94080	94-3083861	Government or P	25,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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South West Community Health Center 7754 SW Capitol Hwy Portland, OR 97219	74-3050497	501(c)(3)	77,960				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Southwest Washington Regional Health Fiscal Cowlitz Health Ctr Longview, WA 98632	46-2164971	501(c)(3)	20,000				Project support

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Special Olympics Northern California Inc 3480 Buskirk Ave Pleasant Hill, CA 94523	68-0363121	501(c)(3)	55,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Special Olympics Southern California 6730 E Carson Long Beach, CA 90248	95-4538450	501(c)(3)	10,000				Project Support

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Special Service for Groups Inc 605 W Olympic Blvd Los Angeles, CA 90015	95-1716914	501(c)(3)	20,000				Project Support

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Spectrum Community Services 2621 Barrington Ct Hayward, CA 94545	94-1748275	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Spiritt Family Services 13135 Barton Rd Santa Fe Springs, CA 90605	95-2852683	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Squash4Friends 18635 Verano St Hesperia, CA 92345	84-1179212	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Francis Center of Redwood City 151 Buckingham Ave Redwood City, CA 94063	94-3052056	501(c)(3)	11,581				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Johns Well Child and Family Center Inc 808 W 58th St Los Angeles, CA 90037	95-4067758	501(c)(3)	45,750				Diabetes Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Joseph Center 204 Hampton Drive Venice, CA 90291	95-3874381	501(c)(3)	90,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Anne's Maternity Home 155 N Occidental Blvd Los Angeles, CA 90026	95-1691306	501(c)(3)	12,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Francis Center 1835 South Hope St Los Angeles, CA 90015	95-4479271	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Helena Family Center 1440 Spring St St Helena, CA 94574	68-0362076	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
St James Infirmary 1372 Mission Street San Francisco, CA 94103	94-3330568	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Jeanne De Lestonnac Free Clinic 1215 E Chapman Ave Orange, CA 92866	95-3499011	501(c)(3)	44,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
St John's Shelter for Women & Children 4410 Power Inn Rd Sacramento, CA 95826	68-0132934	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Mary's Interfaith Community Services 545 W Sonora St Stockton, CA 95203	94-2687280	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Vincent de Paul of Contra Costa Co 2210 Gladstone Drive Pittsburg, CA 94565	94-1448577	501(c)(3)	31,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
St Vincent De Paul Society Roseville 503 Giuseppe Ct Roseville, CA 95678	68-0205405	501(c)(3)	27,250				Free Urgent Care

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
St Vincent de Paul Village Inc 3350 E Street San Diego, CA 92102	33-0492302	501(c)(3)	30,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Stand for Families Free of Violence 1410 Danzig Plaza Concord, CA 94520	94-2476576	501(c)(3)	70,539				Youth & Trauma

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
STANFORD UNIVERSITY 1215 Welch Road Bldg Stanford, CA 94305	94-1156365	501(c)(3)	124,034				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
STARPAL 4110 54th Street San Diego, CA 92105	33-0363138	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
StarVista 610 Elm St212 San Carlos, CA 94070	94-3094966	501(c)(3)	70,156				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Step Up on Second Street Inc 1328 Second Street Santa Monica, CA 90401	95-4109386	501(c)(3)	90,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Stiles Hall 2400 Bancroft Way Berkeley, CA 94704	94-1156636	501(c)(3)	75,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Stone Soup Fresno 1345 Bulldog Ln Fresno, CA 93710	77-0430680	501(c)(3)	30,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Students Run America 5252 Crebs Avenue Tarzana, CA 91356	95-4430502	501(c)(3)	24,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sunday Friends Foundation 730 Story Road3 San Jose, CA 95122	77-0518937	501(c)(3)	30,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sunnyvale Community Services 725 Kifer Road Sunnyvale, CA 94086	94-1713897	501(c)(3)	35,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Survivors of Torture International PO Box 151240 San Diego, CA 92175	33-0743869	501(c)(3)	10,000				Medical Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Susan G Komen Foundation Inc 1500 SW 1st AVE Portland, OR 97201	93-1068897	501(c)(3)	65,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Susan G Komen Breast Cancer Found 3191-A Airport Loop Drive Costa Mesa, CA 92626	33-0487943	501(c)(3)	25,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Sustainable Economic Enterprises Of LA 6255 W Sunset Blvd Hollywood, CA 90028	95-4597000	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Tarzana Treatment Center Inc 18646 Oxnard Street Tarzana, CA 91356	94-2219349	501(c)(3)	13,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Teen Talk Sexuality Education 120 James Avenue Redwood City, CA 94062	94-3227947	501(c)(3)	10,000				Operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TERI Inc 251 Airport Road Oceanside, CA 92058	95-3532129	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Alameda County Community Food Bank 7900 Edgewater Drive Oakland, CA 94621	94-2960297	501(c)(3)	16,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Arc of San Diego 3030 Market Street San Diego, CA 92102	95-1863913	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Arc of San Francisco 1500 Howard Street San Francisco, CA 94103	94-1415287	501(c)(3)	30,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Black Voice Foundation 3649 9th St Riverside, CA 92508	33-0470176	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The C A Conference for Equality & Justice 444 W Ocean Blvd Long Beach, CA 90802	54-2178438	501(c)(3)	13,800				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The California Health Care Safety-Net Inst 70 Washington St Oakland, CA 94607	94-2970752	501(c)(3)	18,520				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Carolyn E Wylie Center for Children 4164 Brockton Avenue Riverside, CA 92501	93-0670286	501(c)(3)	23,000				Mental Health Treatm

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Catalyst Foundation 44758 Elm Avenue Lancaster, CA 93534	77-0357456	501(c)(3)	12,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Cerritos College Foundation 11110 Alondra Blvd Norwalk, CA 90650	95-3387108	501(c)(3)	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Childrens Center of the Antelope Valley 45111 N Fern Avenue Lancaster, CA 93534	95-4212759	501(c)(3)	13,864				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Childrens Clinic Serving Children&Fam 2790 Atlantic Ave Long Beach, CA 90806	95-1643332	501(c)(3)	13,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Davis Street Community Center Inc 3081 Teagarden St San Leandro, CA 94577	94-3121699	501(c)(3)	24,800				Free Dental Clinic

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Foodbank of Southern California 1444 San Francisco Ave Long Beach, CA 90813	95-3557056	501(c)(3)	11,995				Project support

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The Gathering Inn 201 Berkeley Ave Roseville, CA 95678	84-1657746	501(c)(3)	14,976				Project Support

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The Girl Scout Council of Orange County 9500 Toledo Way100 Irvine, CA 92618	95-2023244	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Illumination Foundation 2691 Richter Ave Irvine, CA 92606	71-1047686	501(c)(3)	30,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Leaven 2397 Heath Drive Fairfield, CA 94533	26-3653717	501(c)(3)	37,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Link to Children 1904 Franklin St Oakland, CA 94612	94-2224033	501(c)(3)	20,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Matt Garcia Foundation 2290 Burgundy Way Fairfield, CA 94533	26-3904201	501(c)(3)	13,500				Winding Winds Consul

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Outdoor Foundation 4909 Pearl East Circle Boulder, CO 80301	84-1549065	501(c)(3)	20,000				Project Support

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The Raise Foundation 1920 E Warner Ave Santa Ana, CA 92705	33-0240178	501(c)(3)	25,000				Health Access Prog

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Regents of the Univ of Cal - berkeley 2150 Shattuck Ave Berkeley, CA 94704	94-6002123	501(c)(3)	109,953				Operating support/Research Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Regents of the Univ of Cal - Davis 1850 Research Park Drive Davis, CA 95618	94-6036494	501(c)(3)	192,644				Project support/research grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Regents of the Univ of Cal - San Fran 3333 California St San Francisco, CA 94115	94-6036493	501(c)(3)	1,509,281				Project support/researh grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S State Street Ann Arbor, MI 48109	38-6006309	501(c)(3)	15,057				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Richstone Center Inc 13620 Cordary Ave Hawthorne, CA 90250	23-7373745	501(c)(3)	10,000				REACH Project

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Saban Free Clinic 8405 Beverly Blvd Los Angeles, CA 90048	95-2539105	501(c)(3)	82,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Sheriffs Community Impact Program 2350 Northrop Ave Sacramento, CA 95825	27-3457087	501(c)(3)	11,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Tech Museum of Innovation 201 South Market St San Jose, CA 95113	94-2864660	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Tower Found of San Jose State Univ One Washington Sq San Jose, CA 95192	83-0403915	501(c)(3)	45,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Transgender Law Center 870 Market St 400 San Francisco, CA 94102	05-0544006	501(c)(3)	9,600				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Trust For Public Land 101 Montgomery St San Francisco, CA 94102	23-7222333	501(c)(3)	100,000				Parks for People

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The UCLA Foundation 10920 Wilshire Blvd Los Angeles, CA 90024	95-2250801	501(c)(3)	13,620				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Wallace Medical Concern 124 NE 181st Street Portland, OR 97230	93-0853709	501(c)(3)	93,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Wall-Las Memorias Project 930 Colorado Blvd Los Angeles, CA 90041	95-4468225	501(c)(3)	17,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Wellness Community Valley Ventura Inc 530 Hampshire Rd Westlake Village, CA 91361	77-0205691	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Women's Center of San Joaquin 620 N San Joaquin St Stockton, CA 95202	94-2341360	501(c)(3)	41,250				Domestic Violence

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THINK Together 2100 E Fourth St Santa Ana, CA 92705	33-0781751	501(c)(3)	28,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Tiburcio Vasquez Health Center 22331 Mission Blvd Hayward, CA 94544	23-7118361	501(c)(3)	105,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tides Center 1351 3rd St Promenade Santa Monica, CA 90401	94-3213100	501(c)(3)	293,040				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Tiger Woods Learning Center Foundation 1 Tiger Woods Way Anaheim, CA 92801	20-0677815	501(c)(3)	10,000				Fitness&Nutrition

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Time for Change Foundation PO Box 5753 San Bernardino, CA 92412	52-2405277	501(c)(3)	7,300				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Toberman Neighborhood Center Inc 131 N Grand Avenue San Pedro, CA 90731	95-1643387	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Town of Apple Valley 14955 Dale Evans Apple Valley, CA 92307	33-0338303	Government or P	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Training Institute for Leadership Enrichment PO Box 23511 Oakland, CA 94623	68-0437852	501(c)(3)	9,600				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Transitional Living and Community Supp 2277 Fair Oaks Blv Sacramento, CA 95825	94-2777955	501(c)(3)	26,782				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Tri-City Health Center 39465 Paseo Padre Fremont, CA 94538	23-7255435	501(c)(3)	16,750				Breakfast Fundraiser

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Ujima Family Recovery Services 1901 Church Lane San Pablo, CA 94806	68-0127450	501(c)(3)	25,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Ujima Foundation 835 Isabella Street Oakland, CA 94607	27-0549307	501(c)(3)	50,000				Youth & Trauma

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
United Negro College Fund 220 Montgomery St San Francisco, CA 94104	13-1624241	501(c)(3)	10,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
United Research and Education Found 1901 Pennsylvania Ave Washington, DC 20006	54-1880528	501(c)(3)	157,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
United Samaritans Foundation 220 S Broadway Turlock, CA 95380	77-0393321	501(c)(3)	20,000				Daily Bread Mobile

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
United Seniors of Oakland and Alameda Co 7200 Bancroft Ave Oakland, CA 94605	94-3092404	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
United States Veterans Initiative 800 W 6th Street Los Angeles, CA 90017	95-4382752	501(c)(3)	32,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
United Way of the Stanislaus Area 422 McHenry Avenue Modesto, CA 95354	94-1212129	501(c)(3)	40,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
United Way of Ventura County 4001 Mission Oaks Blvd Camarillo, CA 93012	95-1945833	501(c)(3)	20,850				Oral Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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University High School CSUF 2611 E Matoian Way Fresno, CA 93740	77-0515663	501(c)(3)	7,500				Physical Fitness

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University Muslim Medical Association Inc 711 W Florence Ave Los Angeles, CA 90044	95-4666712	501(c)(3)	10,600				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3rd Avenue S Birmingham, AL 35294	63-0649108	501(c)(3)	145,861				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA - IRVINE 5171 California Avenue Irvine, CA 92697	95-2226406	501(c)(3)	380,631				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA - SANTA CRUZ 1156 High Street Santa Cruz, CA 95064	94-1539563	501(c)(3)	19,743				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of California SF Foundation 50 Beale Street San Francisco, CA 94105	94-2829914	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF CHICAGO PRESS THE 970 East 58th Street Chicago, IL 60637	36-2177139	501(c)(3)	150,607				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF HAWAII 2530 Dole Street Honolulu, HI 96822	99-6000354	501(c)(3)	67,929				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF MASSACHUSETTS WORCESTER 55 Lake Ave North Worcester, MA 01655	04-3167352	501(c)(3)	210,472				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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University of Pacific Pacific Center 3601 Pacific Avenue Stockton, CA 95211	94-1156266	501(c)(3)	60,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF PENNSYLVANIA 3451 Walnut Street Philadelphia, PA 19104	23-1352685	501(c)(3)	379,259				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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University of Southern California 3607 Trosdale Pkwy Los Angeles, CA 90089	95-1642394	501(c)(3)	5,822				Project support/research grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF TEXAS SW MEDICAL CENTER 5323 Harry Hines Blvd Dallas, TX 75390	74-6000089	501(c)(3)	7,015				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF UTAH 75 South 2000 East Salt Lake City, UT 84112	23-7112869	501(c)(3)	27,242				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTON 4333 Brooklyn Avenue NE Seattle, WA 98195	91-6001089	501(c)(3)	58,169				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF MINNESOTA 200 Oak Street SE Minneapolis, MN 55455	41-6007513	501(c)(3)	233,033				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Urban Strategies Council 1720 Broadway2Fl Oakland,CA 94612	94-3044453	501(c)(3)	75,000				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UTAH STATE UNIVERSITY 1415 Old Main Hill Logan, UT 84322	87-0276385	501(c)(3)	23,311				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Vacaville Neighborhood Boys&Girls Club 100 Holly Lane Vacaville, CA 95688	13-4223488	501(c)(3)	25,000				Healthy Habits

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Vacaville Public Education Foundation 401 Nut Tree Rd Vacaville, CA 95687	61-1568727	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Vacaville Social Services Corporation 267 Bennett Hill Ct Vacaville, CA 95688	68-0364021	501(c)(3)	14,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Vallejo City Unified School District 665 Walnut Ave Vallejo, CA 94592	68-0111380	Government or P	98,000				Student Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Vallejo Outreach Inc 210 Locust Street Vallejo, CA 94591	94-3413623	501(c)(3)	13,300				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Valley Community Clinic 6801 Coldwater North Hollywood, CA 91605	23-7050082	501(c)(3)	26,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Valley Family Center 302 S Brand BLVD San Fernando, CA 91340	95-4105054	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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VCCool 345 W Center St Ventura, CA 93001	26-2180702	501(c)(3)	7,500				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Venice Family Clinic 604 Rose Avenue Venice, CA 90291	95-2769432	501(c)(3)	13,750				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Ventura College Foundation 4667 Telegraph Rd Ventura, CA 93003	77-0037747	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Victor Valley Community Dental Servic 14357 7th Street Victorville, CA 92392	33-0858710	501(c)(3)	15,000				Dental Care

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Village Community Resource Center 633 Village Drive Brentwood, CA 94513	41-2045701	501(c)(3)	7,997				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Virginia Garcia Memorial Foundation PO Box 486 Cornelius, OR 97113	91-2077840	501(c)(3)	225,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Vision Action Network 3700 SW Murray Blvd Beaverton, OR 97005	93-1317190	501(c)(3)	10,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Vision Y Compromiso 2536 Edwards Ave El Cerrito, CA 94530	32-0071651	501(c)(3)	109,300				Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Vista Community Clinic 1000 Vale Terrace Vista, CA 92084	95-2815615	501(c)(3)	30,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VMC Foundation 490 S California Ave Palo Alto, CA 94306	77-0187890	501(c)(3)	106,500				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Volunteers in Medicine - SF 4877 Mission Street San Francisco, CA 94112	26-2593712	501(c)(3)	34,800				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Watts Willowbrook Boys & Girls Club 1339 E120th Street Los Angeles, CA 90059	95-1945829	501(c)(3)	12,000				Healthy Lives

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WEAVE Incorporated 1900 K Street Sacramento, CA 95811	94-2493158	501(c)(3)	35,000				Domestic Violence

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Well of Healing Mobile Medical Clinic 7623 East Ave Fontana, CA 92336	33-0831503	501(c)(3)	25,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Wellness City Challenge 2001 N Main St Walnut Creek, CA 94596	26-1237876	501(c)(3)	12,000				Healthy Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WellSpace Health 1820 J Street Sacramento, CA 95811	94-1713704	501(c)(3)	451,948				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
West Contra Costa Public Educ Fund 217C W Richmond Ave Richmond, CA 94801	68-0005307	501(c)(3)	15,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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West Contra Costa Unified School Dist 1108 Bissell Avenue Richmond, CA 94801	68-0000495	Government or P	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
West County Community Services 477 Petaluma Ave Sebastopol, CA 95472	94-2277740	501(c)(3)	20,000				Latino Mental Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
West County Health Centers Inc 14045 Mill Street Guerneville, CA 95446	23-7310613	501(c)(3)	16,000				Oral Health Integ

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
West End Young Men's Christian Assoc 10970 Arrow Rte 106 Rancho Cucamonga, CA 91730	95-1727678	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
West Marin Senior Services 11435 State Highway One Point Reyes Station, CA 94956	51-0192320	501(c)(3)	10,000				Rural Seniors Aging

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
West Oakland Health Council Inc 700 Adeline Street Oakland, CA 94607	94-1667294	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
West Side Food Bank 1710 22nd Street Santa Monica, CA 90404	95-3685875	501(c)(3)	30,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Westminster Free Clinic 5560 Napoleon Ave Oak Park, CA 91377	77-0563241	501(c)(3)	9,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Westside Family Health Center 1711 Ocean Park Blvd Santa Monica, CA 90405	95-2931931	501(c)(3)	17,250				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Westside Neighborhood Clinic 2125 Santa Fe Ave Long Beach, CA 90810	95-2973364	501(c)(3)	15,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Whiteside Manor 2743 Orange Street Riverside, CA 92501	23-7126416	501(c)(3)	20,000				Transitional Housing

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Whittier Area First Day Coalition 12426 Whittier Blvd Whittier, CA 90602	93-1141844	501(c)(3)	15,000				Outreach Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Whittier Rio Hondo AIDS Project 12401 Slauson Avenue Whittier, CA 90606	95-4438637	501(c)(3)	12,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Willamette Pedestrian Coalition 240 Broadway St 215 Portland, OR 97208	93-1078749	501(c)(3)	29,865				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Wilmington Community Free Clinic 1009 N Avalon Blvd Wilmington, CA 90744	95-3137803	501(c)(3)	20,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Winters Healthcare Foundation 310 Main Street Winters, CA 95694	68-0454670	501(c)(3)	40,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Wise & Healthy Aging 1527 Fourth Street Santa Monica, CA 90401	95-2788014	501(c)(3)	7,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Women Against Gun Violence 8800 Venice Blvd Los Angeles, CA 90034	95-4738754	501(c)(3)	9,580				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Women At Work 2555 E Colorado Blvd Pasadena, CA 91107	95-3411403	501(c)(3)	12,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Women Organized to Respond to Life Thre 449 15th St303 Oakland,CA 94612	94-3177103	501(c)(3)	11,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Womens Breast Cancer Resource Ctr 27645 Jefferson Ave Temecula, CA 92590	33-0951216	501(c)(3)	24,000				Breast Health Serv

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Women's Empowerment 1590 North A Street Sacramento, CA 95811	03-0520643	501(c)(3)	10,500				Substance Abuse

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Womens Initiative For Self Employment 1814 Franklin St Oakland, CA 94612	94-3081525	501(c)(3)	9,250				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Worksite Wellness LA 5955 S Western Ave Los Angeles, CA 90047	55-0802354	501(c)(3)	19,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Wright Institute 2728 Durant Avenue Berkeley, CA 94704	94-1674865	501(c)(3)	15,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YALE UNIVERSITY 47 College Street New Haven, CT 06520	06-0646973	501(c)(3)	254,466				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YESHIVA UNIVERSITY 1300 Morris Park Avenue Bronx, NY 10461	13-1624225	501(c)(3)	18,118				PassThrough Fed Proj

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YMCA of Greater Whittier 12510 E Hadley St Whittier, CA 90601	95-1684795	501(c)(3)	75,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YMCA of Metropolitan Los Angeles 11531 S Downey Ave Downey, CA 90241	95-1644052	501(c)(3)	110,970				Diabetes Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YMCA of Silicon Valley Project Cornerst 80 Saratoga Ave Santa Clara, CA 95051	94-1156318	501(c)(3)	54,440				Creating School

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YMCA of the East Bay 2350 Broadway Oakland, CA 94612	94-1156317	501(c)(3)	110,500				Eat Well, Live Active/Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Yolo County Childrens Alliance 600 A Street Davis, CA 95616	68-0526185	501(c)(3)	26,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Yolo Family Service Agency 433 First Street Woodland, CA 95695	94-1452884	501(c)(3)	15,000				Counseling children

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Young Mens Christian Association of SF 50 California Street San Francisco, CA 94111	94-0997140	501(c)(3)	60,000				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YOUNG WOMENS CHRISTIAN ASSOC 1421 Guerneville Rd Santa Rosa, CA 95403	94-2347428	501(c)(3)	10,000				Domestic Violence

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Youth ALIVE 3300 Elm Street Oakland, CA 94609	94-3143254	501(c)(3)	110,750				Hospital-based Viol

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Youth and Family Services Inc 1017 Tennessee St Vallejo, CA 94590	94-2793548	501(c)(3)	20,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Youth Enrichment Strategies 3029 Macdonald Ave Richmond, CA 94804	03-0458294	501(c)(3)	10,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Youth Policy Institute 634 S Spring St Los Angeles, CA 90014	52-1278339	501(c)(3)	10,000				Event Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Youth Radio 1701 Broadway Oakland, CA 94612	94-3180825	501(c)(3)	50,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Youth Speak Collective 444 S Brand Blvd San Fernando, CA 91340	27-0126980	501(c)(3)	7,000				Project Youth

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Youth Uprising 8711 MacArthur Blvd Oakland, CA 94605	20-3321544	501(c)(3)	200,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YouthPower Community Solutions 606 E Mill Street San Bernardino, CA 92408	27-4413788	501(c)(3)	15,000				Feed Community Prog

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YWCA of San Pedro 437 West 9th Street San Pedro, CA 90731	95-1691337	501(c)(3)	7,500				Breast Cancer

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YWCA of Silicon Valley 375 S Third Street San Jose, CA 95112	94-1186196	501(c)(3)	25,000				Child Abuse Prevent

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YWCA San Gabriel Valley 943 North Grand Ave Covina, CA 91724	95-1641967	501(c)(3)	9,500				Project support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Zero Breast Cancer 4340 Redwood Hwy San Rafael, CA 94903	68-0386016	501(c)(3)	92,407				Event Support/Research Grant

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

▶ **Attach to Form 990. ▶ See separate instructions.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- 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
- 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?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.
- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported in 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.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8	Yes	
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 in 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 reported as deferred in 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 3	Top Management Officials' Compensation Kaiser Foundation Hospitals relied on Kaiser Foundation Health Plan, Inc that 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
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS Steven Doshay \$ 111,786 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 \$ 240,740 Anthony Barrueta 702 Lisa Caplan 109,430 Greg Christian 100,694 Diane Comer 126,033 Richard Daniels 164,671 Jerry Fleming 68,919 Edward Glavis 46,675 Sandra Golze 91,671 Mitchell Goodstein 108,113 George Halvorson 1,500,000 Marilyn Kawamura 3,119 Patricia Kennedy-Scott 510,424 Kerry Kohnen 272,426 Kathryn Lancaster 267,106 Gerald McCall 65,417 Thomas Meier 246,161 Julie Miller-Phipps 219,933 Nathaniel Oubre 48,427 Wade Overgaard 99 Sandra Small 5,465 Arthur Southam 314,156 Deborah Stokes 50,089 Bernard Tyson 555,429 John Yamamoto 47,652 Carlos Zaragoza 210,266 Victoria Zatkin 2,976 Mark Zemelman 156,419 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 SCHEDULE J, PART I, LINE 8 KIM HORN - SIGN-ON BONUS PAID IN 2013 \$ 375,000 - RETENTION PAYMENT PAID IN 2013 200,000 - FUTURE RETENTION PAYMENT (OCTOBER 2014) 250,000 - FUTURE RETENTION PAYMENT (JANUARY 2015) 150,000
Schedule J, Part II	Jeffrey Epstein - Board of Directors effective April 1, 2013
Schedule J, Part II, Column C	The actuarial value for some individuals' defined benefit plan declined in 2013, resulting in negative values in column (C) in some instances

Additional Data

Software ID:
Software Version:
EIN: 94-1105628
Name: KAISER FOUNDATION HOSPITALS

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Claudio F Abreu SVP, Regional IT Operations	(i)	0	0	0	0	0	0	0
	(ii)	379,568	150,000	198,570	197,945	19,083	945,166	0
Gregory A Adams EVP & Grp President, NCAL/MAS	(i)	0	0	0	0	0	0	0
	(ii)	662,079	977,090	265,388	209,465	19,997	2,134,019	240,740
Mary Ann Barnes SVP, Exec Dir - San Diego	(i)	0	0	0	0	0	0	0
	(ii)	370,008	176,532	21,014	38,759	18,664	624,977	0
Anthony A Barrueta SVP, Government Relations	(i)	0	0	0	0	0	0	0
	(ii)	418,917	482,944	20,963	76,554	17,511	1,016,889	0
Raymond J Baxter SVP, CB, Research & Health	(i)	0	0	0	0	0	0	0
	(ii)	546,699	937,063	48,955	24,491	27,615	1,584,823	0
Frank T Beirne SVP & Area Mgr - San Mateo	(i)	0	0	0	0	0	0	0
	(ii)	301,244	135,766	43,987	71,454	22,053	574,504	0
Christopher L Boyd SVP, Area Mgr - Santa Clara	(i)	0	0	0	0	0	0	0
	(ii)	363,456	117,593	19,098	87,754	19,193	607,094	0
Michael O Brady SVP, Infrastructure Mgmt Grp	(i)	0	0	0	0	0	0	0
	(ii)	367,746	442,064	34,499	62,045	48,800	955,154	0
Virginia C Campbell SVP & Area Mgr - Diablo	(i)	0	0	0	0	0	0	0
	(ii)	367,705	204,747	78,348	113,425	22,794	787,019	0
Lisa L Caplan SVP, Business Info Officer	(i)	0	0	0	0	0	0	0
	(ii)	305,189	298,191	145,308	80,731	14,202	843,621	0
Christine K Cassel Director	(i)	0	0	0	0	0	0	0
	(ii)	189,000	0	0	0	0	189,000	0
William B Caswell SVP, Operations	(i)	0	0	0	0	0	0	0
	(ii)	420,644	343,584	37,177	80,421	23,402	905,228	0
Thomas W Chapman Director	(i)	0	0	0	0	0	0	0
	(ii)	197,476	0	0	17,500	0	214,976	0
Greg K Christian Exec Dir - Fontana	(i)	0	0	0	0	0	0	0
	(ii)	337,789	188,388	117,905	76,201	22,172	742,455	100,694
Benjamin K Chu EVP & Grp President, SCAL/HI	(i)	0	0	0	0	0	0	0
	(ii)	661,943	971,101	26,718	582,825	21,932	2,264,519	0
Judith L Coffey SVP & Area Mgr - Marin/Sonoma	(i)	0	0	0	0	0	0	0
	(ii)	320,510	146,631	25,479	30,743	19,909	543,272	0
Jeffrey A Collins SVP & Area Manager - Fresno	(i)	0	0	0	0	0	0	0
	(ii)	325,548	202,635	38,275	64,901	10,785	642,144	0
Charles E Columbus SVP, Chief HR Officer	(i)	0	0	0	0	0	0	0
	(ii)	498,916	692,644	41,043	242,807	27,054	1,502,464	0
Diane Comer SVP, Business Info Officer	(i)	0	0	0	0	0	0	0
	(ii)	334,346	364,688	162,335	91,386	24,243	976,998	126,033
Mark E Costa Exec Dir - Los Angeles	(i)	0	0	0	0	0	0	0
	(ii)	341,391	171,243	18,660	77,381	23,538	632,213	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Richard D Daniels SVP, Enterprise Shared Svc	(i)	0	0	0	0	0	0	0
	(ii)	509,342	662,346	186,401	137,916	25,967	1,521,972	164,671
James Wesley Doggett Jr SVP, Chief IT Risk Officer	(i)	0	0	0	0	0	0	0
	(ii)	403,099	238,735	131,834	141,232	20,241	935,141	
Steven Doshay Assistant Secretary, CA	(i)	0	0	0	0	0	0	0
	(ii)	162,721	56,680	118,867	62,376	15,584	416,228	
Philip Fasano EVP & CIO	(i)	0	0	0	0	0	0	0
	(ii)	747,945	1,456,592	42,910	492,751	22,452	2,762,650	
Elizabeth Jane Finley SVP & Exec Dir - Downey	(i)	0	0	0	0	0	0	0
	(ii)	318,748	155,196	34,699	17,219	18,238	544,100	
Jerry C Fleming SVP, Health Reform Impl & Pol	(i)	0	0	0	0	0	0	0
	(ii)	196,891	510,651	98,504	-54,674	19,298	770,670	51,637
Diane E Gage Lofgren SVP, Brand Mgmt, Communication	(i)	0	0	0	0	0	0	0
	(ii)	457,359	489,815	40,727	127,623	26,796	1,142,320	
Daniel P Garcia SVP, Chief Compliance Officer	(i)	0	0	0	0	0	0	0
	(ii)	572,755	802,546	49,177	25,730	30,405	1,480,613	
Edward S Glavis SVP & Area Mgr - Roseville	(i)	0	0	0	0	0	0	0
	(ii)	326,511	229,836	84,981	-17,443	19,667	643,552	45,100
Sandra A Golze Assistant Secretary, NCAL	(i)	0	0	0	0	0	0	0
	(ii)	260,623	155,384	108,859	63,953	18,562	607,381	91,671
Mitchell J Goodstein SVP, Actuarial, U/W & Pricing	(i)	0	0	0	0	0	0	0
	(ii)	430,281	570,896	150,671	29,408	19,826	1,201,082	105,543
William R Graber Director	(i)	0	0	0	0	0	0	0
	(ii)	231,153					231,153	
J Eugene Grigsby III Director	(i)	0	0	0	0	0	0	0
	(ii)	206,425					206,425	
George C Halvorson Chairman	(i)	0	0	0	0	0	0	0
	(ii)	1,302,727	7,147,272	1,599,726	112,605	33,602	10,195,932	
Thomas S Hanenburg SVP & Area Mgr - GSAA	(i)	0	0	0	0	0	0	0
	(ii)	252,057	45,000	60,402	42,126	13,154	412,739	
Corwin Nathaniel Harper SVP & Area Mgr - Central Vall	(i)	0	0	0	0	0	0	0
	(ii)	296,741	152,097	25,396	50,293	23,660	548,187	
Kimberly K Horn Region President - MAS	(i)	0	0	0	0	0	0	0
	(ii)	498,055	375,000	278,234	379,817	18,220	1,549,326	
Judith Johansen Director	(i)	0	0	0	0	0	0	0
	(ii)	231,370					231,370	
Kim J Kaiser Director	(i)	0	0	0	0	0	0	0
	(ii)	214,808					214,808	
Marilyn Kawamura Region President - MAS	(i)	0	0	0	0	0	0	0
	(ii)	0	405,942	8,613	16,875	0	431,430	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Patricia Kennedy-Scott Region President - Ohio	(i)	0	0	0	0	0	0	0
	(ii)	347,024	352,484	551,742	63,286	22,868	1,337,404	510,424
Kerry Kohnen Region President - Georgia	(i)	0	0	0	0	0	0	0
	(ii)	390,038	162,041	294,978	-6,735	21,718	862,040	272,426
Kathryn Lancaster EVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	676,598	1,210,688	309,466	125,720	16,055	2,338,527	266,810
Janet A Liang Region President - Hawaii	(i)	0	0	0	0	0	0	0
	(ii)	381,973	324,426	37,639	162,576	23,085	929,699	0
Donna Lynne EVP, Grp & Regional President	(i)	0	0	0	0	0	0	0
	(ii)	522,385	671,301	43,272	386,467	27,161	1,650,586	0
Philip Marneau Director	(i)	0	0	0	0	0	0	0
	(ii)	211,230	0	0	0	0	211,230	0
Gerald A McCall SVP Operations	(i)	0	0	0	0	0	0	0
	(ii)	439,201	343,584	87,026	-32,479	24,232	861,564	63,402
Andrew R McCulloch Region President - Northwest	(i)	0	0	0	0	0	0	0
	(ii)	406,081	598,748	40,326	361,680	24,392	1,431,227	0
Colleen M Mckeown SVP & Area Mgr - Diablo	(i)	0	0	0	0	0	0	0
	(ii)	364,273	200,336	19,093	-43,356	17,849	558,195	0
Thomas R Meier SVP, Corporate Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	325,824	438,610	282,728	14,386	30,363	1,091,911	244,843
Julie Miller-Phipps SVP & Exec Dir - Orange	(i)	0	0	0	0	0	0	0
	(ii)	357,778	178,303	238,813	-41,757	16,641	749,778	219,933
Jenny J Ming Director	(i)	0	0	0	0	0	0	0
	(ii)	207,633	0	0	0	0	207,633	0
Indrajit Obeysekere Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	232,413	92,900	4,332	1,487	14,988	346,120	0
Donald H Orndoff SVP, NFS	(i)	0	0	0	0	0	0	0
	(ii)	401,454	505,726	22,674	143,813	26,369	1,100,036	0
Nathaniel L Oubre SVP & Area Mgr - East Bay	(i)	0	0	0	0	0	0	0
	(ii)	362,731	130,669	67,245	-6,930	21,704	575,419	48,427
Wade Overgaard SVP, Health Plan Operations	(i)	0	0	0	0	0	0	0
	(ii)	442,536	400,294	21,285	68,237	25,813	958,165	0
Edward YW Pei Director	(i)	0	0	0	0	0	0	0
	(ii)	192,630	0	0	17,500	0	210,130	0
Margaret E Porfido Director	(i)	0	0	0	0	0	0	0
	(ii)	229,752	0	0	0	0	229,752	0
Frank P Richardson Assistant Secretary, HI	(i)	0	0	0	0	0	0	0
	(ii)	186,799	65,274	23,243	22,695	22,413	320,424	0
Christine Robisch SVP & Area Manager - SF	(i)	0	0	0	0	0	0	0
	(ii)	320,530	154,974	17,054	34,161	11,710	538,429	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Rochelle M Roth Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	161,237	38,925	22,251	9,945	16,479	248,837	0
Kathleen Marie Scheirman SVP, Business Info Officer	(i)	0	0	0	0	0	0	0
	(ii)	387,001	418,606	176,325	101,037	18,614	1,101,583	0
Jacqueline Sellers Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	187,644	55,237	5,538	-7,251	11,234	252,402	0
Sandra Small SVP, Hospital & Area Ops	(i)	0	0	0	0	0	0	0
	(ii)	457,069	418,191	33,075	-71,369	9,303	846,269	0
Arthur M Southam EVP, Health Plan Operations	(i)	0	0	0	0	0	0	0
	(ii)	775,034	1,476,834	357,286	22,139	23,434	2,654,727	311,627
Deborah Stokes SVP, CC & CAO	(i)	0	0	0	0	0	0	0
	(ii)	346,256	347,325	71,331	-22,132	19,691	762,471	50,089
Cynthia Telles Director	(i)	0	0	0	0	0	0	0
	(ii)	225,539	0	0	0	0	225,539	0
Bernard J Tyson CEO & President	(i)	0	0	0	0	0	0	0
	(ii)	1,094,700	2,373,012	682,308	111,774	28,100	4,289,894	555,429
Max Villalobos SVP & Area Manager - Napa	(i)	0	0	0	0	0	0	0
	(ii)	338,458	151,780	20,108	48,228	22,455	581,029	0
Herman M Weil SVP, Fed & State Programs	(i)	0	0	0	0	0	0	0
	(ii)	354,155	422,920	57,855	-30,580	35,456	839,806	0
Jed Weissberg SVP, Quality & Care Delivery	(i)	0	0	0	0	0	0	0
	(ii)	513,468	692,619	25,583	329,746	22,881	1,584,297	0
Vita M Willett Exec Dir - Riverside	(i)	0	0	0	0	0	0	0
	(ii)	337,773	186,267	18,680	25,867	17,229	585,816	0
John Yamamoto VP, Regional Counsel - SCAL	(i)	0	0	0	0	0	0	0
	(ii)	305,944	228,100	64,666	-9,425	46,938	636,223	46,881
Carlos Zaragoza Assistant Secretary, SCAL	(i)	0	0	0	0	0	0	0
	(ii)	258,454	173,555	252,723	-20,420	23,639	687,951	210,266
Victoria B Zatkun VP, Off of Brd & Corp Gov Svc	(i)	0	0	0	0	0	0	0
	(ii)	200,385	91,393	38,378	8,542	4,793	343,491	0
Mark S Zemelman SVP, Gen Counsel & Secretary	(i)	0	0	0	0	0	0	0
	(ii)	493,974	632,158	197,416	17,865	25,795	1,367,208	155,249

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.** ▶ **See separate instructions.**
 ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE CMNTYS DEV AUTH	52-1598225	130911RW2	08-06-2003	213,060,000	PAR REFUNDING CHFFA 83,85,93 SER C		X		X		X
B	CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911WF3	03-30-2004	1,600,000,000	FINANCE HEALTH CARE FACILITIES		X		X		X
C	CSCDACHFFA FIXED	68-0164610	1309112G4	06-08-2006	916,299,000	FINANCE HEALTH CARE FACILITIES		X		X		X
D	CSCDACHFFA VARIABLE	52-1643828	13033fk74	06-08-2006	600,000,000	FINANCE HEALTH CARE FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D				
1	Amount of bonds retired	60,000,000	0	0	0				
2	Amount of bonds legally defeased	0	0	0	0				
3	Total proceeds of issue	213,060,000	1,639,844,037	954,024,896	602,245,616				
4	Gross proceeds in reserve funds	0	0	0	0				
5	Capitalized interest from proceeds	0	88,159,219	0	0				
6	Proceeds in refunding escrows	0	0	0	0				
7	Issuance costs from proceeds	0	6,375,000	0	0				
8	Credit enhancement from proceeds	0	10,073,543	0	0				
9	Working capital expenditures from proceeds	0	0	0	0				
10	Capital expenditures from proceeds	0	1,535,236,275	954,024,896	602,245,616				
11	Other spent proceeds	213,060,000	0	0	0				
12	Other unspent proceeds	0	0	0	0				
13	Year of substantial completion	2009	2009	2009	2009				
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	X						X	
c No rebate due?	X		X		X			
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X	X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X	X			X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I	2003 CSCDA The 2003 bonds refunded were bonds issued from October 1983, November 1985, and May 1993 2006 CSCDA / CHFFA 2006 CSCDA / CHFFA Variable and 2006 CSCDA / CHFFA Fixed have multiple Issuers and therefore multiple EIN numbers The EIN number reported matched the reported cusip PART II, LINE 3 Difference between total proceeds (Part II line 3) and issue price (Part I), for all applicable bond issues, is due to interest earned on the construction fund PART IV, LINE 2C 2004 CSCDA - Date 01/14/2009 2006 CSCDA / CHFFA - Date 06/07/2011 2002 CSCDA - Date 11/27/2012

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

Open to Public
Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1309116m7	02-01-2007	476,113,486	PREM/DISC REFUNDING 01A,02D,04F&G		X		X		X
B	CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795sz1	05-01-2008	500,000,000	PAR REFUNDING 04A-D ARS BONDS& 04H		X		X		X
C	CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795d38	06-03-2009	1,638,437,048	FINANCE HEALTH CARE FACILITIES		X		X		X
D	CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911ld0	06-01-2009	99,996,058	REOFFERING OF 2002E CSCDA (PREMIUM		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		17,500,000		278,220,000		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	476,113,486		500,000,000		1,639,188,993		99,996,058	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	2,328		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		1,639,188,993		0	
11	Other spent proceeds	476,111,158		500,000,000		0		99,996,058	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2011		2011		2011		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X			X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	X		X		X			
c No rebate due?	X						X	
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

**Open to Public
Inspection**

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Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795tp2	05-29-2009	149,996,162	REOFFERING OF 2008C CSCDA (PREMIUM		X		X		X
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTH	52-1643828	13033lml8	05-03-2011	204,545,000	PAR REFUNDING 01A,B,C KHAC BONDS		X		X		X
C	CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1307955g8	04-18-2012	1,007,791,119	FINANCE HEALTH CARE FACILITIES		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	149,996,162		204,545,000		1,007,791,119			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	0		0		0			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		0		1,007,791,119			
11	Other spent proceeds	149,996,162		204,545,000		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		
6 Total of lines 4 and 5		0 %		0 %		0 %		
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	X		X		X			
c No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

2013

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Return Reference	Explanation
PART I, LINE 19	REVENUE LESS EXPENSE DISCLOSURE. CURRENT YEAR REVENUE LESS EXPENSES \$ 2,134,281,590 OTTI (NOTE 1) <323,780,241> BOOK GAIN ON SALE OF INVESTMENTS 1,154,300,490 TAX GAIN ON SALE OF INVESTMENTS <527,381,323> KP OnCall book income 225,166 KP OnCall tax income <235,186> KPV-A book income <2,337,608> KPV-A tax income <316,667> NXT Capital book income 19,515,995 NXT Capital tax income <19,515,995> HCMS Capital book income <2,128,208> HCMS Capital tax income 2,128,208 UNAUDITED STANDALONE GAAP REVENUE LESS EXPENSES \$ 2,434,756,221 NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED

Return Reference	Explanation
PART V, LINE 4B	Kaiser Foundation Hospitals' foreign investments are held in a U S third party custodian bank Kaiser Foundation Hospitals personnel cannot directly access the foreign investments

Return Reference	Explanation
PART VI, LINE 11B	<p>Review Process</p> <ol style="list-style-type: none">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 legal2 Community benefit reporting details are presented to the community benefit committee of the board for review3 The complete tax return is reviewed and signed by a Pricewaterhousecoopers LLP tax advisor4 The complete tax return is reviewed and signed by an officer or a member of management designated by an officer5 A copy of the return is provided to each board member prior to filing

Return Reference	Explanation
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 1 The Kaiser Permanente Compliance Hotline is available to all employees and vendors to report actual or potential conflicts of interest All calls are answered by a third party and provided to Kaiser Permanente's National Compliance Office for review and appropriate action Employees can report anonymously Retaliation is prohibited Reports of actual or potential Conflicts of Interest are generated and investigations are conducted as required and information is tracked and trended to determine if additional guidance is required to avoid or manage conflicts of interest Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/Hospitals Boards of Directors annually 2 The National Compliance Office and Internal Audit Services annually review the directors', officers', key employees', and executives' Annual Conflicts of Interest Questionnaire disclosures and provide direction on any investigations required Investigations are documented, tracked and trended to determine if additional controls or education is required In addition, Conflicts of Interest Questionnaire reports are provided for review and action to the Kaiser Foundation Health Plan/Hospitals Boards of Directors annually, and 3 Annually, as a component of the external audit, KPMG reviews the Annual Conflicts of Interest Questionnaires process completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/Hospitals Audit and Compliance Committee B Regularly and Consistently Enforces Compliance with the Conflicts of Interest Policy - To ensure consistency in the enforcement of the policy Kaiser Permanente uses the following steps as a general guideline 1 Represented employees are subject to any corrective/disciplinary action provisions described in specific regional/national collective bargaining agreements and/or organizational policies and practices 2 Kaiser Permanente informs employees of the National Human Resources Policy No 14 Corrective/Disciplinary Action Policy during new employee orientation and in annual compliance training 3 In the event that it is necessary to discipline any employee because of, but not limited to, failure to comply with applicable legal/regulatory requirements, Kaiser Permanente policies and procedures, or the Principles of Responsibility, or for unsatisfactory performance or misconduct, coaching/counseling and/or corrective/disciplinary action may include, but is not limited to - Oral discussion and/or warning by the employee's immediate supervisor or higher level manager to correct the problem, - Written notice, with or without final warning, - Paid or unpaid suspension, with or without final warning, - Termination of employment</p>

Return Reference	Explanation
PART VI, LINE 15	<p>Compensation Determination The executive compensation program 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 which evaluates and approves prior to payment all programs and payments to CEO, Executive Director and top management officials (executives) 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 at the median of the comparable external market in which the organization competes for executive leadership Evaluation of comparable pay data is performed by an Independent Compensation, Benefit & Human Resource Consulting firm The compensation program focuses on objectives in the areas of quality of member care and service, financial soundness, and the community and social mission of the organization</p>

Return Reference	Explanation
PART VI, LINE 18	Available on GuideStar org website

Return Reference	Explanation
PART VI, LINE 19	Public Inspection Copy - Governing documents - are available as provided to the California Secretary of State on state agency website or upon request - Conflict of Interest is available on KP website under vendor Principles of Responsibility or upon request - 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 audit opinion by KPMG To request copies contact Vice President - tax services Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Suite 15L Oakland, CA 94612

Return Reference	Explanation
PART VII, SECTION A, COLUMN B	<p>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</p>

Return Reference	Explanation
PART XI, LINE 9	<p>Other Changes in Net Assets or Fund Balances Change in Donated Capital \$ <19,109,156> Change in Interregional Transfer <59,916,459> Restricted Grants - CO <147,583,374> Prior Period Adjustment - HCMS Retained Earnings <30,760,223> Prior Period Adjustment - HCMS Preferred Stock 33,502,000 Change in Interregional transfer 2,763,166,185 KP OnCall book income 225,166 KP OnCall tax income <235,186> KPV-A book income <2,337,608> KPV-A tax income <316,667> NXT Capital book income 19,515,995 NXT Capital tax income <19,515,995> HCMS Capital book income <2,128,208> HCMS Capital tax income 2,128,208 Gain/Loss on sale of inv - Book 1,154,300,490 Gain/Loss on sale of inv - Tax <527,381,323> OTTI Losses <323,780,241> _____ TOTAL <\$ 2,839,773,604></p>

Return Reference	Explanation	
PART III, LINE 4a-4d		<p>2013 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HOSPITALS LEGAL AFFILIATION WITH KAISER FOUNDATION HEALTH PLAN, INC AND ITS SUBSIDIARIES KAISER FOUNDATION HOSPITALS (KFH) AND KAISER FOUNDATION HEALTH PLAN, INC (KFHP, INC) AND ITS FOUR PRINCIPAL OPERATING SUBSIDIARIES ARE SEPARATE CORPORATIONS GOVERNED BY IDENTICAL BOARDS OF DIRECTORS KFHP ACCEPTS RESPONSIBILITY TO PROVIDE OR ARRANGE NECESSARY INPATIENT SERVICES AND FACILITIES FOR MEMBERS OF HEALTH PLANS ADMINISTERED BY KFHP, INC KFHP OWNS AND OPERATES LICENSED HOSPITALS IN CALIFORNIA, HAWAII AND OREGON THESE FACILITIES PROVIDE EMERGENCY AND INPATIENT SERVICES TO ALL PERSONS IN THE COMMUNITY, REGARDLESS OF MEMBERSHIP OR ABILITY TO PAY STAFF PRIVILEGES ARE AVAILABLE ON A NONDISCRIMINATORY BASIS TO PHYSICIANS IN THE COMMUNITIES SERVED KFHP ALSO CONTRACTS WITH OTHER COMMUNITY HOSPITALS TO PROVIDE SERVICES TO MEMBERS FOR SPECIALIZED CARE AND OTHER SERVICES KAISER FOUNDATION HOSPITALS' COMMITMENT TO THE COMMUNITY KFHP'S MISSION IS TO PROVIDE HOSPITAL, MEDICAL, AND SURGICAL CARE, INCLUDING EMERGENCY SERVICES, EXTENDED CARE, AND HOME HEALTH CARE TO THE PUBLIC WITHOUT REGARD TO AGE, SEX, RACE, RELIGION, OR NATIONAL ORIGIN, OR TO THE INDIVIDUAL'S ABILITY TO PAY KFHP STRIVES FOR EXCELLENCE IN SERVING ITS PATIENTS THROUGH MARKET-LEADING PERFORMANCE IN QUALITY AND SERVICE AS A NONPROFIT ORGANIZATION, KAISER FOUNDATION HOSPITALS IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES BEYOND THE POPULATION OF PATIENTS SERVED BY ITS FACILITIES ANNUAL DIRECT COMMUNITY BENEFIT INVESTMENTS (DCBI) ARE A FUNDAMENTAL EMBODIMENT OF THE ORGANIZATION'S ONGOING COMMITMENT TO IMPROVE GENERAL WELLBEING WITHIN THE BROADER COMMUNITY THESE INVESTMENTS RESULT IN INTENTIONAL, PLANNED, BUDGETED, MEASURABLE, 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 ORGANIZATIONS' COMMUNITY BENEFIT PROGRAMS AND ESTABLISHED THE FOLLOWING FOUR PRIORITY AREAS WHICH HAVE COME TO BE KNOWN AS "STREAMS OF WORK" - CARE AND COVERAGE FOR LOW-INCOME PEOPLE - CREATES AND SUPPORTS PROGRAMS THAT LOWER THE FINANCIAL BARRIERS FOR THE UNDER- AND UNINSURED - COMMUNITY HEALTH INITIATIVES - 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 - 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 - DEVELOPING AND DISSEMINATING KNOWLEDGE - IMPROVES HEALTH CARE BY SHARING OUR KNOWLEDGE - EDUCATING PRACTITIONERS, ADVANCING RESEARCH, EMPOWERING CONSUMERS AND INFORMING POLICY MAKERS ABOUT EVIDENCE BASED CARE AND HEALTH THE FOLLOWING ARE DETAILS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY KAISER FOUNDATION HOSPITALS IN 2013, KAISER FOUNDATION HOSPITALS EXPENDED \$836 MILLION (AT COST, NET OF \$476 MILLION OF RELATED REVENUES) TO SUPPORT COMMUNITY BENEFIT ACTIVITIES THE FOLLOWING SUMMARIZES MANY OF THE SIGNATURE COMMUNITY BENEFIT PROGRAMS AND SERVICES GROUPED ACCORDING TO THE NATIONAL STREAMS OF WORK CARE AND COVERAGE FOR LOW-INCOME PEOPLE IN 2013, KAISER FOUNDATION HOSPITALS INVESTED APPROXIMATELY \$559 MILLION (AT COST, NET OF \$463 MILLION OF RELATED REVENUES) TO ADDRESS THE FINANCING AND DELIVERY OF HEALTH CARE FOR POPULATIONS VULNERABLE DUE TO SOCIO-ECONOMIC STATUS, ILLNESS, ETHNICITY, AGE, OR OTHER FACTORS PROGRAM BENEFICIARIES (UNDER- AND UNINSURED) RECEIVED FREE OR DISCOUNTED CARE IN A KFHP FACILITY CHARITABLE CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE PROGRAMS) KAISER FOUNDATION HOSPITALS PROVIDES CHARITY CARE TO LOW-INCOME VULNERABLE POPULATIONS THROUGH THE MEDICAL FINANCIAL ASSISTANCE (MFA) AND CHARITABLE HEALTH COVERAGE (CHC) PROGRAMS IN 2013, KFHP SPENT APPROXIMATELY \$209 MILLION (AT COST, NET OF \$23 MILLION OF RELATED REVENUES) ON UNDER- AND UNINSURED PATIENTS TREATED IN KFHP FACILITIES LOCATED IN CALIFORNIA, HAWAII, AND OREGON MEDICAL FINANCIAL ASSISTANCE (MFA) PROGRAM - KAISER FOUNDATION HOSPITALS' MEDICAL FINANCIAL ASSISTANCE (MFA) PROGRAM PROVIDES FINANCIAL ASSISTANCE FOR EMERGENCY AND MEDICALLY NECESSARY SERVICES, MEDICATIONS, AND SUPPLIES TO PATIENTS WITH A DEMONSTRATED FINANCIAL NEED PATIENTS MUST RECEIVE HEALTH CARE SERVICES AT FACILITIES OPERATED BY KAISER PERMANENTE OR FROM A KAISER PERMANENTE PROVIDER ELIGIBILITY IS BASED UPON PRESCRIBED LEVELS OF INCOME AND EXPENSES IN 2013, THE PROGRAM ASSISTED MORE THAN 169,000 QUALIFYING APPLICANTS - IN 2013, KFHP CONTRIBUTED APPROXIMATELY \$156 MILLION (AT COST, NET OF \$17 MILLION OF RELATED REVENUES) TO ASSIST PATIENTS WITH LIMITED OR</p>

Return Reference	Explanation	
	PART III, LINE 4a-4d	<p>NO RESOURCES IN PAYING FOR MEDICAL CARE. THE MFA PROGRAM STRIVES TO ASSIST FAMILIES AND INDIVIDUALS WHO ARE UNABLE TO MEET ALL OR PART OF THE COSTS OF THIS CARE ON AN IMMEDIATE AND NONRECURRING BASIS. THE PROGRAM IS DESIGNED TO ASSIST AS MANY PATIENTS AS REASONABLY POSSIBLE AND IS GENERALLY AVAILABLE TO PEOPLE IN GREATEST FINANCIAL NEED, INCLUDING THOSE EXPERIENCING UNUSUAL OR UNFORTUNATE CIRCUMSTANCES. - IN CALIFORNIA, THE MFA PROGRAM'S ELIGIBILITY CRITERIA ALLOWS PATIENTS FALLING BELOW 350% OF THE FEDERAL POVERTY GUIDELINES (FPG) TO RECEIVE FULL WRITE-OFF OF MEDICAL CHARGES. UNINSURED PATIENTS WHO DO NOT QUALIFY FOR MFA BUT MAKE LESS THAN 400% OF FPG WILL RECEIVE UP TO A 70% DISCOUNT ON CHARGES. CONTRACTED COLLECTION AGENCY PRACTICES ARE ALIGNED WITH THE ORGANIZATION'S SOCIAL VALUES AND PROPOSED IRS SECTION 501(R). ADDITIONALLY, ANY PATIENT EXPERIENCING FINANCIAL HARDSHIP DUE TO UNREASONABLE MEDICAL EXPENSES RELATIVE TO THEIR INCOME MAY QUALIFY FOR THE PROGRAM UNDER "SPECIAL CIRCUMSTANCES". - IN HAWAII, THE PROGRAM IS OPEN TO MEMBERS AND NONMEMBERS WHO CANNOT PAY FOR MEDICALLY NECESSARY SERVICES, HAVE EXHAUSTED PRIVATE AND PUBLIC SOURCES OF SUPPORT, AND MEET ELIGIBILITY REQUIREMENTS. IN OREGON AND WASHINGTON, THE MFA PROGRAM COVERS FULL OR PARTIAL EXPENSES FOR DENTAL SERVICES IF APPLICANTS MEET QUALIFYING GUIDELINES. CHARITABLE HEALTH COVERAGE PROGRAM - CHARITABLE HEALTH COVERAGE (CHC) IS A UNIQUE APPROACH TO CARING FOR LOW-INCOME UNINSURED PERSONS IN THE COMMUNITY. ELIGIBLE PARTICIPANTS RECEIVE A REGULAR KAISER FOUNDATION HEALTH PLAN, INC. MEMBERSHIP CARD AND ACCESS TO THE FULL RANGE OF SERVICES AND PROVIDERS IN KAISER FOUNDATION HOSPITAL FACILITIES--A MUCH BETTER ALTERNATIVE TO A POTENTIALLY COSTLY EMERGENCY ROOM VISIT OR HOSPITALIZATION. SINCE INCEPTION IN THE EARLY 1980S, CHC PROGRAMS HAVE MADE A REAL DIFFERENCE IN THE LIVES OF LOW-INCOME PEOPLE WHO MIGHT OTHERWISE HAVE NO OTHER SOURCE OF CARE. - IN 2013, MORE THAN 82,000 LOW-INCOME ADULTS AND CHILDREN WHO WERE NOT ELIGIBLE FOR OTHER PUBLIC OR PRIVATELY SPONSORED COVERAGE RECEIVED ACCESS TO HEALTH CARE COVERAGE THROUGH FACILITIES OPERATED BY KAISER FOUNDATION HOSPITALS IN CALIFORNIA, HAWAII, AND OREGON. KFH CONTRIBUTED APPROXIMATELY \$53 MILLION (AT COST, NET OF \$6 MILLION OF RELATED REVENUES) TO PROVIDE SUBSIDIZED CARE TO THESE UNDERSERVED POPULATIONS IN 2013.</p>

Return Reference	Explanation	
	PARTICIPATION IN MEDICAID AND OTHER GOVERNMENT-SPONSORED PROGRAMS	<p>IN 2013, KAISER FOUNDATION HOSPITALS PROVIDED COVERAGE AND SERVICES VALUED AT \$350 MILLION (AT COST, NET OF \$440 MILLION OF RELATED REVENUES) FOR LOW-INCOME INDIVIDUALS PARTICIPATING IN GOVERNMENT-SPONSORED PROGRAMS IN CALIFORNIA, HAWAII, OREGON, AND WASHINGTON IMPROVING ACCESS TO CARE FOR VULNERABLE POPULATIONS IS FUNDAMENTAL TO KFHS SOCIAL MISSION TO IMPROVE THE HEALTH OF COMMUNITIES SERVED AND CONSISTENT WITH THE OBLIGATIONS OF A TAX EXEMPT ORGANIZATION HIGHLIGHTS OF THE GOVERNMENT-SPONSORED HEALTH CARE COVERAGE PROGRAMS SUPPORTED BY KFH IN CALIFORNIA INCLUDE - MEDICAID/MEDI-CAL - KFH PROVIDED ACCESS TO INPATIENT CARE FOR APPROXIMATELY 377,000 MEDI-CAL (MEDICAID) MANAGED CARE MEMBERS IN NORTHERN AND SOUTHERN CALIFORNIA THROUGH VARIOUS LOCAL AND STATE GOVERNMENT ENTITIES APPROXIMATELY \$214 MILLION (AT COST, NET OF \$304 MILLION OF RELATED REVENUES) WAS INVESTED IN THIS PROGRAM IN 2013 - MEDI-CAL FEE-FOR-SERVICE - KFH PROVIDED SUBSIDIZED CARE ON A FEE-FOR-SERVICE BASIS TO APPROXIMATELY 105,000 MEDI-CAL PATIENTS WHO WERE NOT ENROLLED AS MEMBERS OF KAISER FOUNDATION HEALTH PLAN, INC THIS REPRESENTED APPROXIMATELY \$100 MILLION (AT COST, NET OF \$44 MILLION OF RELATED REVENUES) OF INPATIENT SERVICES PROVIDED BY KFH - HEALTHY FAMILIES (CALIFORNIA'S CHIP PROGRAM) - HEALTHY FAMILIES IS A FEDERAL AND STATE FUNDED INSURANCE PROGRAM THAT PROVIDES COMPREHENSIVE HEALTH BENEFITS, INCLUDING DENTAL AND VISION CARE, TO CHILDREN UNDER 19 YEARS OF AGE IN LOW- AND MODERATE-INCOME FAMILIES THE PROGRAM IS AN OFFERING UNDER THE FEDERAL CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP), WHICH ENABLES STATES TO CREATE NEW HEALTH INSURANCE COVERAGE OR EXPAND MEDICAID PROGRAMS TO QUALIFY, FAMILIES MUST DEMONSTRATE TOTAL INCOME BETWEEN 100% AND 250% OF THE FEDERAL POVERTY GUIDELINES AND THE CHILDREN MUST BE INELIGIBLE FOR MEDI-CAL OR EMPLOYER BASED COVERAGE - IN 2013, SUBSTANTIALLY ALL OF THE APPROXIMATELY 190,000 MEMBERS OF THE HEALTHY FAMILIES PROGRAM WERE TRANSITIONED TO A PLAN OFFERING SIMILAR BENEFITS UNDER THE MEDICAID/MEDI-CAL PRODUCT DESCRIBED ABOVE KFH PROVIDED, AND WILL CONTINUE TO PROVIDE ACCESS TO INPATIENT CARE FOR ALL OF THE CALIFORNIA CHILDREN ENROLLED UNDER THIS PROGRAM THROUGHOUT THE TRANSITION - HEALTHY SAN FRANCISCO - KFH PROVIDED ACCESS TO OVER 2,900 MEMBERS PARTICIPATING IN THE HEALTHY SAN FRANCISCO PROGRAM AT THE END OF 2013 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 IT IS AVAILABLE TO ALL SAN FRANCISCO RESIDENTS, REGARDLESS OF IMMIGRATION OR EMPLOYMENT STATUS, OR PRE-EXISTING MEDICAL CONDITIONS WHILE THIS PROGRAM IS NOT AN INSURANCE PLAN, IT DOES PROVIDE ACCESS TO PRIMARY CARE, PREVENTIVE SERVICES, AND HOSPITALIZATION WITHIN THE CITY AND COUNTY OF SAN FRANCISCO HIGHLIGHTS OF THE GOVERNMENT-SPONSORED HEALTH CARE COVERAGE PROGRAMS SUPPORTED BY KFH IN HAWAII INCLUDE - QUEST & MEDICAID FEE-FOR-SERVICE - QUEST IS A MEDICAID MANAGED CARE PROGRAM RUN BY HAWAII'S DEPARTMENT OF HUMAN SERVICES THE STATE ADMINISTERS THE QUEST PROGRAM AND PAYS KAISER FOUNDATION HEALTH PLAN, INC TO PROVIDE COVERAGE OF MEDICAL AND MENTAL HEALTH SERVICES KFH PROVIDES ACCESS TO OUR HEALTH CARE FACILITIES UNDER THE QUEST PROGRAM ON THE ISLANDS OF OAHU AND MAUI IN 2013, KFH CARED FOR OVER 21,000 INDIVIDUALS ENROLLED IN QUEST AND EXPENDED APPROXIMATELY \$8.6 MILLION (AT COST, NET OF \$20 MILLION OF RELATED REVENUE) ON SUBSIDIZED MEDICAL CARE SERVICES THE HAWAII REGION ALSO CONTRIBUTED AN ADDITIONAL \$6.1 MILLION (AT COST, NET OF \$3.6 MILLION OF RELATED REVENUES) TOWARDS SUBSIDIZED CARE FOR MEDICAID FEE-FOR-SERVICE PATIENTS - CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) - THIS GOVERNMENT 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 4,100 CHILDREN ENROLLED IN THIS PROGRAM WERE CARED FOR AT KFH FACILITIES IN HAWAII AT A TOTAL EXPENSE OF \$813 THOUSAND (AT COST, NET OF \$1.4 MILLION OF RELATED REVENUES) IN 2013 HIGHLIGHTS OF THE GOVERNMENT-SPONSORED HEALTH CARE COVERAGE PROGRAMS SUPPORTED BY KFH IN OREGON AND WASHINGTON INCLUDE - OREGON HEALTH PLAN - KAISER FOUNDATION HOSPITALS PROVIDES MEDICAL CARE TO INDIVIDUALS PARTICIPATING IN THE OREGON HEALTH PLAN PLUS PROGRAM MEMBERSHIP IN THIS PROGRAM IS ADMINISTERED BY KAISER FOUNDATION HEALTH PLAN, INC WHICH RECEIVES MONTHLY CAPITATION PREMIUMS FROM OREGON'S DIVISION OF MEDICAL ASSISTANCE PROGRAM (DMAP) THROUGH A PARTNERSHIP WITH HEALTH SHARE OF OREGON (HSO) MEMBERS ARE ENROLLED BASED UPON ELIGIBILITY CRITERIA FOR QUALIFIED PARTICIPANTS WHO RESIDE IN CLACKAMAS, MULTNOMAH, WASHINGTON, POLK, AND MARION COUNTIES - HEALTHY OPTIONS - HEALTHY OPTIONS IS A MEDICAID PROGRAM FOR LOW INCOME INDIVIDUALS THAT MEET ELIGIBILITY REQUIREMENTS FOR MEDICAID IT IS A STATE PROGRAM MANAGED BY THE WAS</p>

Return Reference	Explanation	
	PARTICIPATION IN MEDICAID AND OTHER GOVERNMENT-SPONSORED PROGRAMS	<p>HINGTON STATE HEALTH CARE AUTHORITY (HCA) KAISER FOUNDATION HOSPITALS PROVIDES SERVICES AT OUR FACILITIES TO ELIGIBLE PARTICIPANTS WHO RESIDE IN EITHER CLARK OR COWLITZ COUNTIES THROUGH A SUBCONTRACT WITH MOLINA HEALTHCARE. KFHWAS PROVIDING ACCESS TO MEDICAL CARE TO OVER 2,000 HEALTHY OPTIONS PARTICIPANTS AT THE END OF 2013 - MEDICAID FEE-FOR-SERVICE - KFHWAS PROVIDED \$2.5 MILLION (AT COST, NET OF \$926 THOUSAND OF RELATED REVENUES) OF SUBSIDIZED CARE TO MEDICAID FEE-FOR-SERVICE PATIENTS LIVING IN THE STATES OF OREGON AND WASHINGTON IN 2013. WHEN A MEDICAID PATIENT RECEIVES SERVICES FROM KAISER FOUNDATION HOSPITALS UNDER THIS PROGRAM, THESE EXPENSES ARE RECORDED AS NON-CAPITATED SERVICES AND BILLED TO THE MEDICAID PROGRAM ON A FEE-FOR-SERVICE BASIS - OREGON AND WASHINGTON MEDICAL INSURANCE POOLS - THESE PROGRAMS PROVIDE COVERAGE TO INDIVIDUALS WHO DO NOT HAVE ACCESS TO INDIVIDUAL INSURANCE DUE TO PRE-EXISTING CONDITIONS THAT DISQUALIFY THEM FROM PARTICIPATING IN OTHER GROUP PLANS. LEGISLATION ALLOWS THE STATES TO SPREAD A PORTION OF THE EXPENSES FOR ENROLLEES ACROSS THE POOLS OF INDIVIDUALS WHO ARE INSURED WHOLLY OR IN PART BY ALL HEALTH INSURERS, REINSURERS, AND STOP-LOSS CARRIERS LICENSED IN THESE STATES. GRANTS AND DONATIONS FOR CARE AND COVERAGE IN 2013, KFHWAS DONATED APPROXIMATELY \$26.9 MILLION TO NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS TO HELP LOW-INCOME FAMILIES AND UNINSURED CHILDREN NAVIGATE THE ENROLLMENT AND RECERTIFICATION PROCESSES FOR PUBLIC AND PRIVATE PROGRAMS AND IMPROVE THEIR ABILITY TO ACCESS NEEDED MEDICAL CARE. EAST BAY FOUNDATION KFHWAS FUND FOR COMMUNITY BENEFIT THE GREATEST SHARE OF THE TOTAL INVESTMENT UNDER THIS PROGRAM CONSISTED OF A SINGLE CONTRIBUTION OF \$21.7 MILLION TO THE EAST BAY FOUNDATION KFHWAS FUND FOR COMMUNITY BENEFIT. THESE FUNDS WILL BE USED TO PROVIDE CRITICAL SUPPORT IN AREAS IDENTIFIED BY COMMUNITY HEALTH NEEDS ASSESSMENTS IMPLEMENTED PURSUANT TO THE AFFORDABLE CARE ACT. THESE NEEDS ARE EXPECTED TO ADDRESS ACCESS TO CARE AND COVERAGE FOR LOW INCOME PEOPLE AND VULNERABLE POPULATIONS. CENTERS FOR ELDERLY INDEPENDENCE THE CENTERS FOR ELDERLY INDEPENDENCE (CEI) IS A COMMUNITY BASED ORGANIZATION THAT ASSUMES A PORTION OF THE RISK OF SERVING VERY FRAIL, ELDERLY RESIDENTS IN ALAMEDA COUNTY BY PROVIDING AND ARRANGING FOR COMPREHENSIVE SERVICES TO MAINTAIN THESE CLIENTS IN THEIR HOMES. IN NORTHERN CALIFORNIA, KFHWAS AWARDED CEI A GRANT OF \$75,000 TO SUPPORT ITS CAREGIVER EDUCATION AND SUPPORT PROJECT, WHICH ENHANCES COMPREHENSIVE CARE COORDINATION FOR CEI PARTICIPANTS BY PROVIDING THEIR FAMILY MEMBERS AND OTHER UNPAID CAREGIVERS WITH INFORMATION, SKILLS, EDUCATION, AND OTHER FORMS OF SUPPORT. COMMUNITY HEALTH INITIATIVES IN 2013, KFHWAS EXPENDED APPROXIMATELY \$36 MILLION TO SUPPORT WORK ASSOCIATED WITH THE COMMUNITY HEALTH INITIATIVES STREAM OF WORK. THE GREATEST SHARE OF THE TOTAL INVESTMENT UNDER THIS PROGRAM CONSISTED OF A SINGLE CONTRIBUTION OF \$21.7 MILLION TO THE EAST BAY FOUNDATION KFHWAS FUND FOR COMMUNITY BENEFIT. THESE FUNDS WILL BE USED TO PROVIDE CRITICAL SUPPORT IN AREAS IDENTIFIED BY COMMUNITY HEALTH NEEDS ASSESSMENTS IMPLEMENTED PURSUANT TO THE AFFORDABLE CARE ACT. THESE NEEDS ARE EXPECTED TO ADDRESS HEALTHY EATING ACTIVE LIVING (HEAL), AND VIOLENCE PREVENTION AND REDUCTION. THE FOLLOWING ARE EXAMPLES OF ADDITIONAL PROGRAMS AND SERVICES FUNDED DURING THE YEAR. HEALTHY EATING ACTIVE LIVING (HEAL) PROGRAMS - THE HEAL INITIATIVE COMBATS OBESITY BY PROMOTING PLACE-BASED HEALTHY EATING AND ACTIVE LIVING PROGRAMS AND INTERVENTIONS IN THE COMMUNITY. THE PROGRAM SUPPORTS COMMUNITY HEALTH INITIATIVES AND COALITIONS EFFECTING MEDICAL, ENVIRONMENTAL, AND SOCIAL COMMUNITY-LEVEL CHANGES SUCH AS EMPOWERING RESIDENTS TO EAT HEALTHY FOODS, CHANGING PHYSICAL AND SOCIAL ENVIRONMENTS TO PROMOTE PHYSICAL ACTIVITY, AND SUPPORTING POLICY CHANGES TO REDUCE RACIAL AND ETHNIC HEALTH DISPARITIES, PARTICULARLY THOSE RELATED TO POOR NUTRITION AND INACTIVITY. COMMUNITY HEALTH EDUCATION AND PREVENTION PROGRAMS - KFHWAS PRO</p>

Return Reference	Explanation	
	SAFETY NET PARTNERSHIPS	<p>IN 2013, KFH CONTRIBUTED \$45.9 MILLION TO SUPPORT SAFETY NET PARTNERSHIPS. THE GREATEST SHARE OF THE TOTAL INVESTMENT UNDER THIS PROGRAM CONSISTED OF TOTAL CONTRIBUTIONS OF \$31.7 MILLION TO THE EAST BAY FOUNDATION KFH FUND FOR COMMUNITY BENEFIT. THESE FUNDS WILL BE USED TO PROVIDE CRITICAL SUPPORT IN AREAS IDENTIFIED BY COMMUNITY HEALTH NEEDS ASSESSMENTS IMPLEMENTED PURSUANT TO THE AFFORDABLE CARE ACT. THESE NEEDS ARE EXPECTED TO ADDRESS BEHAVIORAL HEALTH, AND SCHOOL-BASED CLINICS AND OTHER CLINICAL INTERVENTIONS BY BUILDING PARTNERSHIPS WITH THE COMMUNITY HEALTH CENTERS, PUBLIC HOSPITALS, LOCAL HEALTH DEPARTMENTS, AND OTHER COMMUNITY-BASED ORGANIZATIONS THAT SERVE ON THE FRONT LINES OF HEALTH CARE FOR THE UNINSURED AND UNDERSERVED, KFH IN OREGON AND WASHINGTON WORKS TO ADDRESS HEALTH DISPARITIES, EXPAND ACCESS, AND DELIVER HIGH QUALITY HEALTHCARE TO PEOPLE IN THE COMMUNITY. KFH'S SAFETY NET WORK FALLS INTO THE FOLLOWING THREE CATEGORIES: 1) QUALITY IMPROVEMENT AND POPULATION HEALTH. THE ULTIMATE GOALS FOR THE NORTHWEST'S QUALITY IMPROVEMENT GRANT PROGRAMS ARE TO REDUCE HEALTH DISPARITIES, MANAGE CHRONIC CONDITIONS, INTEGRATE PREVENTION AND BEHAVIORAL HEALTH, AND STRENGTHEN THE SOCIAL, CULTURAL, AND ENVIRONMENTAL FACTORS THAT PROMOTE WELLNESS. THE "CLINICAL QUALITY IMPROVEMENT IN THE SAFETY NET" FUNDING INITIATIVE INVOLVES EIGHT COMMUNITY HEALTH CENTERS PARTICIPATING IN AN INITIATIVE THAT RUNS FROM 2011 TO 2014 WITH A TOTAL INVESTMENT OF \$1.2 MILLION. SEVERAL OF THE GRANTEES ARE IMPROVING CLINICAL CARE FOR CHRONIC DISEASES IN SPECIFIC POPULATIONS SUCH AS DIABETES IN LATINO PATIENTS AND HYPERTENSION IN AFRICAN AMERICAN PATIENTS. 2) LEADERSHIP DEVELOPMENT. EACH YEAR, APPROXIMATELY 10-20 SAFETY NET LEADERS PARTICIPATE IN THE IMPROVEMENT ADVISOR PROGRAM AND THE ADVANCED LEADERSHIP PROGRAMS SPONSORED BY KFH. THESE INDIVIDUALS RECEIVE ACCESS TO IMPROVEMENT MENTORS IN ADDITION TO FULL SCHOLARSHIPS TO PARTICIPATE IN THE PROGRAMS ALONGSIDE KFH CLINICIANS AND STAFF. TWO STAFF MEMBERS FROM THE VIRGINIA GARCIA MEMORIAL HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) LOCATED NEAR PORTLAND OREGON, PARTICIPATED IN THE IMPROVEMENT ADVISOR PROGRAM IN 2013. 3) IMPROVING ACCESS AND TRANSFORMING CARE. THE PRIMARY FOCUS OF THIS INITIATIVE IS ON IMPROVING ACCESS TO HEALTH SERVICES AND TRANSFORMING CARE DELIVERY TO MEET THE CHALLENGES OF HEALTH CARE REFORM. IN PARTNERSHIP WITH PROVIDENCE HEALTH PLAN, KFH IN THE NORTHWEST STATES OF OREGON AND WASHINGTON IS FUNDING INNOVATIVE MODELS TO INTEGRATE MENTAL AND BEHAVIORAL HEALTH AND PRIMARY CARE IN THE REGION. PROJECTS INCLUDE THE CREATION OF A PRIMARY CARE CLINIC WITHIN A SUBSTANCE ABUSE TREATMENT PROGRAM, PLACEMENT OF ADDICTION COUNSELORS AT PRIMARY CARE CLINICS, AND IMPLEMENTATION OF A UNIVERSAL SUBSTANCE ABUSE SCREENING TOOL IN COMMUNITY HEALTH CENTERS ACROSS THE AREA SERVED BY KFH. GRANTS AND DONATIONS FOR SAFETY NET PARTNERSHIPS. THE FOLLOWING ARE EXAMPLES OF THE COMMUNITY ORGANIZATIONS SUPPORTED BY GRANTS AWARDED THROUGH THE SAFETY NET PARTNERSHIP STREAM OF WORK IN 2013: - HOME FOR GOOD FUNDERS COLLABORATIVE. KFH IN SOUTHERN CALIFORNIA ENGAGED WITH THIS COLLABORATIVE WHICH IS COMPRISED OF FOUNDATIONS, BUSINESSES, AND FINANCIAL INSTITUTIONS, AS WELL AS CITY AND COUNTY LEADERSHIP. THE FUNDERS COLLABORATIVE COLLECTIVELY ADDRESSES HOMELESSNESS IN LOS ANGELES COUNTY. IN 2013, THE FOLLOWING ARE EXAMPLES OF GRANTS AWARDED BY KFH TO PROVIDE SUPPORTIVE SERVICES (MEDICAL AND DENTAL CARE, MENTAL HEALTH SERVICES, JOB/SKILL TRAINING, FINANCIAL EDUCATION, ETC.) TO HOMELESS CLIENTS IN ORDER TO ENABLE THEM WITH THE SKILLS, TRAINING, AND OPPORTUNITIES TO GET INTO HOUSING AND MAINTAIN THEIR HOMES: - STEP UP ON SECOND STREET WAS AWARDED \$90,000 TO SUPPORT CLIENTS WITH PERMANENT SUPPORTIVE HOUSING SERVICES. - THE ST. JOSEPH CENTER WAS AWARDED \$90,000 TO PROVIDE ONSITE PERMANENT SUPPORTIVE HOUSING SERVICES TO HOMELESS INDIVIDUALS. - THE SKID ROW HOUSING TRUST WAS AWARDED \$90,000 TO SUPPORT THE ST. GEORGE HUB SUPPORTIVE HOUSING PROGRAM. - PATH VENTURES WAS AWARDED \$50,000 TO SUPPORT PERMANENT SUPPORTIVE HOUSING AND MOVE-IN ASSISTANCE. - MENTAL HEALTH AMERICA LOS ANGELES WAS AWARDED \$60,000 TO PROVIDE ONSITE PERMANENT SUPPORTIVE HOUSING SERVICES TO HOMELESS INDIVIDUALS. - THE LAMP COMMUNITY WAS AWARDED \$90,000 FOR SUPPORTIVE SERVICES WITH A FOCUS ON HOUSING STABILITY. - A GRANT OF \$150,000 TO THE EAST VALLEY COMMUNITY HEALTH CENTER (EVCHC) FACILITATED ACCESS TO SCREENING, DIAGNOSIS, AND TREATMENT OF SPECIALTY CARE NEEDS OF ALL PATIENTS SERVED BY PARTICIPATING CLINICS. IN 2013, EVCHC DEVELOPED SPECIALTY CARE CLINIC HUBS TO SERVE THE EAST SAN GABRIEL VALLEY AND POMONA. COMMUNITY HEALTH ALLIANCE OF PASADENA DEVELOPED ANOTHER HUB THAT SERVED THE WEST SAN GABRIEL VALLEY AND PASADENA. - TO SUPPORT HEALTH CARE SERVICES FOR UNDERSERVED POPULATIONS, KFH IN NORTHERN CALIFORNIA AWARDED APPROXIMATELY \$85,000 TO THE ALAMEDA COUNTY HEALTH CARE FOUNDATION TO SUPPORT THE BILINGUAL ASSESSMENT AND TRAINING PROJECT.</p>

Return Reference	Explanation	
	SAFETY NET PARTNERSHIPS	<p>THE FUNDS ARE INTENDED TO DECREASE BARRIERS AND INCREASE POSITIVE OUTCOMES IN A MAJOR SAFETY NET HOSPITAL BY INCREASING LANGUAGE PROFICIENCY OF THE HOSPITAL'S BILINGUAL STAFF THE PROJECT LEVERAGES KFHS EVIDENCE-BASED PRACTICES TO THE ALAMEDA COUNTY PUBLIC HOSPITAL THROUGH IMPLEMENTATION OF ITS QUALITY BILINGUAL STAFF (QBS) ASSESSMENT AND TRAINING MODEL - AS PART OF ITS CONTINUING SAFETY NET PARTNERSHIP, KFHS AWARDED A GRANT OF \$300,000 TO OPERATION ACCESS TO COORDINATE THE PROVISION OF FREE SURGICAL AND SPECIALTY HEALTH CARE SERVICES TO UNINSURED PEOPLE IN THE GREATER BAY AREA OPERATION ACCESS ORGANIZES A NETWORK OF MEDICAL CENTERS AND MEDICAL PROFESSIONALS TO PROVIDE CARE TO UNINSURED ADULT MEN AND WOMEN WHO RECEIVE PRIMARY CARE FROM COMMUNITY CLINICS, AND NEED ACCESS TO CRITICAL HEALTH CARE SERVICES NOT AVAILABLE AT THE CLINIC LEVEL KAISER FOUNDATION HOSPITALS PROVIDES BOTH FINANCIAL SUPPORT AND CHARITY CARE THROUGH THE VOLUNTEERISM OF CLINICAL PROVIDERS IN TWELVE MEDICAL FACILITIES IN NORTHERN CALIFORNIA DEVELOPING AND DISSEMINATING KNOWLEDGE KAISER FOUNDATION HOSPITALS SPENT \$141 MILLION IN 2013 TO SUPPORT PROGRAMS AND SERVICES ASSOCIATED WITH THE DEVELOPMENT AND DISSEMINATION OF KNOWLEDGE MEDICAL RESEARCH - FOR KAISER FOUNDATION HOSPITALS, RESEARCH IS AN ESSENTIAL PART OF WHAT IT MEANS TO BE AN EVIDENCE-BASED ORGANIZATION ACHIEVEMENTS REALIZED UNDER THIS PROGRAM ARE MADE POSSIBLE THROUGH A DEDICATED GROUP OF RESEARCHERS, THE COMPREHENSIVE NATURE OF KFHS ELECTRONIC MEDICAL RECORD SYSTEM, AND ACCESS TO THE HEALTH DATA OF OVER 9 MILLION KAISER FOUNDATION HEALTH PLAN, INC MEMBERS THROUGH STUDIES CONDUCTED AT KFHS FOUR REGIONAL AND ONE NATIONAL RESEARCH CENTERS, RESEARCHERS ADDRESS CRITICAL ISSUES LIKE CANCER, CARDIOVASCULAR CONDITIONS, DIABETES, AND IMPROVEMENTS IN HEALTH CARE KFHS SPENT \$23 MILLION ON MEDICAL RESEARCH PROJECTS IN 2013 IN ADDITION, THERE WERE APPROXIMATELY \$105 MILLION OF PROJECTS SPONSORED BY GOVERNMENT AGENCIES AND OTHER NONPROFIT ORGANIZATIONS NATIONAL RESEARCH PROGRAM - KAISER FOUNDATION HOSPITALS HAS A LONG HISTORY OF CONDUCTING HEALTH SERVICES AND MEDICAL RESEARCH THAT ADDRESSES HEALTH CARE POLICY, QUALITY OF CARE, AND QUALITY OF LIFE THE RESULTS HAVE YIELDED FINDINGS THAT AFFECT NOT JUST THE PRACTICE OF MEDICINE WITHIN THE ORGANIZATION, BUT ALSO FOR SOCIETY-AT-LARGE KAISER FOUNDATION RESEARCH INSTITUTE (KFRI) - THE KAISER FOUNDATION RESEARCH INSTITUTE PROVIDES ADMINISTRATIVE SERVICES FOR FEDERALLY FUNDED MEDICAL RESEARCH CONDUCTED AT REGIONAL RESEARCH CENTERS LOCATED IN CALIFORNIA, HAWAII, AND OREGON KFRI PERSONNEL ARE DESIGNATED AS THE AUTHORIZED ORGANIZATIONAL OFFICIAL FOR ALL FEDERALLY FUNDED RESEARCH PERFORMED BY BOTH KAISER FOUNDATION HOSPITALS AND KAISER FOUNDATION HEALTH PLAN, INC OVERVIEW OF RESEARCH CONDUCTED BY KAISER FOUNDATION HOSPITALS KFHS RESEARCH ORGANIZATION INCLUDES INVESTIGATORS AND STAFF AT FOUR REGIONAL RESEARCH CENTERS, CLINICIAN RESEARCHERS WORKING AT KFHS MEDICAL CENTERS, AND RESEARCH GROUPS BASED WITHIN THE NATIONAL ORGANIZATION THE REGIONAL RESEARCH CENTERS INCLUDE - THE CENTERS FOR HEALTH RESEARCH (TWO LOCATED IN OREGON AND HAWAII) - THE DEPARTMENT OF RESEARCH AND EVALUATION (SOUTHERN CALIFORNIA) - THE DIVISION OF RESEARCH (NORTHERN CALIFORNIA) THE PRINCIPAL RESEARCH ACTIVITIES CONDUCTED BY THESE FOUR REGIONAL CENTERS INCLUDE THE FOLLOWING THE CENTER FOR HEALTH RESEARCH HAWAII THE WORK UNDERTAKEN BY THE CENTER FOR HEALTH RESEARCH HAWAII IS SPECIALLY ATTUNED TO THE HEALTH ISSUES OF THE LOCAL POPULATION, WHICH SUFFERS DISPROPORTIONATELY FROM SEVERAL CHRONIC DISEASES, PRIMARILY DIABETES AND HEART DISEASE RESEARCH INCLUDES CHRONIC DISEASE PREVENTION AND EPIDEMIOLOGY, AS WELL AS HEALTH TECHNOLOGY AND CARE DELIVERY RESEARCH TOP RESEARCH AREAS - CHRONIC DISEASES - DIABETES - EPIDEMIOLOGY - HEALTH INFORMATION TECHNOLOGY - HEALTH SERVICES KEY STATISTICS - NUMBER OF RESEARCH PAPERS PUBLISHED IN JOURNALS IN 2013 31 - NUMBER OF INVESTIGATORS 4 - NUMBER OF SU</p>

Return Reference	Explanation	
	HEALTH SCIENCES AND MEDICAL LIBRARIES	<p>- KFH ACTIVELY SUPPORTS MEDICAL LIBRARIES, AND OTHER HEALTH RESOURCE AND INFORMATION DISSEMINATION SERVICES THESE PROGRAMS GIVE MEDICAL STAFF AND THE GREATER PROFESSIONAL COMMUNITY ACCESS TO HEALTH-RELATED RESEARCH CONDUCTED WITHIN AND OUTSIDE OF KAISER PERMANENTE MEDICAL LIBRARIES PARTICIPATED IN AN INTER-LOAN SYSTEM WITH OTHER COMMUNITY HOSPITALS, SUPPORTED STUDENTS IN TRAINING AND EDUCATION PROGRAMS TO CONDUCT LITERATURE SEARCHES, AND CONDUCTED SEARCHES FOR COMMUNITY CLINICS AND OTHER COMMUNITY-BASED ORGANIZATIONS ON ADVANCES IN MEDICAL TREATMENT, CLINICAL PROTOCOLS AND NEW DEVELOPMENT ON SPECIFIC HEALTH ISSUES DURING 2013, HEALTH SCIENCES AND MEDICAL LIBRARIES IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON COMPLETED THOUSANDS OF REQUESTS FOR GENERAL KNOWLEDGE AND LITERATURE SEARCHES FOR RESEARCH PURPOSES EDUCATIONAL THEATRE PROGRAMS (ETP) - EDUCATIONAL THEATRE PROGRAMS USE LIVE THEATRE, MUSIC, COMEDY, AND DRAMA TO INSPIRE CHILDREN, TEENS, AND ADULTS TO MAKE HEALTHIER CHOICES AND BETTER DECISIONS ABOUT THEIR WELL-BEING THESE EDUCATIONAL PROGRAMS WERE DEVELOPED WITH THE ADVICE OF TEACHERS, PARENTS, STUDENTS, HEALTH EDUCATORS, MEDICAL PROFESSIONALS, AND PROFESSIONAL THEATRE ARTISTS ALL PERFORMANCES ARE DELIVERED BY PROFESSIONAL ACTORS WHO ARE ALSO TRAINED AS PEER HEALTH EDUCATORS, AND PERFORMED FREE OF CHARGE FOR THE COMMUNITY ETP ALSO PROVIDES SCHOOLS AND ORGANIZATIONS WITH SUPPLEMENTARY EDUCATIONAL MATERIALS, SUCH AS WORKBOOKS, PARENT AND TEACHER GUIDES, AND STUDENT WALLET CARDS TO REINFORCE THE MESSAGES PRESENTED ON STAGE - KFH IN CALIFORNIA AND THE NORTHWEST SPENT \$10.2 MILLION TO PROVIDE MORE THAN 573,000 CHILDREN AND ADULTS THE OPPORTUNITY TO VIEW OR PARTICIPATE IN ONE OF THE MORE THAN 3,200 PERFORMANCES, WORKSHOPS, AND OTHER EDUCATIONAL INTERACTIONS OFFERED DURING 2013 SELF-SUFFICIENCY PROGRAMS KFH PROVIDED COMMUNITY-BASED PROGRAMS AND SERVICES TO LOW-INCOME RESIDENTS AND STUDENTS THROUGH LEARNING CENTERS AND YOUTH EMPLOYMENT PROGRAMS IN 2013, KFH SPENT \$6.4 MILLION TO SUPPORT THE FOLLOWING PROGRAMS LEARNING CENTERS 1) THE WATTS COUNSELING AND LEARNING CENTER (WCLC) PROVIDES LOW-INCOME, INNER-CITY FAMILIES IN SOUTHERN CALIFORNIA WITH A VARIETY OF MENTAL HEALTH, COUNSELING, EDUCATION, AND SOCIAL SERVICES WCLC ALSO OFFERS A STATE-LICENSED AND NATIONALLY ACCREDITED PRESCHOOL PROGRAM, OUTREACH PROGRAMS INCLUDING "KIDS CAN COPE", SUPPORT GROUPS FOR CHILDREN DEALING WITH SIBLINGS OR PARENTS FIGHTING CANCER, PRE-EMPLOYMENT TRAINING FOR HIGH SCHOOL YOUTH, EDUCATIONAL AWARDS FOR HIGH SCHOOL STUDENTS, AND TRAINING FOR GRADUATE SOCIAL WORK INTERNS FROM LOCAL UNIVERSITIES 2) EDUCATIONAL OUTREACH PROGRAM (EOP) ADDRESSES EDUCATIONAL DISPARITIES EXISTING IN SOUTHERN CALIFORNIA'S EAST SAN GABRIEL AREA EOP OPERATES SUCCESSFUL PROGRAMS THAT EXPOSE HIGH SCHOOL STUDENTS TO HEALTH CAREERS AND AFTER-SCHOOL HOMEWORK ASSISTANCE PROGRAMS THAT ENABLE STUDENTS TO IMPROVE THEIR ACADEMIC PERFORMANCE AND CONSIDER PROFESSIONAL OPPORTUNITIES EOP OFFERS PROGRAMS AND ACTIVITIES TO IMPROVE SCHOOL PERFORMANCE AND FAMILY COMMUNICATION, TEACH SKILLS TO MEET LIFE'S CHALLENGES AND ALLEVIATE STRESS, DEVELOP LEADERSHIP ABILITIES, AND INCREASE AWARENESS OF PROFESSIONAL OPPORTUNITIES IN HEALTH CARE INROADS - SINCE 1987, KFH IN NORTHERN CALIFORNIA HAS WORKED WITH THE INROADS ORGANIZATION TO FORM LAUNCH (LEARN ABOUT UNLIMITED NEW CAREERS IN HEALTH) THIS UNIQUE PROGRAM IS DESIGNED TO PROVIDE CULTURALLY DIVERSE STUDENTS WITH PRACTICAL EXPERIENCE IN THE HEALTH CARE FIELD AND TO OFFER SUCCESSFUL PARTICIPANTS EXCITING CAREER OPPORTUNITIES FOLLOWING GRADUATION THE PROGRAM'S OFFERINGS ARE BROKEN DOWN INTO TWO DISTINCT "TRACS" TO CHOOSE FROM HEALTH TRAC INTERNS GAIN HANDS-ON EXPERIENCE WORKING ALONGSIDE KFH'S DEDICATED STAFF OF HEALTH PROFESSIONALS BUSINESS TRAC INTERNSHIPS FOCUS ON FINANCE AND ACCOUNTING, ADMINISTRATION, HUMAN RESOURCES, INFORMATION TECHNOLOGY, SALES AND MARKETING, AND OTHER BUSINESS FUNCTIONS HEALTH PROFESSIONAL EDUCATION KFH SPENT APPROXIMATELY \$93.7 MILLION (AT COST, NET OF \$13.4 MILLION IN RELATED REVENUES) TO PROVIDE CONTINUING MEDICAL EDUCATION TO HEALTHCARE PROFESSIONALS AFFILIATED WITH COLLEGES AND UNIVERSITIES AND OTHER HEALTH CARE PROVIDERS GRADUATE MEDICAL EDUCATION - KAISER FOUNDATION HOSPITALS PROVIDES TRAINING AND EDUCATION FOR MEDICAL RESIDENTS AND INTERNS IN THE INTEREST OF EDUCATING THE NEXT GENERATION OF PHYSICIANS THE NATIONALLY ACCLAIMED PROGRAM ATTRACTS SOME OF THE TOP MEDICAL SCHOOL GRADUATES IN THE UNITED STATES AND SERVES AS A NATIONAL MODEL BY EXPOSING FUTURE HEALTH CARE PROVIDERS TO AN INTEGRATED HEALTH CARE DELIVERY SYSTEM RESIDENTS ARE OFFERED THE OPPORTUNITY TO SERVE A LARGE, CULTURALLY DIVERSE PATIENT BASE IN A SETTING WITH SOPHISTICATED TECHNOLOGY AND INFORMATION SYSTEMS, ESTABLISHED CLINICAL GUIDELINES AND AN EMPHASIS ON PREVENTIVE AND PRIMARY CARE - KFH CONTRIBUTED \$71.9 MILLION TO EDUCATE APPROXIMATELY 675 INDEPENDENT AND MORE THAN 1,900 AFFILIATED INTERNS AND RESIDENTS IN CALIFORNIA</p>

Return Reference	Explanation	
	HEALTH SCIENCES AND MEDICAL LIBRARIES	<p>RNIA, HAWAII, OREGON, AND WASHINGTON THE MAJORITY OF MEDICAL RESIDENTS ARE STUDYING WITHIN THE PRIMARY CARE MEDICINE AREAS OF FAMILY PRACTICE, INTERNAL MEDICINE, OB/GYN, PEDIATRIC S, PREVENTIVE MEDICINE, AND PSYCHIATRY - AS PART OF THEIR TRAINING, THE INDEPENDENT RESIDENTS HAVE ROTATIONS AT SCHOOL-BASED HEALTH CENTERS, COMMUNITY CLINICS, AND HOMELESS SHELTERS THESE AMBULATORY SETTINGS PROVIDE PRIMARY MEDICAL CARE SERVICES TO LOW-INCOME CHILDREN AND ADOLESCENTS, THE HOMELESS, AND OTHER VULNERABLE POPULATIONS COMMUNITY ROTATIONS GIVE RESIDENTS EXPERIENCE IN SETTINGS THAT SERVE UNINSURED CLIENTS, GIVING THEM A BETTER UNDERSTANDING OF THE BARRIERS TO HEALTH CARE AND THE AVAILABILITY OF RESOURCES - THE GRADUATE MEDICAL EDUCATION PROGRAM OFFERED BY KFH IN HAWAII PROVIDES OPPORTUNITIES EACH YEAR FOR MEDICAL STUDENTS, RESIDENTS, AND FELLOWS TO GAIN EXPERIENCE IN A HIGH-FUNCTIONING TEACHING HOSPITAL PARTICIPANTS FROM THE UNIVERSITY OF HAWAII'S JOHN A BURNS SCHOOL OF MEDICINE TRIPLER ARMY MEDICAL CENTER, AND AFFILIATES FROM ACROSS THE UNITED STATES WORK UNDER THE GUIDANCE OF SEASONED ATTENDING PHYSICIANS IN VARIOUS DEPARTMENTS AND SPECIALTIES NURSE PRACTITIONER AND OTHER NON-PHYSICIAN TRAINING PROGRAMS DURING 2013, KFH SUPPORTED MORE THAN 2,700 STUDENTS PURSUING A CAREER IN THE ALLIED HEALTH CARE FIELD AND SPENT \$21.8 MILLION ON TRAINING AND EDUCATION PROGRAMS FOR NURSE PRACTITIONERS, NURSES, RADIOLOGY AND SONOGRAPHY TECHNICIANS, PHYSICAL THERAPISTS, POST-GRADUATE PSYCHOLOGY AND SOCIAL WORK STUDENTS, PHARMACISTS, AND OTHER NON-PHYSICIAN HEALTH PROFESSIONALS THE FOLLOWING ARE DESCRIPTIONS OF A FEW TRAINING PROGRAMS OFFERED IN 2013 - IN THE NORTHWEST, KFH PROVIDES UNCOMPENSATED ON-SITE CLINICAL TRAINING FOR STUDENTS FROM 19 COMMUNITY INSTITUTIONS WHO ARE PURSUING CAREERS IN THE HEALTH CARE FIELD THE GRADUATE MEDICAL EDUCATION DEPARTMENT PROVIDES ADMINISTRATIVE SUPPORT FOR THE NURSE PRACTITIONER, PHYSICIAN ASSISTANT, ALLOPATHIC MEDICINE, MIDWIFERY, OPTOMETRY, PODIATRY, NURSE ANESTHETIST AND BEHAVIORAL HEALTH PROGRAMS - THE KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES (KPSAHS), LOCATED IN RICHMOND, CALIFORNIA, WAS ORIGINALLY ESTABLISHED IN 1989 AS A RADIOLOGY PROGRAM IN RESPONSE TO THE SEVERE SHORTAGE OF RADIOLOGY TECHNOLOGISTS DUE TO THE CONTINUED NATIONAL SHORTAGE OF MEDICAL IMAGING AND THERAPY WORKFORCE, KPSAHS EXPANDED THE SCHOOL TO INCLUDE 18-MONTH PROGRAMS IN SONOGRAPHY, NUCLEAR MEDICINE AND RADIATION THERAPY IN ADDITION, THE SCHOOL PROVIDES COURSES IN ANATOMY AND PHYSIOLOGY AND ADVANCED/BASIC PHLEBOTOMY - IN SOUTHERN CALIFORNIA, KFH PARTNERS WITH COMMUNITY COLLEGES AS A CLINICAL AFFILIATE FOR RADIOLOGIC TECHNOLOGY, DIAGNOSTIC MEDICAL SONOGRAPHY (ULTRASOUND), AND/OR NUCLEAR MEDICINE STUDENTS OFFICIALLY ENROLLED IN THESE PROGRAMS COMPLETE A CLINICAL INTERNSHIP AS AN INTEGRAL PART OF THE CURRICULUM - THROUGH THE PHARMACIST RESIDENCY PROGRAMS IN CALIFORNIA, LICENSED PHARMACISTS GAIN ADDITIONAL EXPERIENCE AND TRAINING IN THE PROVISION OF PHARMACEUTICAL CARE AND ADMINISTRATIVE PHARMACY SERVICES IN AN INTEGRATED MANAGED CARE ORGANIZATION DURING A ONE- OR TWO-YEAR POSTGRADUATE EDUCATION AND TRAINING PROGRAM THESE PROGRAMS ENABLE RESIDENTS TO IMPROVE THEIR CLINICAL KNOWLEDGE AND SKILLS WHILE ENHANCING CONTINUITY OF PATIENT CARE IN A WIDE RANGE OF AMBULATORY, INTERMEDIATE AND HOSPITAL SETTINGS - THE PHYSICAL THERAPY ORTHOPEDIC RESIDENCY PROGRAM PROVIDES EDUCATION IN THE SPECIALTY AREA OF ORTHOPEDIC PHYSICAL THERAPY THIS PROGRAM OFFERS PHYSICAL THERAPY RESIDENCY POSITIONS AT NON-KFH FACILITIES IN SOUTHERN CALIFORNIA PROGRAM GRADUATES ARE ABLE TO SIT FOR BOARD CERTIFICATION EXAMINATIONS IN ORTHOPEDIC PHYSICAL THERAPY, AND APPLY TO PARTICIPATE IN A PHYSICAL THERAPY FELLOWSHIP PROGRAM - THE BOARD OF REGISTERED NURSES (BRN) WORK STUDY PROGRAM GIVES NURSING STUDENTS VALUABLE DIRECT CLINICAL EXPERIENCE BEFORE GRADUATION, ALLOWING THEM TO ENTER THE WORKPLACE WITH ADDITIONAL CONFIDENCE AND COMPETENCE THIS PROGRAM PROVIDES ST</p>

Return Reference	Explanation
ENVIRONMENTAL STEWARDSHIP	<p>POOR ENVIRONMENTAL QUALITY CONTRIBUTES TO DISEASE AND ECONOMIC INSECURITY KAISER FOUNDATION HOSPITALS HAS COMMITTED ITSELF TO PROTECTING AND IMPROVING THE NATURAL ENVIRONMENT AS A KEY COMPONENT OF ITS MISSION TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES ALTHOUGH COSTS ASSOCIATED WITH THIS INITIATIVE ARE NOT INCLUDED IN THE DOLLARS REPORTED IN DIRECT COMMUNITY BENEFIT INVESTMENTS, EFFORTS IN THIS AREA CONTRIBUTE TO ADVANCING A BROADER VISION EMPHASIZING HEALTHY PEOPLE AND HEALTHY ENVIRONMENTS TO FULFILL THIS COMMITMENT, KFHM MAINTAINS A GOVERNANCE STRUCTURE FOR ENVIRONMENTAL STEWARDSHIP THAT ENABLES THE ORGANIZATION TO CONTINUOUSLY IMPROVE ITS PERFORMANCE THIS STRUCTURE INCLUDES CLEARLY DEFINED ROLES, RESPONSIBILITIES, PLANS, AND ROUTINES, AND HAS RESULTED IN FIVE ORGANIZATIONAL FOCUS AREAS THAT HAVE BEEN SELECTED BASED ON THEIR ABILITY TO HAVE THE MOST IMPACT ON THE ENVIRONMENTAL FORCES THAT SHAPE ENVIRONMENTAL AND HUMAN HEALTH - FINDING SAFE ALTERNATIVES TO HARMFUL INDUSTRIAL CHEMICALS - RESPONDING TO CLIMATE CHANGE - PROMOTING SUSTAINABLE FARMING AND FOOD CHOICES - REDUCING, REUSING, AND RECYCLING TO ELIMINATE WASTE - CONSERVING WATER IN EACH OF THESE FOCUS AREAS, KFHM HAS ESTABLISHED AMBITIOUS GOALS (INCLUDING A TARGET TO REDUCE TOTAL GREENHOUSE GAS EMISSIONS BY 30% BY 2020, COMPARED TO OUR 2008 BASELINE), IMPLEMENTED INITIATIVES, ACHIEVED MEASURABLE IMPROVEMENTS, OBTAINED EXTERNAL ASSURANCE OF PERFORMANCE, AND REGULARLY REPORTED PROGRESS TO THE BOARD OF DIRECTORS, STAFF, AND THE PUBLIC BY REPLACING PAPER MEDICAL CHARTS AND DIGITIZING X-RAY IMAGES THROUGH THE ELECTRONIC MEDICAL RECORD SYSTEM, KAISER FOUNDATION HOSPITALS IS ALSO CONTRIBUTING TO THE AVOIDANCE OF APPROXIMATELY 1,000 TONS OF PAPER WASTE AND 200,000 POUNDS OF X-RAY FILM PER YEAR DURING 2013, KEY PERFORMANCE INDICATORS FOR KAISER FOUNDATION HOSPITALS INCLUDED IN CALIFORNIA - REDUCING TOTAL GREENHOUSE GAS EMISSIONS (METRIC TONS CO₂E/GROSS SQUARE FOOT) BY 11% COMPARED TO THE 2008 BASELINE FOR ALL FACILITIES AND ASSETS UNDER KFHM'S OPERATIONAL CONTROL - RECYCLING, REUSING, OR COMPOSTING APPROXIMATELY 35% OF THE WASTE GENERATED IN KFHM'S FACILITIES - INCREASING SPENDING ON "SUSTAINABLE FOOD" (AS DEFINED BY THE GREEN GUIDE TO HEALTH CARE) TO 18% OF OVERALL SPENDING ON FOOD IN OREGON - REDUCING TOTAL GREENHOUSE GAS EMISSIONS (METRIC TONS CO₂E/GROSS SQUARE FOOT) BY 5% COMPARED TO THE 2008 BASELINE FOR ALL FACILITIES AND ASSETS UNDER KFHM'S OPERATIONAL CONTROL - RECYCLING, REUSING, OR COMPOSTING APPROXIMATELY 40% OF THE WASTE GENERATED IN KFHM'S FACILITIES - INCREASING SPENDING ON "SUSTAINABLE FOOD" (AS DEFINED BY THE GREEN GUIDE TO HEALTH CARE) TO APPROXIMATELY 18% OF OVERALL SPENDING ON FOOD IN HAWAII - REDUCING TOTAL GREENHOUSE GAS EMISSIONS (METRIC TONS CO₂E/GROSS SQUARE FOOT) BY 18% COMPARED TO THE 2008 BASELINE FOR ALL FACILITIES AND ASSETS UNDER KFHM'S OPERATIONAL CONTROL - RECYCLING, REUSING, OR COMPOSTING APPROXIMATELY 23% OF THE WASTE GENERATED IN KFHM'S FACILITIES - INCREASING SPENDING ON "SUSTAINABLE FOOD" (AS DEFINED BY THE GREEN GUIDE TO HEALTH CARE) TO APPROXIMATELY 18% OF OVERALL SPENDING ON FOOD IN ALL STATES SERVED BY KFHM - IDENTIFYING THE CHEMICALLY-SAFEST PRODUCTS IN THE FOLLOWING THREE PRODUCT CATEGORIES AND BEGINNING A TRANSITION TO THESE PRODUCTS IN ALL OF KFHM'S FACILITIES 1) ADULT MATTRESSES (THERAPEUTIC SURFACES), 2) NEONATAL MATTRESSES (THERAPEUTIC SURFACES), AND 3) SHAMPOOS, BODY WASHES, AND LOTIONS USED ON PATIENTS IN NEONATAL INTENSIVE CARE UNITS, PEDIATRIC INTENSIVE CARE UNITS, AND OTHER PEDIATRIC ENVIRONMENTS</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

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. ▶ See separate instructions.
- ▶ 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 HOSPITALS

Employer identification number

94-1105628

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 ONCALL LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-2166347	CALL CENTER	CA	42,983,749	19,916,287	NA
(2) KAISER PERMANENTE VENTURES LLC SERIES A ONE KAISER PLAZA 15L OAKLAND, CA 94612 27-2252521	INVESTMENT	CA	410,067	46,045,627	NA
(3) NEWPORT GARFIELD LLC 19540 JAMBOREE ROAD SUITE 400 IRVINE, CA 92612 90-0512284	INVESTMENT	DE	7,002,654	185,145,777	KFH

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

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

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) HCMS LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 20-3924985	CARE MANAGEMENT	CA	NA									
(2) PANTHEON GLOBAL HO FUND LP 600 MONTEREY STREET 23RD FLOOR SAN FRANCISCO, CA 94111 80-0948707	INVESTMENT	DE	KFH	N/A	0	28,561,820		No			No	99 000 %
(3) WELLINGTON TRUST COMPANY NA CTF GLOBAL 280 CONGRESS ST BOSTON, MA 02210 20-3879807	INVESTMENT	MA	KFH	N/A	50,395,728	399,664,806		No			No	91 560 %
(4) NXT CAPITAL SENIOR LOAN FUND I LLC 191 N WACKER DR SUITE 1200 CHICAGO, IL 60606 37-1651297	INVESTMENT	DE	KFH	N/A	21,312,092	291,548,831		No			No	84 490 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ARCHIMEDES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 20-3774729	CONSULTING	CA	NA	C CORP				Yes	
(2) KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP				Yes	
(3) KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP				Yes	
(4) KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3259432	REAL ESTATE	CA	NA	C CORP				Yes	
(5) OAK TREE ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP				Yes	
(6) GV-KF FUND LP C/O GSAM TAX DEPT 30 HUDSON ST 15 JERSEY CITY, NJ 07302 98-1087932	INVESTMENT	CJ	KFH	C CORP	30,508	33,727,135	100 000 %	Yes	

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g		No
1h	Yes	
1i	Yes	
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
Schedule R, Part II	In 2013, Kaiser Foundation Health Plan, Inc and HealthSpan Partners, an unrelated not-for-profit Ohio-based health system, entered into a definitive agreement to transfer the sole corporate membership of Kaiser Foundation Health Plan of Ohio to HealthSpan Partners. On October 1, 2013, the member substitution transaction was completed.

Additional Data

Software ID:
Software Version:
EIN: 94-1105628
Name: KAISER FOUNDATION HOSPITALS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) KAISER FDN HEALTH PLAN OF COLORADO ONE KAISER PLAZA 15L OAKLAND, CA 94612 84-0591617	HEALTH CARE	CO	501(c)(3)	9	KFHP INC	Yes	
(1) KAISER FDN HEALTH PLAN OF GEORGIA INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 58-1592076	HEALTH CARE	GA	501(c)(3)	9	KFHP INC	Yes	
(2) KFHP OF THE MID-ATLANTIC STATES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 52-0954463	HEALTH CARE	MD	501(c)(3)	9	KFHP INC	Yes	
(3) KAISER FDN HEALTH PLAN OF THE NORTHWEST ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0798039	HEALTH CARE	OR	501(c)(3)	9	KFHP INC	Yes	
(4) KAISER FDN HEALTH PLAN OF OHIO ONE KAISER PLAZA 15L OAKLAND, CA 94612 34-0922268	HEALTH CARE	OH	501(c)(3)	9	KFHP INC	Yes	
(5) KAISER FOUNDATION HEALTH PLAN INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-1340523	HEALTH CARE	CA	501(c)(3)	9	NA		No
(6) CAMP BOWIE SERVICE CENTER ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299123	ADMIN	CA	501(c)(3)	11 - I	KFHP INC	Yes	
(7) KAISER HOSPITAL ASSET MANAGEMENT INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299125	ASSET MGT	CA	501(c)(3)	11 - I	KFH	Yes	
(8) KAISER HEALTH PLAN ASSET MANAGEMENT INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299124	ASSET MGT	CA	501(c)(3)	11 - I	KFHP INC	Yes	
(9) LOKAHI ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-2171891	WC Placement	HI	501(c)(3)	11 - I	KFHP INC	Yes	
(10) KAISER HEALTH ALTERNATIVES ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(c)(3)	9	KFHP INC	Yes	
(11) OHP ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0480268	LEASING	WA	501(c)(3)	11 - I	KFHP INC	Yes	
(12) 1800 HARRISON FOUNDATION ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(c)(3)	11 - II	KFHP INC	Yes	
(13) KAISER HOSPITAL ASSISTANCE CORPORATION ONE KAISER PLAZA 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501(c)(3)	11 - III-NF	KFH	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
KAISER FOUNDATION HEALTH PLAN INC	A	91,337,026	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	A	8,076,202	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	A	4,003,956	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF OHIO	A	4,651,949	PER AGREEMENT
LOKAHI ASSURANCE LTD	A	28,984,970	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	B	57,509	PER AGREEMENT
PANTHEON GLOBAL HO FUND LP	B	29,000,000	PER AGREEMENT
GV-KF FUND LP	B	29,436,088	PER AGREEMENT
WELLINGTON TRUST COMPANY NA CTF GLOBAL	B	7,101	PER AGREEMENT
NXT CAPITAL SENIOR LOAND FUND I LLC	B	144,159,678	PER AGREEMENT
GV-KF FUND LP	C	1,723,727	PER AGREEMENT
WELLINGTON TRUST COMPANY NA CTF GLOBAL	C	202,754,253	PER AGREEMENT
NXT CAPITAL SENIOR LOAND FUND I LLC	C	93,902,135	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	D	58,000,000	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF OHIO	D	100,000,000	PER AGREEMENT
LOKAHI ASSURANCE LTD	D	29,105,044	PER AGREEMENT
KAISER HOSPITAL ASSET MANAGEMENT inc	H	12,307,237	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE NW	I	1,194,326	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF COLORADO	J	620,288	PER AGREEMENT
KAISER HOSPITAL ASSET MANAGEMENT inc	K	173,915,828	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	L	12,498,291,174	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF COLORADO	L	177,572,938	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	L	272,467,250	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	L	274,881,905	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE NW	L	866,329,653	PER AGREEMENT

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
KAISER FOUNDATION HEALTH PLAN OF OHIO	L	71,144,612	PER AGREEMENT
LOKAHI ASSURANCE LTD	L	31,774,247	PER AGREEMENT
OAK TREE ASSURANCE LTD	L	467,000	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	M	6,772,251,501	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF COLORADO	M	146,796,110	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	M	171,764,448	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF OHIO	M	42,742,024	PER AGREEMENT
LOKAHI ASSURANCE LTD	M	198,231,867	PER AGREEMENT
OAK TREE ASSURANCE LTD	M	482,000	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	O	19,927,725	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	P	12,406,140,442	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF COLORADO	P	32,762,419	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	P	2,077,868	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	P	597,208,425	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE NW	P	358,285,514	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF OHIO	P	313,216	PER AGREEMENT
KAISER PERMANENTE INSURANCE COMPANY	P	56,344	PER AGREEMENT
OAK TREE ASSURANCE LTD	P	188,664	PER AGREEMENT
KAISER PROPERTIES SERVICES INC	P	163,244	PER AGREEMENT
LOKAHI ASSURANCE LTD	P	10,777,361	PER AGREEMENT
ARCHIMEDES INC	P	500,000	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	Q	8,512,378,195	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF COLORADO	Q	27,322,023	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	Q	60,351,499	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	Q	252,078,861	PER AGREEMENT

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
KAISER FOUNDATION HEALTH PLAN OF THE NW	Q	1,162,872,209	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF OHIO	Q	2,693,443	PER AGREEMENT
KAISER PERMANENTE INSURANCE COMPANY	Q	1,594,008	PER AGREEMENT
LOKAHI ASSURANCE LTD	Q	164,410,614	PER AGREEMENT
CAMP BOWIE SERVICE CENTER	Q	209,057	PER AGREEMENT
ARCHIMEDES INC	Q	505,137	PER AGREEMENT
OAK TREE ASSURANCE LTD	Q	185,483	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	R	48,874,410,739	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	R	2,285,247,211	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE NW	R	378,866,624	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF OHIO	R	1,776,626,712	PER AGREEMENT
KAISER HOSPITAL ASSET MANAGEMENT inc	R	1,560,804	PER AGREEMENT
KAISER PERMANENTE INSURANCE COMPANY	R	5,330,981	PER AGREEMENT
LOKAHI ASSURANCE LTD	R	101,655,400	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	R	705,976,057	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	S	35,254,375,657	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	S	908,483,493	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	S	2,222,438,537	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE NW	S	1,368,359,475	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF OHIO	S	1,574,091,171	PER AGREEMENT
KAISER HOSPITAL ASSET MANAGEMENT inc	S	13,913,028	PER AGREEMENT
LOKAHI ASSURANCE LTD	S	105,531,600	PER AGREEMENT
KAISER PERMANENTE INSURANCE COMPANY	S	5,330,981	PER AGREEMENT



**KAISER FOUNDATION HEALTH PLAN, INC. AND
SUBSIDIARIES AND KAISER FOUNDATION
HOSPITALS AND SUBSIDIARIES**

Combined Financial Statements and

Additional Information

December 31, 2013 and 2012

(With Independent Auditors' Reports Thereon)

**KAISER FOUNDATION HEALTH PLAN, INC. AND
SUBSIDIARIES AND KAISER FOUNDATION
HOSPITALS AND SUBSIDIARIES**

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KPMG LLP
Suite 1400
55 Second Street
San Francisco, CA 94105

Independent Auditors' Report

The Boards of Directors
Kaiser Foundation Health Plan, Inc
and Kaiser Foundation Hospitals

We have audited the accompanying combined financial statements of Kaiser Foundation Health Plan, Inc and Subsidiaries (Health Plans) and Kaiser Foundation Hospitals and Subsidiaries (Hospitals), which comprise the combined balance sheets as of December 31, 2013 and 2012, and the related combined statements of operations and changes in net worth, and cash flows for the years then ended, and the related notes to the combined financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of Health Plans and Hospitals as of December 31, 2013 and 2012, and the results of their operations and their cash flows for the years then ended in accordance with U S generally accepted accounting principles.

KPMG LLP

San Francisco, California
February 14, 2014

**KAISER FOUNDATION HEALTH PLAN, INC. AND
SUBSIDIARIES AND KAISER FOUNDATION
HOSPITALS AND SUBSIDIARIES**

Combined Balance Sheets
December 31, 2013 and 2012

(In millions)

Assets	2013	2012
Current assets		
Cash and cash equivalents	\$ 151	\$ 258
Current investments	6,134	6,267
Securities lending collateral	1,418	1,323
Broker receivables	288	779
Accounts receivable - net	1,537	1,485
Inventories and other current assets	1,091	1,185
Total current assets	10,619	11,297
Noncurrent investments	22,877	19,470
Land, buildings, equipment, and software - net	22,892	21,615
Other long-term assets	490	431
Total assets	\$ 56,878	\$ 52,813
Liabilities and Net Worth		
Current liabilities		
Accounts payable and accrued expenses	\$ 2,447	\$ 2,663
Medical claims payable	1,260	1,320
Due to associated medical groups	809	752
Payroll and related charges	1,654	1,419
Securities lending payable	1,418	1,323
Broker payables	616	1,180
Long-term debt subject to short-term remarketing arrangements - net	1,537	1,480
Other current debt	596	456
Other current liabilities	1,608	1,687
Total current liabilities	11,945	12,280
Long-term debt	5,526	5,752
Physicians' retirement plan liability	4,379	4,590
Pension and other retirement liabilities	9,822	13,749
Other long-term liabilities	2,157	2,158
Total liabilities	33,829	38,529
Net worth	23,049	14,284
Total liabilities and net worth	\$ 56,878	\$ 52,813

See accompanying notes to combined financial statements

**KAISER FOUNDATION HEALTH PLAN, INC. AND
SUBSIDIARIES AND KAISER FOUNDATION
HOSPITALS AND SUBSIDIARIES**

Combined Statements of Operations and Changes in Net Worth

Years ended December 31, 2013 and 2012

(In millions)

	2013	2012
Revenues		
Members' dues	\$ 36,247	\$ 34,354
Medicare	13,010	12,285
Copays, deductibles, fees, and other	3,827	3,474
Total operating revenues	53,084	50,113
Expenses		
Medical services	25,685	24,341
Hospital services	14,798	13,738
Outpatient pharmacy and optical services	5,288	5,137
Other benefit costs	3,201	3,124
Total medical and hospital services	48,972	46,340
Health Plan administration	2,312	2,068
Total operating expenses	51,284	48,408
Operating income	1,800	1,705
Other income and expense		
Investment income - net	1,157	1,057
Interest expense	(153)	(135)
Total other income and expense	1,004	922
Income from continuing operations	2,804	2,627
Discontinued operations	(119)	(31)
Net income	2,685	2,596
Change in pension and other retirement liability charges	5,620	(1,482)
Change in net unrealized gains on investments	479	610
Change in restricted donations	(16)	16
Change in noncontrolling interest	(3)	49
Change in net worth	8,765	1,789
Net worth at beginning of year	14,284	12,495
Net worth at end of year	\$ 23,049	\$ 14,284

See accompanying notes to combined financial statements

**KAISER FOUNDATION HEALTH PLAN, INC. AND
SUBSIDIARIES AND KAISER FOUNDATION
HOSPITALS AND SUBSIDIARIES**

Combined Statements of Cash Flows
Years ended December 31, 2013 and 2012

(In millions)

	2013		2012
Cash flows from operating activities			
Net income	\$ 2,685	\$	2,596
Adjustments to reconcile net income to net cash provided from operating activities			
Depreciation and software amortization	1,810		1,683
Other amortization	4		(6)
Gain recognized on investments - net	(767)		(723)
Loss on land, buildings, equipment, and software - net	176		11
Loss on extinguishment of debt	—		2
Changes in assets and liabilities			
Accounts receivable - net	(51)		(25)
Other assets	79		(336)
Accounts payable and accrued expenses	(213)		242
Medical claims payable	(60)		25
Due to associated medical groups	90		(30)
Payroll and related charges	235		(36)
Pension and other retirement liabilities	1,098		482
Other liabilities	(39)		178
Net cash provided from operating activities	5,047		4,063
Cash flows from investing activities			
Additions to land, buildings, equipment, and software	(3,294)		(3,460)
Proceeds from sales of land, buildings, and equipment	28		14
Proceeds from investments	34,977		44,409
Investment purchases	(37,017)		(47,106)
Decrease (increase) in securities lending collateral	(95)		41
Broker receivables - payables	(73)		100
Issuance of notes	(161)		(258)
Prepayment and repayment of notes receivable	111		46
Other investing	(104)		(119)
Physicians' retirement plan liability	416		324
Net cash used in investing activities	(5,212)		(6,009)
Cash flows from financing activities			
Issuance of debt	338		2,300
Prepayment and repayment of debt	(356)		(315)
Increase (decrease) in securities lending payable	95		(41)
Change in restricted donations	(16)		16
Change in noncontrolling interest	(3)		49
Net cash provided from financing activities	58		2,009
Net change in cash and cash equivalents	(107)		63
Cash and cash equivalents at beginning of year	258		195
Cash and cash equivalents at end of year	\$ 151	\$	258
Supplemental cash flows disclosure			
Cash paid for interest - net of capitalized amounts	\$ 167	\$	124
Noncash investment transactions	\$ 538	\$	—

See accompanying notes to combined financial statements

**KAISER FOUNDATION HEALTH PLAN, INC. AND
SUBSIDIARIES AND KAISER FOUNDATION
HOSPITALS AND SUBSIDIARIES**

Notes to Combined Financial Statements

December 31, 2013 and 2012

(1) Description of Business

The accompanying combined financial statements include Kaiser Foundation Health Plan, Inc and Subsidiaries (Health Plans) and Kaiser Foundation Hospitals and Subsidiaries (Hospitals) Health Plans and Hospitals are primarily not-for-profit corporations whose capital is available for charitable, educational, research, and related purposes Health Plans are primarily health maintenance organizations and are generally exempt from federal and state income taxes Membership at both December 31, 2013 and 2012 was 9.1 million At December 31, 2013 and 2012, the percentage of enrolled membership in California was approximately 78% and 77%, respectively The principal operating subsidiary of Kaiser Foundation Hospitals is Kaiser Hospital Asset Management, Inc (KHAM) The principal operating subsidiaries of Kaiser Foundation Health Plan, Inc (Health Plan, Inc) 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
- Kaiser Health Plan Asset Management, Inc (KHPAM)

In 2013, Health Plan, Inc and HealthSpan Partners, an unrelated not-for-profit Ohio-based health system, entered into a definitive agreement to transfer the sole corporate membership of Kaiser Foundation Health Plan of Ohio to HealthSpan Partners On October 1, 2013, the member substitution transaction was completed Fair value of the proceeds from this transfer was not material Management determined that as of September 30, 2013, the net assets of the disposed Ohio operations met held for sale and discontinued operations criteria in accordance with accounting principles generally accepted in the United States of America (GAAP) For all periods presented, the operating results for the Ohio region have been reclassified, as appropriate, from continuing operations and presented separately as discontinued operations in the combined statements of operations and changes in net worth Management considered the then pending member substitution transaction as a triggering event for impairment of the long-lived assets of the Ohio region Management determined that the carrying value of the disposed component was in excess of fair value and, accordingly, recorded a \$59 million impairment of the Ohio region's long-lived assets in September 2013 The results of Ohio operations including operating revenues of \$382 million for the year ended December 31, 2013 and \$517 million for the year ended December 31, 2012 have been reclassified to discontinued operations In addition, certain expenses related to the disposition of the Ohio operations totaling approximately \$72 million were recorded in September 2013 and are included in discontinued operations in the combined statements of operations and changes in net worth

Independent Medical Groups (Medical Groups) cooperate with Health Plans and Hospitals in conducting the Kaiser Permanente Medical Care Program Health Plans contracts with Hospitals and the Medical Groups to provide or arrange hospital and medical services for members Hospitals also contracts with the Medical Groups for certain professional services Contract payments to the Medical Groups represent a substantial portion of the expenses for medical services reported in these combined financial statements Payments from Health Plans and Hospitals constitute substantially all of the revenues for the Medical

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Groups Because the Medical Groups are independent and not controlled by Health Plans and Hospitals, their operations are not included in these combined financial statements

At December 31, 2013 and 2012, the percentages of Health Plans' and Hospitals' total labor force covered under collective bargaining agreements were approximately 69% and 68%, respectively. At December 31, 2013, approximately 11% of the workforce was covered under collective bargaining agreements that are scheduled to expire within one year. At December 31, 2013, approximately 2% of the workforce was working under an expired agreement, and approximately 1% of the workforce was working under a temporarily extended agreement.

Health Plans and Hospitals strive to improve the health and welfare of the communities they serve through their Direct Community Benefit Investment (DCBI) programs. DCBI expenditures provide funding for community benefit programs that serve communities through research, community-based health partnerships, direct health coverage for low-income families, and collaboration with community clinics, health departments, and public hospitals.

For the year ended December 31, 2013, DCBI expenditures (at cost, net of approximately \$1.1 billion of DCBI related revenue) were \$2.0 billion, representing 3.7% of operating revenue. In comparison, for the year ended December 31, 2012, DCBI expenditures (at cost, net of \$913 million of DCBI related revenue) were \$2.0 billion, representing 3.9% of operating revenue. The calculation of DCBI expenditures is based on Health Plans' and Hospitals' direct and indirect costs and the services provided by Health Plans and Hospitals under DCBI programs.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The financial statements of Health Plans and Hospitals are presented on a combined basis due to the operational interdependence of these organizations and because their governing boards and management are substantially the same. These combined financial statements have been prepared in accordance with GAAP. All material intercompany balances and transactions have been eliminated. Management has evaluated subsequent events through February 14, 2014, which is the date that these combined financial statements were issued.

(b) Cash and Cash Equivalents

Cash and cash equivalents include interest-bearing deposits purchased with an original or remaining maturity of three months or less. Cash and investments that are restricted per contractual or regulatory requirements are classified as noncurrent investments and excluded from cash and cash equivalents.

(c) Investments

Investments include equity, U.S. Treasury, government agencies, money market funds, and other marketable debt securities and are reported at fair value. Investments are categorized as current

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assets if they are intended to be available to satisfy current liabilities. Alternative investments are reported under the equity method. Certain investments are illiquid and are valued based on the most current information available. Other-than-temporary impairment and recognized gains and losses, which are recorded on the specific identification basis, and interest, dividend income, and income from equity method alternative investments are included in investment income - net. Health Plans and Hospitals have designated a portion of their investments for the physicians' retirement plan liability related to defined retirement benefits provided for physicians associated with certain Medical Groups. These investments are unrestricted assets of Health Plans and Hospitals. A portion of investment income that represents the expected return on the investments designated for the physicians' retirement plan has been recorded as a reduction in the provision for physicians' retirement plan benefits and is excluded from investment income - net, as described in the *Physicians' Retirement Plan* note.

Investments are regularly reviewed for impairment and a charge is recognized when the fair value is below cost basis and is judged to be other-than-temporary. In its review of assets for impairment that is deemed other-than-temporary, management generally follows the following guidelines:

- Substantially all investments are managed by outside investment managers who do not need Health Plans' or Hospitals' management preapproval for sales, therefore substantially all declines in value below cost are recognized as impairment that is other-than-temporary.
- For other securities, losses are recognized for known matters, such as bankruptcies, regardless of ownership period, and investments that have been continuously below book value for an extended period of time are evaluated for impairment that is other-than-temporary.

All other unrealized losses and all unrealized gains on investments are included as other changes in net worth.

Interest income is calculated under the effective interest method and included in investment income - net. Dividends are included in investment income - net on the ex-dividend date, which immediately follows the record date.

Health Plans' and Hospitals' investment transactions are recorded on a trade date basis.

Health Plans enters into purchase and sale To Be Announced (TBA) commitments of mortgage-backed securities within certain fixed-income investment portfolios, which are considered securities in themselves. Health Plans enters into transactions to sell TBA purchase commitments to third parties at current fair values and concurrently acquires other purchase commitments for similar securities at later dates. Open TBA sale commitments represent a liability as Health Plans is obligated to deliver securities on contractual settlement dates. TBA commitments are marked to fair value on a recurring basis. The changes in the fair value of TBA commitments are included in changes in net worth.

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(d) *Securities Lending Collateral and Payable*

Health Plans and Hospitals enter into securities lending agreements whereby certain securities from their portfolios are loaned to other institutions. Securities lent under such agreements remain in the portfolios of Health Plans and Hospitals. Health Plans and Hospitals receive a fee from the borrower under these agreements, which is recognized ratably over the period that the securities are lent. Collateral, primarily cash, is required at a rate of 102% of the fair value of securities lent and is carried as securities lending collateral. The obligation of Health Plans and Hospitals to return the cash collateral is carried as securities lending payable. The fair value of securities lending collateral is determined using level 1 or 2 inputs as appropriate, as defined in the *Fair Value Estimates* note. The fair value of the loaned securities is monitored on a daily basis, with additional collateral obtained or refunded as the fair value of the loaned securities fluctuates.

(e) *Broker Receivables and Payables*

Broker receivables and payables represent current amounts for unsettled securities sales or purchases.

(f) *Inventory*

Inventories, consisting primarily of pharmaceuticals and supplies, are carried at the lower of cost (generally first-in, first-out or weighted average price) or market.

(g) *Land, Buildings, Equipment, and Software*

Land, buildings, equipment, and software are stated at cost less accumulated depreciation and amortization. Interest is capitalized on facilities construction and internally developed software work in progress and is added to the cost of the underlying asset. Software, which includes internal and external costs incurred in developing or obtaining computer software for internal use, is capitalized. Qualifying costs incurred during the application development stage are capitalized. Depreciation and amortization begin when the project is substantially complete and ready for its intended use. Software is amortized on a straight-line basis over the estimated useful lives generally ranging from 3 to 7 years. Buildings and equipment are depreciated on a straight-line basis over the estimated useful lives of the various classes of assets, generally ranging from 3 to 33 years.

Management evaluates alternatives for delivering services that may affect the current and future utilization of existing and planned assets and could result in an adjustment to the carrying values or remaining lives of such land, buildings, equipment, and software in the future. Management evaluates and records impairment losses or adjusts remaining lives, where applicable, based on expected utilization, projected cash flows, and recoverable values.

Maintenance and repairs are expensed as incurred. Major improvements that increase the estimated useful life of an asset are capitalized. Upon the sale or retirement of assets, recorded cost and related accumulated depreciation are removed from the accounts, and any gain or loss on disposal is reflected in operations.

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Management estimates the fair value of asset retirement obligations that are conditional on a future event if the amount can be reasonably estimated. Estimates are developed through the identification of applicable legal requirements, identification of specific conditions requiring incremental cost at time of asset disposal, estimation of costs to remediate conditions, and estimation of remaining useful lives or date of asset disposal.

(h) *Medical Claims Payable*

The cost of health care services is recognized in the period in which services are provided. Medical claims payable consists of unpaid health care expenses to third-party providers, which include an estimate of the cost of services provided to Health Plans' members by the third-party providers that have been incurred but not reported. The estimate for incurred but not reported claims is based on actuarial projections of costs using historical paid claims and other relevant data. Estimates are monitored and reviewed and, as settlements are made or estimates are revised, adjustments are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions, actual utilization of medical services, changes in membership and product mix, claim submission and processing patterns, and other relevant factors. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of paid claims is dependent on future developments, management is of the opinion that the reserves for claims are adequate to cover such claims.

(i) *Due to Associated Medical Groups*

Due to associated medical groups consists primarily of unpaid medical expenses owed to the Medical Groups for medical services provided to members under medical services agreements with Health Plans. The cost of medical services is recognized by Health Plans in the period in which services are provided and is reflected as a component of medical and hospital services expenses.

(j) *Self-Insured Risks*

Costs associated with self-insured risks, primarily for professional, general, and workers' compensation liabilities, are charged to operations based upon actual and estimated claims. The portion estimated to be paid during the next year is included in current liabilities. The estimate for incurred but not reported self-insured claims is based on actuarial projections of costs using historical claims and other relevant data. Estimates are monitored and reviewed and, as settlements are made or estimates are revised, adjustments are reflected in current operations. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate payments for self-insured claims are dependent on future developments, management is of the opinion that the reserve for self-insured risks is adequate. Insurance coverage, in excess of the per occurrence self-insured retention, has been secured with insurers or reinsurers for specified amounts for professional, general, and workers' compensation liabilities. Decisions relating to the limit and scope of the self-insured layer and the amounts of excess insurance purchased are reviewed each year, subject to management's analysis of actuarial loss projections and the price and availability of acceptable commercial insurance.

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(k) Premium Deficiency Reserves

Premium deficiency reserves and the related expense are recognized when it is probable that expected future health care and maintenance costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries over the contract period. If applicable, premium deficiency reserves extending beyond one year are shown as a long-term liability. Expected investment income and interest expense are included in the calculation of premium deficiency reserves, as appropriate. The level at which contracts are grouped for evaluation purposes is generally by geographic region. The methods for making such estimates and for establishing the resulting reserves are reviewed and updated, and any resulting adjustments are reflected in current operations. At December 31, 2013 and 2012, premium deficiency reserves were \$22 million and \$49 million, respectively. Given the inherent variability of such estimates, the actual liability could differ significantly from the calculated amount.

(l) Derivative Financial Instruments

Derivative financial instruments are utilized primarily to manage the interest costs and the risk associated with changing interest rates. Health Plans and Hospitals enter into interest rate swaps with investment or commercial banks with significant experience with such instruments. In addition, certain investments include derivative products. The changes in the fair value of the derivative instruments are included in investment income - net and settlement costs are recorded as interest expense or investment income - net.

Derivative financial instruments are also utilized to manage the risk of holding equity investments, primarily to hedge downside volatility risk. Health Plans and Hospitals enter into derivatives such as put-spread collars with similar investment or commercial banks noted above. The changes in fair value for these derivatives are included in investment income - net.

Derivative financial instruments are utilized by Health Plans' and Hospitals' investment portfolio managers. These instruments include futures, forwards, options, and swaps. The changes in fair value for these derivative financial instruments are included in investment income - net.

(m) Revenue Recognition

Members' dues revenue includes premiums from employer groups and individuals. Members' dues revenue is recognized over the period in which the members are entitled to health care services.

The majority of Health Plans' and Hospitals' Medicare revenue is received from the Medicare Advantage Program (Part C). Revenues for Part C include capitated payments, which vary based on health status, demographic status, and other factors. Medicare revenues also include accruals for estimates resulting from changes in health risk factor scores. Such accruals are recognized when the amounts become determinable and collection is reasonably assured. Part C revenue is finalized after all data is submitted to Medicare and the final settlement is made after the end of the year.

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In addition, Medicare benefits include a voluntary prescription drug benefit (Part D). Revenues for Part D include capitated payments made from Medicare adjusted for health risk factor scores. Revenues also include amounts to reflect a portion of the health care costs for low-income Medicare beneficiaries and a risk-sharing arrangement to limit the exposure to unexpected expenses. Related accruals are recognized monthly based on cumulative experience and membership data. Part D revenue is finalized after all data is submitted to Medicare and the final settlement is made after the end of the year.

Medicare Part C and D revenue is subject to governmental audits and potential payment adjustments. The Centers for Medicare & Medicaid Services (CMS) performs coding audits to validate the supporting documentation maintained by Health Plans and its care providers.

Certain Medicare revenues are paid under cost reimbursement plans based on pre-established rates, and the final settlement is made after the end of the year. Estimates of final settlements of the cost reports are recorded by the Health Plans in current operations.

Estimates of retrospective adjustments resulting from coding audits, cost reports, and other contractual adjustments are recorded in the time period in which members are entitled to health care services. Actual retrospective adjustments may differ from initial estimates.

The Health Information Technology for Economic and Clinical Health Act, part of the American Recovery and Reinvestment Act of 2009, created an incentive program, beginning in 2011, to promote the "meaningful use" of Electronic Health Records (EHR). To qualify, Medicare providers must attest to CMS that they are using certified EHR in a "meaningful" way by meeting objectives at established thresholds, as defined by CMS. Meaningful use revenues are recognized as grant revenue. Grant revenue is recognized when there is reasonable assurance that the grant will be received and that the organization will comply with the conditions attached to the grant. For the years ended December 31, 2013 and 2012, meaningful use revenues were \$84 million and \$180 million, respectively, and were recognized in copays, deductibles, fees, and other revenue. The amount recognized is based on management's best estimate and is subject to audit and potential retrospective adjustments.

Health Plans estimates accrued retrospective premium adjustments for certain group health insurance contracts based on claims experience and the provisions of the contract. Health Plans records accrued retrospective premiums as an adjustment to members' dues. For the years ended December 31, 2013 and 2012, the amount of net premiums written by Health Plans subject to the retrospective rating feature were \$155 million and \$340 million, respectively. During 2013 and 2012, revenue derived under these contracts was 0.4% and 1.0%, respectively, of total members' dues. During 2013 and 2012, retrospective dues adjustments were \$0.8 million and \$(8.0) million, respectively.

Premiums collected in advance are deferred and recorded as dues collected in advance or Medicare payments received in advance. Revenue is adjusted to reflect estimates of collectability, including retrospective membership adjustment trends and economic conditions. Revenue and related receivables are exclusive of charity care. A portion of revenues derived under contracts with the

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United States Office of Personnel Management is subject to audit and potential retrospective adjustments

Patient services revenue is included in copays, deductibles, fees, and other revenue in the statement of operations and is recognized as services are rendered. Bad debt expense related to patient services revenue is calculated based on historical bad debt experience and recorded as an offset to patient services revenue (net of contractual allowances and discounts)

(n) Pension and Other Postretirement Benefits

Health Plans' and Hospitals' defined benefit pension and other postretirement benefit plans are actuarially evaluated and involve various assumptions. Critical assumptions include the discount rate and the expected rate of return on plan assets (for pension), and the rate of increase for health care costs (for postretirement benefit plans other than pension), which are important elements of expense and/or liability measurement. Other assumptions involve demographic factors such as retirement age, mortality, turnover, and the rate of compensation increases. Health Plans and Hospitals evaluate assumptions annually or when significant plan amendments occur and modify them as appropriate. Pension and other postretirement costs are allocated over the service period of the employees in the plans.

Health Plans and Hospitals use a discount rate to determine the present value of the future benefit obligations. The discount rate is established based on rates available for high-quality fixed-income debt securities at the measurement date whose maturity dates match the expected cash flows of the retirement plans.

Differences between actual and expected plan experience and changes in actuarial assumptions, in excess of a 10% corridor around the larger of plan assets or plan liabilities, are recognized into benefits expense over the expected average future service of active participants. Prior service costs and credits arise from plan amendments and are amortized into postretirement benefits expense over the expected average future service to full eligibility of active participants.

(o) Donations and Grants Made or Received

Donations and grants made are recognized at fair value in the period in which a commitment is made, provided the payment of the donation or grant is probable and the amount is determinable. Donations or grants received, including research grants, are recognized at fair value in the period the donation or grant was committed unconditionally by the grantor or in the period the donation or grant requirements are met, if later.

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(p) Use of Estimates

The preparation of these combined financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts. Allowance for uncollectible accounts receivable, estimated fair value of investments, Medicare revenue accruals, Medicare reserves, incurred but not reported medical claims payable, physicians' retirement plan liabilities, pension and other retirement liabilities, premium deficiency reserves, self-insured professional liabilities, self-insured general and workers' compensation liabilities, land, buildings, equipment, and software impairment and useful lives, and investment impairment represent significant estimates. Actual results could differ materially from those estimates. With respect to employee benefit plans, as occurs from time to time, negotiations with labor partners may result in changes to compensation and benefits. These changes are reflected in the financial statements as appropriate when agreements are finalized.

(q) Reclassifications

Certain reclassifications have been made in these combined financial statements to conform 2012 information to the 2013 presentation.

(r) Recently Issued Accounting Standards

During 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-06 *Other Expenses (Topic 720) Fees Paid to the Federal Government by Health Insurers* (a consensus of the FASB Emerging Issues Task Force). This guidance will be adopted by Health Plans and Hospitals in 2014. This accounting standard is applicable to the Health Insurance Providers (HIP) fee provided for in the Patient Protection and Affordable Care Act. Current guidance provides that the HIP fee will be assessed on Health Plans by the Internal Revenue Service (IRS) by August 31, 2014, and will be paid by September 30, 2014. The IRS assessment for 2014 will be based on the agency's calculation of Health Plans' net premiums in the data year of 2013 as a percentage of the total premiums for all U.S. health plans in the data year. Management has estimated the 2014 assessment on Health Plans to be approximately \$300 million. In accordance with GAAP, management will record a liability for the estimated amount of this assessment in January 2014, and will amortize the related deferred cost to expense monthly.

During 2013, the FASB issued ASU No. 2013-06 *Not-for-Profit Entities (Topic 958) Services Received from Personnel of an Affiliate* (a consensus of the FASB Emerging Issues Task Force). This guidance will be adopted by Health Plans and Hospitals in 2015. Management has evaluated this accounting standard and does not expect it to have a significant effect on the combined financial statements.

(3) Fair Value Estimates

The carrying amounts reported in the balance sheets for cash and cash equivalents, securities lending collateral, broker receivables, accounts receivable - net, accounts payable and accrued expenses, medical

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claims payable, due to associated medical groups, payroll and related charges, securities lending payable, and broker payables approximate fair value

Investments, other than alternative investments, as discussed in the *Investments* note, are reported at fair value. The fair values of investments are based on quoted market prices, if available, or estimated using quoted market prices for similar investments. If listed prices or quotes are not available, fair value is based upon other observable inputs or models that primarily use market-based or independently sourced market parameters as inputs. In addition to market information, models also incorporate transaction details such as maturity. Fair value adjustments, including credit, liquidity, and other factors, are included, as appropriate, to arrive at a fair value measurement. Certain investments are illiquid and are valued based on the most current information available, which may be less current than the date of these combined financial statements.

The carrying value of alternative investments, which include absolute return, risk parity, and private equity, is reported under the equity method, which management believes to approximate fair value. The fair values of alternative investments have been estimated by management based on all available data, including information provided by fund managers or the general partners. The underlying securities within absolute return investments are typically valued using quoted prices for identical or similar instruments within active and inactive markets. The underlying holdings within private equity investments are valued based on recent transactions, operating results, and industry and other general market conditions.

Health Plans and Hospitals utilize a three-level valuation hierarchy for fair value measurements. An instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement. For instruments classified in level 1 of the hierarchy, valuation inputs are quoted prices for identical instruments in active markets at the measurement date. For instruments classified in level 2 of the hierarchy, valuation inputs are directly observable but do not qualify as level 1 inputs. Examples of level 2 inputs include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, other observable inputs such as interest rates and yield curves observable at commonly quoted intervals, volatilities, prepayment speeds, loss severities, credit risks, and default rates, and market-correlated inputs that are derived principally from or corroborated by observable market data. For instruments classified in level 3 of the hierarchy, valuation inputs are unobservable inputs for the instrument. Level 3 inputs incorporate assumptions about the factors that market participants would use in pricing the instrument.

The fair value of long-term debt is based on level 2 inputs for debt with similar risk, terms, and remaining maturities. At December 31, 2013 and 2012, the carrying amount of long-term debt totaled \$7.2 billion and \$7.6 billion, respectively. At December 31, 2013 and 2012, the estimated fair value of long-term debt was approximately \$7.2 billion and \$7.9 billion, respectively.

At December 31, 2013 and 2012, Health Plans and Hospitals held derivative financial instruments including interest rate swaps, as well as futures, swaps, and forwards held within investment portfolios. The estimated fair values of derivative instruments were determined using level 2 inputs, including

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available market information and valuation methodologies, primarily discounted cash flows. Additional description and the fair value of derivative instruments are contained in the *Derivative Instruments* note.

(4) Investments

Management's methods for estimating fair value of financial instruments is discussed in the *Fair Value Estimates* note.

At December 31, 2013, the estimated fair value of current investments by level was as follows (in millions)

	Quoted prices in active markets for identical assets level 1	Significant other observable inputs level 2	Significant unobservable inputs level 3	Total
U S equity securities	\$ 16	\$ —	\$ —	\$ 16
Debt securities issued by the U S government	—	1,963	—	1,963
Debt securities issued by U S government agencies and corporations	—	225	—	225
Debt securities issued by U S states and political subdivisions of states	—	80	—	80
Foreign government debt securities	—	17	—	17
U S corporate debt securities	—	1,462	—	1,462
Foreign corporate debt securities	—	853	—	853
U S agency mortgage-backed securities	—	343	—	343
Non-U S agency mortgage-backed securities	—	484	—	484
Other asset-backed securities	—	356	—	356
Short-term investment funds	—	335	—	335
Total	<u>\$ 16</u>	<u>\$ 6,118</u>	<u>\$ —</u>	<u>\$ 6,134</u>

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At December 31, 2013, the estimated fair value of noncurrent investments by level was as follows (in millions)

	Quoted prices in active markets for identical assets level 1	Significant other observable inputs level 2	Significant unobservable inputs level 3	Total
U S equity securities	\$ 3,729	\$ 38	\$ —	\$ 3,767
Foreign equity securities	2,283	1,508	17	3,808
Global equity funds	—	840	—	840
Debt securities issued by the U S government	—	961	—	961
Debt securities issued by U S government agencies and corporations	—	215	—	215
Debt securities issued by U S states and political subdivisions of states	—	225	—	225
Foreign government debt securities	—	922	8	930
U S corporate debt securities	3	3,711	—	3,714
Foreign corporate debt securities	—	1,512	—	1,512
U S agency mortgage-backed securities	—	923	—	923
Non-U S agency mortgage-backed securities	—	373	13	386
Other asset-backed securities	—	386	—	386
Short-term investment funds	—	775	—	775
Other	70	313	2	385
Alternative investments				
Absolute return	—	1,510	612	2,122
Private equity	—	—	1,316	1,316
Risk parity	—	—	612	612
Total	<u>\$ 6,085</u>	<u>\$ 14,212</u>	<u>\$ 2,580</u>	<u>\$ 22,877</u>

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At December 31, 2012, the estimated fair value of current investments by level was as follows (in millions)

	Quoted prices in active markets for identical assets level 1	Significant other observable inputs level 2	Significant unobservable inputs level 3	Total
U S equity securities	\$ 14	\$ —	\$ —	\$ 14
Debt securities issued by the U S government	—	2,150	—	2,150
Debt securities issued by U S government agencies and corporations	—	125	—	125
Debt securities issued by U S states and political subdivisions of states	—	148	—	148
Foreign government debt securities	—	19	—	19
U S corporate debt securities	—	1,472	—	1,472
Foreign corporate debt securities	—	772	—	772
U S agency mortgage-backed securities	—	653	—	653
Non-U S agency mortgage-backed securities	—	313	—	313
Other asset-backed securities	—	283	—	283
Short-term investment funds	—	318	—	318
Total	<u>\$ 14</u>	<u>\$ 6,253</u>	<u>\$ —</u>	<u>\$ 6,267</u>

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At December 31, 2012, the estimated fair value of noncurrent investments by level was as follows (in millions)

	Quoted prices in active markets for identical assets level 1	Significant other observable inputs level 2	Significant unobservable inputs level 3	Total
U S equity securities	\$ 3,133	\$ 13	\$ —	\$ 3,146
Foreign equity securities	1,886	885	18	2,789
Global equity funds	—	996	—	996
Debt securities issued by the U S government	—	1,192	—	1,192
Debt securities issued by U S government agencies and corporations	—	94	—	94
Debt securities issued by U S states and political subdivisions of states	—	206	—	206
Foreign government debt securities	—	468	5	473
U S corporate debt securities	—	2,481	4	2,485
Foreign corporate debt securities	—	1,375	—	1,375
U S agency mortgage-backed securities	—	1,521	—	1,521
Non-U S agency mortgage-backed securities	—	180	14	194
Other asset-backed securities	—	386	—	386
Short-term investment funds	—	692	—	692
Other	10	312	2	324
Alternative investments				
Absolute return	—	1,427	569	1,996
Private equity	—	—	965	965
Risk parity	—	—	636	636
Total	<u>\$ 5,029</u>	<u>\$ 12,228</u>	<u>\$ 2,213</u>	<u>\$ 19,470</u>

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At December 31, 2013, debt and equity securities available-for-sale were as follows (in millions)

	<u>Amortized cost</u>	<u>Gross unrealized gains</u>	<u>Gross unrealized losses</u>	<u>Fair value</u>
U S equity securities	\$ 2,759	\$ 1,024	\$ —	\$ 3,783
Foreign equity securities	3,019	789	—	3,808
Global equity funds	535	305	—	840
Debt securities issued by the U S government	2,915	9	—	2,924
Debt securities issued by U S government agencies and corporations	436	4	—	440
Debt securities issued by U S states and political subdivisions of states	282	23	—	305
Foreign government debt securities	931	16	—	947
U S corporate debt securities	5,014	162	—	5,176
Foreign corporate debt securities	2,319	46	—	2,365
U S agency mortgage-backed securities	1,240	26	—	1,266
Non-U S agency mortgage-backed securities	850	20	—	870
Other asset-backed securities	737	5	—	742
Short-term investment funds	1,110	—	—	1,110
Other	380	5	—	385
	<u>\$ 22,527</u>	<u>\$ 2,434</u>	<u>\$ —</u>	<u>\$ 24,961</u>
Total	<u>\$ 22,527</u>	<u>\$ 2,434</u>	<u>\$ —</u>	<u>\$ 24,961</u>

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At December 31, 2012, debt and equity securities available-for-sale were as follows (in millions)

	<u>Amortized cost</u>	<u>Gross unrealized gains</u>	<u>Gross unrealized losses</u>	<u>Fair value</u>
U S equity securities	\$ 2,601	\$ 559	\$ —	\$ 3,160
Foreign equity securities	2,349	447	(7)	2,789
Global equity funds	721	275	—	996
Debt securities issued by the U S government	3,304	38	—	3,342
Debt securities issued by U S government agencies and corporations	216	3	—	219
Debt securities issued by U S states and political subdivisions of states	306	48	—	354
Foreign government debt securities	441	51	—	492
U S corporate debt securities	3,665	292	—	3,957
Foreign corporate debt securities	2,018	129	—	2,147
U S agency mortgage-backed securities	2,110	64	—	2,174
Non-U S agency mortgage-backed securities	483	24	—	507
Other asset-backed securities	662	7	—	669
Short-term investment funds	1,010	—	—	1,010
Other	299	25	—	324
Total	<u>\$ 20,185</u>	<u>\$ 1,962</u>	<u>\$ (7)</u>	<u>\$ 22,140</u>

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At December 31, available-for-sale debt securities by contractual maturity and mortgage-backed and other asset-backed debt securities were as follows (in millions)

	2013		2012	
	Amortized cost	Fair value	Amortized cost	Fair value
Due in one year or less	\$ 1.965	\$ 1.971	\$ 1.971	\$ 1.991
Due after one year through five years	6.767	6.851	5.859	6.006
Due after five years through ten years	2.414	2.459	1.352	1.447
Due after ten years	2.241	2.371	2.077	2.401
U S agency mortgage-backed securities	1.240	1.266	2.110	2.174
Non-U S agency mortgage-backed securities	850	870	483	507
Other asset-backed securities	737	742	662	669
Total	<u>\$ 16.214</u>	<u>\$ 16.530</u>	<u>\$ 14.514</u>	<u>\$ 15.195</u>

For the year ended December 31, 2013, the reconciliation of investments with fair value measurements using significant unobservable inputs (level 3) was as follows (in millions)

	Equity securities	Debt securities	Alternative investments	Total
Beginning balance	\$ 18	\$ 25	\$ 2,170	\$ 2,213
Total net gains (losses)				
Realized	2	(1)	120	121
Unrealized	3	(1)	—	2
Purchases	4	14	392	410
Sales	(10)	(7)	(142)	(159)
Settlements	—	(7)	—	(7)
Ending balance	<u>\$ 17</u>	<u>\$ 23</u>	<u>\$ 2,540</u>	<u>\$ 2,580</u>
Total realized and unrealized year-to-date net gains related to assets held at December 31, 2013	<u>\$ 4</u>	<u>\$ —</u>	<u>\$ 125</u>	<u>\$ 129</u>

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For the year ended December 31, 2012, the reconciliation of investments with fair value measurements using significant unobservable inputs (level 3) was as follows (in millions)

	<u>Equity securities</u>	<u>Debt securities</u>	<u>Alternative investments</u>	<u>Total</u>
Beginning balance	\$ 8	\$ 20	\$ 1,315	\$ 1,343
Transfers out of level 3	—	(1)	—	(1)
Total net gains (losses)				
Realized	—	1	146	147
Unrealized	—	1	(1)	—
Purchases	16	9	796	821
Sales	(6)	—	(84)	(90)
Settlements	—	(5)	(2)	(7)
Ending balance	<u>\$ 18</u>	<u>\$ 25</u>	<u>\$ 2,170</u>	<u>\$ 2,213</u>
Total realized and unrealized year-to-date net gains related to assets held at December 31, 2012	<u>\$ —</u>	<u>\$ 2</u>	<u>\$ 145</u>	<u>\$ 147</u>

Transfers between fair value input levels, if any, are recorded at the end of the reporting period. Transfers between fair value input levels occur when valuation inputs used to record or disclose assets or liabilities change from one level of the valuation hierarchy to another. During the years ended December 31, 2013 and 2012, there were no transfers between assets with inputs with quoted prices in active markets for identical assets (level 1) and assets with inputs with significant other observable inputs (level 2).

Noncurrent investments include specific funds held in trust accounts related to collateral requirements for certain reinsurance agreements. At December 31, 2013 and 2012, the values of these funds were \$29 million and \$31 million, respectively.

Absolute return investments use advanced investment strategies, including derivatives, to generate positive long-term risk adjusted returns. Private equity investments consist of funds that make direct investments in private companies. Risk parity funds use risk as the primary factor to allocate investments among asset classes. Management meets with alternative investment fund managers periodically to assess portfolio performance and reporting and exercises oversight over fund managers. At December 31, 2013, Hospitals had original commitments related to alternative investments of \$3.2 billion, of which \$1.5 billion was invested, leaving \$1.7 billion of remaining commitments. At December 31, 2012, Hospitals had original commitments related to alternative investments of \$2.0 billion, of which \$1.1 billion was invested, leaving \$875 million of remaining commitments.

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For the years ended December 31, investment income - net was comprised of the following (in millions)

	2013	2012
Other-than-temporary impairment	\$ (498)	\$ (258)
Recognized gains	1,391	921
Recognized losses	(170)	(152)
Income from equity method alternative investments	235	203
Interest, dividends, and other income - net	562	629
Derivative income (loss)	(8)	16
Total investment income - net	1,512	1,359
Less investment income included in operating income	(355)	(302)
Investment income - net	\$ 1,157	\$ 1,057

For the years ended December 31, 2013 and 2012, Health Plans and Hospitals recorded impairment of certain investments in accordance with the policy described in the note *Summary of Significant Accounting Policies - Investments*. During 2013, there was \$12 million of impairment of alternative investments. During 2012, there was no impairment of alternative investments.

Absolute return, risk parity, and private equity investments include redemption restrictions. Absolute return and risk parity investments require 10 to 90 day written notice of intent to withdraw and are often subject to the approval and capital requirements of the fund manager. Absolute return investments of \$161 million are subject to a remaining 12 month lock-up period. Private equity agreements do not include provisions for redemption. Distributions will be received as the underlying investments of the funds are liquidated, which is expected over the next 11 years.

(5) Derivative Instruments

(a) Interest Rate Swaps

At December 31, 2013 and 2012, Health Plans and Hospitals had 11 agreements to manage interest rate fluctuations (Interest Rate Swaps) with a total notional amount of \$1.2 billion for each period. At December 31, 2013 and 2012, the fair values of these agreements were \$(160) million and \$(301) million, respectively, and were recorded in other long-term liabilities. For the years ended December 31, 2013 and 2012, Health Plans and Hospitals recorded approximately \$36 million and \$37 million, respectively, in interest expense relating to the Interest Rate Swaps. For the years ended December 31, 2013 and 2012, net changes in fair values totaled \$141 million and \$2 million, respectively, and were recorded in investment income - net.

These derivatives contain reciprocal provisions whereby, if Health Plans' and Hospitals' or the counterparties' credit rating was to decline to certain levels, provisions would be triggered requiring Health Plans and Hospitals or the counterparties to provide certain collateral. At December 31, 2013 and 2012, no collateral was required to be posted by either Health Plans and Hospitals or the counterparties.

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(b) Derivatives Held in Investment Portfolios

At December 31, 2013 and 2012, Health Plans' and Hospitals' portfolio managers held \$5 million and \$(10) million, respectively, of futures, forwards, options, and swaps to attempt to protect investments against volatility. For the years ended December 31, 2013 and 2012, net changes in fair values totaled \$(5) million and \$(27) million, respectively, and were recorded in investment income - net. For the years ended December 31, 2013 and 2012, gains (losses) resulting from derivative settlements totaled \$(144) million and \$41 million, respectively, and were recorded in investment income - net.

(c) Information on Derivative Gain (Loss) and Fair Value

Management's methods for estimating fair value of financial instruments is discussed in the *Fair Value Estimates* note.

**Information on Derivative Gain (Loss) Mark-to-Market Valuation
Recognized in Income**

(In millions)

<u>Derivatives not designated as hedging instruments</u>	<u>Statement of operations category</u>	<u>Gain (loss) recognized in income on derivatives for years ended December 31,</u>	
		<u>2013</u>	<u>2012</u>
Interest rate swaps - related to debt	Investment income - net	\$ 141	\$ 2
Interest rate swaps - other	Investment income - net	3	2
Options, rights, and warrants	Investment income - net	1	1
Futures and forwards	Investment income - net	(9)	(30)
		<u>\$ 136</u>	<u>\$ (25)</u>

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**Information on Derivative Settlement Costs
Recognized in Income**

(In millions)

<u>Derivatives not designated as hedging instruments</u>	<u>Statement of operations category</u>	Gain (loss) recognized in income on derivatives for years ended December 31,	
		<u>2013</u>	<u>2012</u>
Interest rate swaps - related to debt	Interest expense	\$ (36)	\$ (37)
Interest rate swaps - other	Investment income - net	(4)	5
Futures and forwards	Investment income - net	(132)	44
Options, rights, and warrants	Investment income - net	(8)	(8)
		<u>\$ (180)</u>	<u>\$ 4</u>

Information on Fair Value of Derivative Instruments – Assets

(In millions)

<u>Derivatives not designated as hedging instruments</u>	<u>Balance sheet category</u>	Fair value at December 31,	
		<u>2013</u>	<u>2012</u>
Interest rate swaps - other	Noncurrent investments	\$ 9	\$ 2
Futures and forwards	Noncurrent investments	15	47
Options, rights, and warrants	Noncurrent investments	6	2
		<u>\$ 30</u>	<u>\$ 51</u>

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Information on Fair Value of Derivative Instruments – Liabilities

(In millions)

<u>Derivatives not designated as hedging instruments</u>	<u>Balance sheet category</u>	<u>Fair value at December 31,</u>	
		<u>2013</u>	<u>2012</u>
Interest rate swaps - related to debt	Other long-term liabilities	\$ 160	\$ 301
Interest rate swaps - other	Other long-term liabilities	6	2
Futures and forwards	Other long-term liabilities	16	58
Options, rights, and warrants	Other long-term liabilities	3	1
		<u>\$ 185</u>	<u>\$ 362</u>

(6) Accounts Receivable - net

At December 31, accounts receivable - net were as follows (in millions)

	<u>2013</u>	<u>2012</u>
Members' dues	\$ 613	\$ 593
Patient services	368	316
Medicare	351	403
Other	314	297
	<u>1,646</u>	<u>1,609</u>
Allowances for bad debt	<u>(109)</u>	<u>(124)</u>
Total	<u>\$ 1,537</u>	<u>\$ 1,485</u>

(7) Inventories and Other Current Assets

At December 31, inventories and other current assets were as follows (in millions)

	<u>2013</u>	<u>2012</u>
Inventories - net	\$ 773	\$ 766
Prepaid expenses	308	407
Other	10	12
Total	<u>\$ 1,091</u>	<u>\$ 1,185</u>

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(8) Land, Buildings, Equipment, and Software - net

At December 31, land, buildings, equipment, and software - net were as follows (in millions)

	<u>2013</u>	<u>2012</u>
Land	\$ 1.792	\$ 1.646
Buildings and improvements	26.835	24.754
Furniture, equipment, and software	9.357	8.644
Construction and software development in progress	3.063	3.535
	<u>41.047</u>	<u>38.579</u>
Accumulated depreciation and amortization	<u>(18.155)</u>	<u>(16.964)</u>
Total	<u>\$ 22.892</u>	<u>\$ 21.615</u>

Health Plans and Hospitals capitalize interest costs on borrowings incurred during the construction, upgrade, or development of qualifying assets. Capitalized interest is added to the cost of the underlying assets and is depreciated or amortized over the useful lives of the assets. During 2013 and 2012, Health Plans and Hospitals capitalized \$88 million and \$94 million, respectively, of interest in connection with various capital projects.

Asset retirement obligations relate primarily to the following: leased building restoration, building materials containing asbestos, leaded wall shielding, storage tanks (above ground and below ground), chillers or cooling tower chemicals, mercury in large fixed-components, and hard drives requiring data wiping prior to disposal. At December 31, 2013 and 2012, the liability for asset retirement obligations was \$86 million and \$83 million, respectively. During 2013 and 2012, amortization and other adjustments of the associated assets totaled \$11 million and \$5 million, respectively. At December 31, 2013 and 2012, the unamortized asset related to this retirement obligation was \$12 million and \$17 million, respectively.

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(9) Medical Claims Payable

For the years ended December 31, activity in the liability for medical claims payable was as follows (in millions)

	<u>2013</u>	<u>2012</u>
Balances at January 1	\$ 1,320	\$ 1,295
Incurred related to		
Current year	7,194	6,926
Prior years	(172)	(109)
Total incurred	<u>7,022</u>	<u>6,817</u>
Paid related to		
Current year	6,148	5,831
Prior years	934	961
Total paid	<u>7,082</u>	<u>6,792</u>
Balances at December 31	<u>\$ 1,260</u>	<u>\$ 1,320</u>

Amounts incurred related to prior years vary from previously estimated liabilities as the claims are ultimately adjudicated and paid. Liabilities are reviewed and revised as information regarding actual claims payments becomes known. Negative amounts reported for incurred related to prior years result from claims being adjudicated and paid for amounts less than originally estimated.

(10) Other Liabilities

At December 31, other current liabilities were as follows (in millions)

	<u>2013</u>	<u>2012</u>
Self-insured risks	\$ 400	\$ 397
Dues collected in advance	496	510
Medicare liabilities	34	80
Postretirement benefits	122	99
Physicians' retirement plan liability	143	134
TBA commitments	49	160
Other	364	307
Total	<u>\$ 1,608</u>	<u>\$ 1,687</u>

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At December 31, other long-term liabilities were as follows (in millions)

	<u>2013</u>	<u>2012</u>
Self-insured risks	\$ 1,395	\$ 1,288
Derivatives liability	185	362
Due to associated medical groups	282	249
Other	295	259
Total	<u>\$ 2,157</u>	<u>\$ 2,158</u>

(11) Debt

At December 31, debt was as follows (in millions)

	<u>2013</u>	<u>2012</u>
Tax-exempt revenue bonds and taxable bonds and notes		
0.03% to 3.90% variable rate due through 2052	\$ 3,991	\$ 3,731
3.25% to 5.38% fixed rate due through 2045	3,666	3,955
Others at various rates due through 2026	2	2
Total	<u>\$ 7,659</u>	<u>\$ 7,688</u>
Other current debt		
Commercial paper	\$ 438	\$ 100
Current portion of long-term debt	158	356
Long-term debt subject to short-term remarketing arrangements - net	1,537	1,480
Long-term debt classified as a long-term liability	5,526	5,752
Total	<u>\$ 7,659</u>	<u>\$ 7,688</u>

During 2013, Hospitals redeemed \$278 million of fixed-rate bonds and \$60 million of variable-rate bonds using taxable commercial paper proceeds and retired \$18 million of tax-exempt variable rate debt. During 2012, Hospitals issued \$1.0 billion of fixed-rate taxable bonds and \$1.0 billion of tax-exempt revenue bonds, of which \$908 million was tax-exempt fixed-rate debt and \$100 million was tax-exempt variable rate debt. Additionally, during 2012, Hospitals remarketed \$200 million of put bonds and the transaction was accounted for as an extinguishment and reoffering. During 2012, Hospitals retired \$15 million of bonds that matured in 2012 and refunded \$100 million of fixed-rate bonds using taxable commercial paper proceeds.

At December 31, 2013 and 2012, at the holder's option, repurchase of variable rate demand bonds totaling \$3.5 billion and \$3.6 billion, respectively, may be required at earlier than stated maturity. These bonds may be remarketed rather than repurchased. To date, all such bonds have been remarketed. Health Plans and Hospitals have provided self-liquidity for the variable rate demand bonds with put options. Additionally, at both December 31, 2013 and 2012, management had the ability to finance the acquisition of up to \$1.5 billion of any unremarketed bonds that are put, using available credit facilities. At both December 31, 2013

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and 2012, \$1.5 billion of these variable rate demand bonds were classified in current liabilities. These amounts were net of \$1.5 billion of available long-term credit facilities.

Variable rates for these bonds are determined by market rates for similar obligations. At December 31, 2013 and 2012, \$68 million and \$79 million, respectively, of the above tax-exempt fixed-rate revenue bonds represented a net unamortized premium balance.

Scheduled principal payments for each of the next five years and thereafter considering obligations subject to short-term remarketing as due according to their long-term amortization schedule, except as described below, were as follows (in millions):

2014		\$	671
2015			30
2016			121
2017			18
2018			18
Thereafter			6,733
Total		\$	7,591

At December 31, 2013, Hospitals had certain bonds that require mandatory tender by the holder on a date certain as follows: \$205 million in 2016 and \$275 million in 2017. Hospitals intends to remarket these bonds until final maturity of the bonds. Long-term bonds of \$75 million that require mandatory tender by the holder in 2014 have been reflected in the 2014 amount in the schedule above.

Credit Facility

Hospitals' credit facility of \$1.5 billion terminates in August 2016. Various interest rate options are available under this facility. Any revolving borrowings mature on the termination date. Hospitals pays facility fees, which range from 0.065% to 0.125% per annum, depending upon Hospitals' long-term senior unsecured debt rating. At December 31, 2013, the facility fee was at an annual rate of 0.08%. At December 31, 2013 and 2012, no amounts were outstanding under this credit facility.

Hospitals' revolving credit facility contains financial covenants. Under the terms of this facility, Hospitals is required to maintain minimum debt service coverage, as defined. Hospitals is also required to maintain a ratio of total debt to capital, as defined.

Taxable Commercial Paper Program

Hospitals maintains a commercial paper program providing for the issuance of up to \$1.5 billion in aggregate maturity value of short-term indebtedness. The commercial paper is issued in denominations of \$100,000 and will bear such interest rates, if interest-bearing, or will be sold at such discount from their face amounts, as agreed upon by Hospitals and the dealer acting in connection with the commercial paper program. The commercial paper may be issued with varying maturities up to a maximum of 270 days from

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the date of issuance. At December 31, 2013 and 2012, commercial paper of \$438 million and \$100 million, respectively, were outstanding under this program and are included within other current debt.

(12) Pension Plans

(a) *Defined Benefit Plan*

Health Plans and Hospitals have a defined benefit pension plan (Plan) covering substantially all their employees. Benefits are based on age at retirement, years of credited service, and average compensation for a specified period prior to retirement. Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future.

For financial reporting purposes, the projected unit credit method is used. At December 31, 2013 and 2012, substantially all pension fund assets were held in a group trust. At December 31, 2013 and 2012, the trust's assets were invested primarily in fixed-income and equity securities, with approximately 14% and 11% of trust assets, net of liabilities, respectively, invested in alternative investments.

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At December 31, the funded status of the plan was as follows (in millions)

	<u>2013</u>	<u>2012</u>
Change in projected benefit obligation (PBO)		
Benefit obligation at beginning of year	\$ 13,872	\$ 10,692
Service cost	1,046	819
Interest cost	599	548
Special termination benefits	20	—
Plan amendments	—	1
Net actuarial loss (gain)	(2,075)	2,100
Benefits paid	(498)	(288)
Benefit obligation at end of year	<u>\$ 12,964</u>	<u>\$ 13,872</u>
Accumulated benefit obligation at end of year	<u>\$ 9,664</u>	<u>\$ 10,348</u>
Change in Health Plans` and Hospitals` share of trust assets		
Fair value of plan assets at beginning of year	\$ 7,329	\$ 5,452
Actual return on plan assets	816	782
Contributions	856	1,383
Benefits paid	(498)	(288)
Fair value of plan assets at end of year	<u>\$ 8,503</u>	<u>\$ 7,329</u>
Funded status	<u>\$ (4,461)</u>	<u>\$ (6,543)</u>
Amounts recognized in the balance sheet consist of		
Noncurrent assets	\$ —	\$ —
Current liabilities	—	—
Pension and other retirement liabilities	(4,461)	(6,543)
	<u>\$ (4,461)</u>	<u>\$ (6,543)</u>
Amounts recognized in net worth		
Net actuarial loss	\$ 3,004	\$ 5,727
Prior service cost	20	35
	<u>\$ 3,024</u>	<u>\$ 5,762</u>

The measurement date used to determine pension valuations was December 31

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For the years ended December 31, pension expense was as follows (in millions)

	<u>2013</u>	<u>2012</u>
Service cost	\$ 1,046	\$ 819
Interest cost	599	548
Expected return on plan assets	(553)	(461)
Special termination benefits	20	—
Amortization of net actuarial loss	385	279
Amortization of prior service cost	15	15
	<u>1,512</u>	<u>1,200</u>
Net pension expense		
Other changes in plan assets and PBO recognized in net worth		
Net actuarial loss (gain)	(2,338)	1,779
Prior service cost	—	1
Amortization of net actuarial loss	(385)	(279)
Amortization of prior service cost	(15)	(15)
	<u>(2,738)</u>	<u>1,486</u>
Total recognized in net worth		
Total recognized in net periodic benefit cost and net worth	<u>\$ (1,226)</u>	<u>\$ 2,686</u>

During 2014, \$140 million and \$15 million in estimated net actuarial loss and prior service cost, respectively, will be amortized from net worth into net pension expense

Actuarial assumptions used were as follows

	<u>2013</u>	<u>2012</u>
Weighted average discount rate at January 1 for calculating pension expense	4.35%	5.10%
Weighted average discount rate for calculating December 31 PBO	5.15%	4.35%
Weighted average salary scale for calculating pension expense and December 31 PBO	4.60%	4.60%
Expected long-term rate of return on plan assets for calculating pension expense	7.50%	7.75%

During 2014, management expects to contribute approximately \$940 million to its pension plan

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The following benefit payments, which reflect expected future service, are expected to be paid (in millions)

2014	\$	482
2015		527
2016		582
2017		633
2018		684
2019 - 2023		3,885

Explanation of Investment Strategies and Policies

A total return investment approach is employed for the defined benefit pension plan whereby the plan invests in a mix of equity, fixed-income, and alternative asset classes to maximize the long-term return of plan assets for a prudent level of risk. The intent of this strategy is to minimize plan expenses by outperforming plan liabilities over the long run. Risk tolerance is established through consideration of plan liabilities, plan funded status, and corporate financial condition. The investment portfolio will consist over time of a varying but diversified blend of equity, fixed-income, and alternative investments. Diversification includes such factors as geographic location, equity capitalization size and style, placement in the capital structure, and security type. Investment risk is measured and monitored on an ongoing basis through annual liability measurements, periodic asset/liability studies, and quarterly investment portfolio reviews. The Plan's investment policy has restrictions relating to credit quality, industry/sector concentration, duration, concentration of ownership, and use of derivatives.

Capital Market Assumption Methodology

To determine the long-term rate of return assumption for plan assets, management incorporates historical relationships among the various asset classes and subclasses to be accessed over the investment horizon. Management's intent is to maximize portfolio efficiency. This will be accomplished by seeking the highest returns prudently available among the available asset classes. Overall portfolio volatility is managed through diversification among asset classes. Current market factors such as inflation and interest rates are evaluated before long-term capital market assumptions are determined. From time to time, management reviews its long-term investment strategy and reconciles that strategy with the long-term liabilities of the pension plan. This asset-liability study produces a range of expected returns over medium and long-term time periods. Those intermediate and long-term investment projections form the basis for the expected long-term rate of return on assets.

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At December 31, 2013, the estimated fair value of total pension trust assets - net by level was as follows (in millions)

	Quoted prices in active markets for identical assets level 1	Significant other observable inputs level 2	Significant unobservable inputs level 3	Total
Assets				
Cash and cash equivalents	\$ 71	\$ 998	\$ —	\$ 1,069
Broker receivables	—	310	—	310
Securities lending collateral	—	1,434	—	1,434
U S equity securities	3,669	67	—	3,736
Foreign equity securities	4,161	1,552	—	5,713
Global equity funds	—	320	—	320
Debt securities issued by the U S government	—	681	—	681
Debt securities issued by U S government corporations and agencies	—	58	—	58
Debt securities issued by U S states and political subdivisions of states	—	169	—	169
Foreign government debt securities	—	402	—	402
U S corporate debt securities	—	3,535	—	3,535
Non-U S corporate debt securities	—	1,012	—	1,012
U S agency mortgage-backed securities	—	300	—	300
Non-U S agency mortgage-backed securities	—	90	—	90
Other	—	594	3	597
Alternative investments				
Absolute return	—	851	774	1,625
Private equity	—	—	985	985
Risk parity	—	—	255	255
Total assets	<u>7,901</u>	<u>12,373</u>	<u>2,017</u>	<u>22,291</u>
Liabilities				
Broker payables	—	405	—	405
Securities lending payable	—	1,434	—	1,434
Other liabilities	27	125	—	152
Total liabilities	<u>27</u>	<u>1,964</u>	<u>—</u>	<u>1,991</u>
Fair value of pension trust assets - net	<u>\$ 7,874</u>	<u>\$ 10,409</u>	<u>\$ 2,017</u>	<u>\$ 20,300</u>

At December 31, 2013, Health Plans' and Hospitals' share of pension trust assets was 41.9%, or \$8.5 billion. The remaining share of pension trust assets is for Medical Groups and a related party associated with Medical Groups.

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At December 31, 2012, the estimated fair value of total pension trust assets - net by level was as follows (in millions)

	Quoted prices in active markets for identical assets level 1	Significant other observable inputs level 2	Significant unobservable inputs level 3	Total
Assets				
Cash and cash equivalents	\$ 69	\$ 367	\$ —	\$ 436
Broker receivables	—	689	—	689
Securities lending collateral	—	1,496	—	1,496
U S equity securities	3,014	348	—	3,362
Foreign equity securities	3,430	1,461	2	4,893
Global equity funds	—	340	—	340
Debt securities issued by the U S government	—	1,433	—	1,433
Debt securities issued by U S government corporations and agencies	—	153	—	153
Debt securities issued by U S states and political subdivisions of states	—	160	—	160
Foreign government debt securities	—	351	1	352
U S corporate debt securities	—	2,635	—	2,635
Non-U S corporate debt securities	—	719	1	720
U S agency mortgage-backed securities	—	762	—	762
Non-U S agency mortgage-backed securities	—	135	—	135
Other	1	700	—	701
Alternative investments				
Absolute return	—	658	716	1,374
Private equity	—	—	624	624
Total assets	<u>6,514</u>	<u>12,407</u>	<u>1,344</u>	<u>20,265</u>
Liabilities				
Broker payables	—	951	—	951
Securities lending payable	—	1,496	—	1,496
Other liabilities	33	329	—	362
Total liabilities	<u>33</u>	<u>2,776</u>	<u>—</u>	<u>2,809</u>
Fair value of pension trust assets - net	<u>\$ 6,481</u>	<u>\$ 9,631</u>	<u>\$ 1,344</u>	<u>\$ 17,456</u>

At December 31, 2012, Health Plans' and Hospitals' share of pension trust assets was 42.0%, or \$7.3 billion. The remaining share of pension trust assets is for Medical Groups and a related party associated with Medical Groups.

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For the year ended December 31, 2013, the reconciliation of assets with fair value measurements using significant unobservable inputs (level 3) was as follows (in millions)

	<u>Equity securities</u>	<u>Debt securities</u>	<u>Alternative investments</u>	<u>Total</u>
Beginning balance	\$ 2	\$ 2	\$ 1,340	\$ 1,344
Transfers into level 3	—	—	—	—
Changes related to actual return on plan assets	(1)	—	138	137
Purchases, sales, and settlements - net	(1)	1	536	536
Ending balance	<u>\$ —</u>	<u>\$ 3</u>	<u>\$ 2,014</u>	<u>\$ 2,017</u>
Total year-to-date net gains related to assets held at December 31, 2013	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 138</u>	<u>\$ 138</u>

For the year ended December 31, 2012, the reconciliation of assets with fair value measurements using significant unobservable inputs (level 3) was as follows (in millions)

	<u>Equity securities</u>	<u>Debt securities</u>	<u>Alternative investments</u>	<u>Total</u>
Beginning balance	\$ —	\$ —	\$ 719	\$ 719
Transfers into level 3	—	—	—	—
Changes related to actual return on plan assets	1	—	76	77
Purchases, sales, and settlements - net	1	2	545	548
Ending balance	<u>\$ 2</u>	<u>\$ 2</u>	<u>\$ 1,340</u>	<u>\$ 1,344</u>
Total year-to-date net gains related to assets held at December 31, 2012	<u>\$ 1</u>	<u>\$ —</u>	<u>\$ 76</u>	<u>\$ 77</u>

During the years ended December 31, 2013 and 2012, there were no significant transfers of assets with inputs with quoted prices in active markets for identical assets (level 1) and assets with inputs with significant other observable inputs (level 2)

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The target asset allocation and expected long-term rate of return on assets (ELTRA) for calculating pension expense were as follows:

	2013 and 2012 Target Range	2013 ELTRA	2012 ELTRA
Cash and cash equivalents	0%-3%	3.00%	3.00%
Equity securities	45%-55%	8.90%	9.35%
Debt securities	30%-45%	4.55%	5.75%
Alternative investments	10%-20%	8.20%	8.00%
Total	100%	7.50%	7.75%

Alternative investments, which include absolute return, risk parity, and private equity, held in the pension trust are reported at net asset value as a practical expedient for fair value. Absolute return investments use advanced investment strategies, including derivatives, to generate positive long-term risk-adjusted returns. Private equity investments consist of funds that make direct investments in private companies. Risk parity funds use risk as the primary factor to allocate investments among asset classes. At December 31, 2013, the trust had original commitments related to alternative investments of \$2.6 billion, of which \$911 million was invested, leaving \$1.7 billion of remaining commitments. At December 31, 2012, the trust had original commitments related to alternative investments of \$1.3 billion, of which \$598 million was invested, leaving \$730 million of remaining commitments.

Absolute return, risk parity, and private equity investments include redemption restrictions. Absolute return and risk parity investments require 10 to 90 day written notice of intent to withdraw and are often subject to the approval and capital requirements of the fund manager. Absolute return investments of \$127 million are subject to a remaining 12 month lock-up period. Private equity agreements do not include provisions for redemption. Distributions will be received as the underlying investments of the funds are liquidated, which is expected over the next 11 years.

(b) Defined Contribution Plans

Health Plans and Hospitals have defined contribution plans for eligible employees. Employer contributions and costs are typically based on a percentage of covered employees' eligible compensation. During 2013 and 2012, there were no required employee contributions. For the years ended December 31, 2013 and 2012, plan expense, primarily employer contributions, was \$238 million and \$220 million, respectively.

(c) Multi-Employer Plans

Health Plans and Hospitals participate in a number of multi-employer defined benefit pension plans under the terms of collective bargaining agreements that cover some union-represented employees. Some risks of participating in these multi-employer plans that differ from single-employer plans include:

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- Assets contributed to the multi-employer plan by one employer may be used to provide benefits to employees of other participating employers
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers
- Employers that choose to stop participating in a multi-employer plan may be required to pay the plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability

Health Plans' and Hospitals' participation in these plans for the annual period ended December 31, 2013 is outlined in the table below. The "EIN/PN" column provides the Employee Identification Number (EIN) and the three-digit plan number (PN), if applicable. Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2013 and 2012 is for the plan's year-end in 2012 and 2011, respectively. The zone status is based on information that Health Plans and Hospitals obtained from publicly available information provided by the United States Department of Labor. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are between 65% and 80% funded, and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The "Health Plans' and Hospitals' Contributions to Plan Exceeded More Than 5% of Total Contributions" columns represent those plans where Health Plans and Hospitals were listed in the plans' Forms 5500 as providing more than 5 percent of the total contributions for the plan years listed. The last column lists the expiration dates of the collective bargaining agreements to which the plans are subject. There have been no significant changes that affect the comparability of 2013 and 2012 employer expense.

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Pension Fund	EIN-PN	Pension Protection Act Zone Status		FIP/RP Status Pending / Implemented	(in millions) Health Plans' and Hospitals' Contributions December 31,		Surcharge Imposed	Health Plans' and Hospitals' Contributions to Plan Exceeded More Than 5% of Total Contributions ⁽¹⁾		Expiration Date of Collective Bargaining Agreement
		2013	2012		2013	2012		2012	2011	
IUOE Stationary Engineers Local 39 Pension Fund	946118939 -001	Green	Green	N.A.	\$ 9	\$ 9	No	Yes	Yes	9/17/2015
Southern California United Food and Commercial Workers Unions and Drug Employers Pension Fund	516029925 -001	Red	Red	Implemented	4	3	Yes	Yes	Yes	2/1/2017
Oregon Retail Employees Pension Trust ⁽²⁾	936074377 -001	Red	Red	Implemented	3	3	Yes	Yes	Yes	9/30/2015- 10/31/2015
Carpenters Pension Trust Fund for Northern California	946050970	Red	Red	Implemented	5	5	No	No	No	6/30/2015
Other	Various	Green	Green		13	14		No	No	5/2014- 12/2016
Other	Various	Yellow	Yellow		2	2		No	No	6/2014- 6/2015
Total Expense					\$ 36	\$ 36				

(1) Forms 5500 information was available for all plan years ended in 2012. The majority of plans have a plan year end of December 31.

(2) Includes UFCW Local 555 Pharmacy Techs and Radiologists expiring September 30, 2015 and October 31, 2015, respectively.

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(13) Postretirement Benefits Other than Pensions

(a) *Defined Benefit Plan*

Certain employees may become eligible for postretirement health care and life insurance benefits while working for Health Plans and Hospitals. Benefits available to retirees, through both affiliated and unaffiliated provider networks, vary by employee group. Postretirement health care benefits available to retirees include subsidized Medicare premiums, medical and prescription drug benefits, dental benefits, and vision benefits.

In September 2013, Health Plans and Hospitals modified its postretirement health care and life insurance benefit plans for substantially all non-union represented employees. Health Plans and Hospitals will provide premium subsidies and health reimbursement accounts to affected future retirees to help pay for retiree medical costs. This modification has been accounted for as a negative plan amendment and resulted in a reduction in liability for postretirement benefits other than pension of \$1.2 billion. On September 30, 2013, Health Plans' and Hospitals' postretirement health care and life insurance liability was remeasured as a result of this modification, and actuarial assumptions were updated, leading to different assumptions for discount rate and health care trend rates for the nine months ended September 30, 2013 versus the three months ended December 31, 2013.

During 2012, various Health Plan and Hospital postretirement health care and life insurance benefit plans were modified for certain union represented employees. Under the terms of these agreements, Health Plans' and Hospitals' retiree medical cost in future periods for affected participants will be based on a fixed maximum amount of employer funding towards the costs for retiree medical coverage. These agreements have been accounted for as negative plan amendments and resulted in a reduction in liability for postretirement benefits other than pension of \$1.9 billion. On June 30, 2012, Health Plans' and Hospitals' postretirement health care and life insurance liability was remeasured as a result of many of these agreements, and actuarial assumptions were updated, leading to different assumptions for discount rate and health care trend rates for the six months ended June 30, 2012 versus the six months ended December 31, 2012.

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At December 31, the accrued liability for postretirement benefits was as follows (in millions)

	<u>2013</u>	<u>2012</u>
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 7,305	\$ 7,101
Service cost	276	345
Interest cost	308	340
Plan amendments	(1,206)	(1,945)
Benefits paid or provided	(91)	(85)
Net actuarial loss (gain)	(1,109)	1,549
Benefit obligation at end of year	<u>\$ 5,483</u>	<u>\$ 7,305</u>
Change in plan assets		
Fair value of plan assets at beginning of year	\$ —	\$ —
Contributions	91	85
Benefits paid or provided	(91)	(85)
Fair value of plan assets at end of year	<u>\$ —</u>	<u>\$ —</u>
Funded status	<u>\$ (5,483)</u>	<u>\$ (7,305)</u>
Amounts recognized in the balance sheet consist of		
Noncurrent assets	\$ —	\$ —
Current liabilities	(122)	(99)
Pension and other retirement liabilities	(5,361)	(7,206)
	<u>\$ (5,483)</u>	<u>\$ (7,305)</u>
Amounts recognized in net worth		
Net actuarial loss	\$ 2,815	\$ 4,123
Prior service credit	(2,763)	(1,807)
	<u>\$ 52</u>	<u>\$ 2,316</u>

The measurement date used to determine postretirement benefits valuations was December 31

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For the years ended December 31, postretirement benefits expense was as follows (in millions)

	<u>2013</u>	<u>2012</u>
Service cost	\$ 276	\$ 345
Interest cost	308	340
Amortization of prior service credit	(250)	(113)
Amortization of net actuarial loss	199	175
Amortization of transition obligation	—	3
	<u>533</u>	<u>750</u>
Other changes in plan assets and benefit obligations recognized in net worth		
Amortization of transition obligation	—	(3)
Reduction in transition obligation due to plan change	—	(3)
Prior service credit	(1,206)	(1,942)
Amortization of prior service credit	250	113
Net actuarial loss (gain)	(1,109)	1,549
Amortization of net actuarial loss	(199)	(175)
	<u>(2,264)</u>	<u>(461)</u>
Total recognized in net periodic benefit cost and net worth	<u>\$ (1,731)</u>	<u>\$ 289</u>

During 2014, \$152 million and \$(353) million in estimated net actuarial loss and prior service credit, respectively, will be amortized from net worth into postretirement benefits expense

During 2013 and 2012, the employer contributions and benefits paid or provided were \$91 million and \$85 million, respectively. During 2013 and 2012, there were no participant contributions from active employees

Actuarial assumptions used were as follows

	<u>2013</u>	<u>2012</u>
Weighted average discount rate for calculating postretirement benefits expense from January 1 to June 30	4.60%	5.25%
Weighted average discount rate for calculating postretirement benefits expense from July 1 to September 30	4.60%	4.90%
Weighted average discount rate for calculating postretirement benefits expense from September 30 to December 31	5.30%	4.90%
Weighted average discount rate for calculating December 31 accumulated postretirement benefit obligation	5.25%	4.60%

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For the six months ended June 30, 2012, the assumed health care cost trend rates used to determine postretirement benefits expense were as follows

	Basic and supplemental medical		Prescription drug		Medicare	Dental	Medicare Part B premium	Medicare Part C
	Pre-65/Post-65		Pre-65/Post-65		Part D			
Initial trend rate - 2012	7.50%	7.00%	7.50%	7.50%	11.50%	5.00%	7.00%	1.00%
Ultimate trend rate	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
First year at ultimate trend rate	2017	2017	2022	2022	2019	2011	2017	2019

The following were the assumed health care cost trend rates used to determine the December 31, 2012 benefit obligation and postretirement benefits expense for the six months ended December 31, 2012 and nine months ended September 30, 2013

	Basic medical		Prescription drug		Medicare	Dental	Medicare Part A&B	Medicare Part C	Supplemental medical
	Pre-65/Post-65		Pre-65/Post-65		Part D				
Initial trend rate - 2012	7.50%	6.75%	6.50%	6.50%	8.10%	4.50%	6.25%	1.00%	7.50%
Initial trend rate - 2013	7.50%	6.75%	6.50%	6.50%	6.70%	4.50%	6.25%	4.00%	7.50%
Ultimate trend rate	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%
First year at ultimate trend rate	2026	2022	2025	2025	2025	2012	2020	2026	2026

The following were the assumed health care cost trend rates used to determine the December 31, 2013 benefit obligation and postretirement benefits expense for the three months ended December 31, 2013

	Basic medical		Prescription drug		Medicare	Dental	Medicare Part A&B	Medicare Part C	Supplemental medical
	Pre-65/Post-65		Pre-65/Post-65		Part D				Pre-65/Post-65
Initial trend rate - 2013	7.00%	6.00%	6.00%	6.00%	-10.00%	4.50%	5.50%	-5.00%	7.00% 6.00%
Ultimate trend rate	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50% 4.50%
First year at ultimate trend rate	2026	2022	2025	2025	2025	2013	2020	2018	2026 2022

A 1% increase in the health care medical trend rate would increase the benefit obligation by \$736 million and the service cost plus interest by \$86 million. A decrease of 1% in the health care medical trend rate would decrease the benefit obligation by \$597 million and the service cost plus interest by \$68 million.

The following benefit payments, which reflect expected future service, are expected to be paid or provided (in millions)

2014	\$	122
2015		146
2016		171
2017		199
2018		227
2019 - 2023		1,577

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(b) *Multi-Employer Plans*

Health Plans and Hospitals participate in multi-employer union-administered retiree medical health and welfare plans that provide benefits to some union employees. Benefits for retirees under these plans are negotiated as part of the collective bargaining process. For the years ended December 31, 2013 and 2012, Health Plans' and Hospitals' employer expense for both current and retiree benefits was \$68 million and \$64 million, respectively.

(14) Physicians' Retirement Plan

Kaiser Foundation Health Plan, Inc. provides defined retirement benefits for physicians associated with certain Medical Groups. Benefits are determined based on the length of service and level of compensation of each participant. The plan is unfunded and is not subject to the Employee Retirement Income Security Act.

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At December 31, the accrued liability for physicians' retirement plan was as follows (in millions)

	<u>2013</u>	<u>2012</u>
Physicians' retirement plan liability at January 1	\$ 4,724	\$ 3,943
Service cost	269	207
Interest cost	210	199
Net actuarial loss (gain)	(552)	497
Benefits paid	<u>(129)</u>	<u>(122)</u>
Physicians' retirement plan liability at December 31	<u>\$ 4,522</u>	<u>\$ 4,724</u>
Accumulated benefit obligation at end of year	<u>\$ 3,419</u>	<u>\$ 3,626</u>
Change in plan assets		
Fair value of plan assets at the beginning of year	\$ —	\$ —
Actual return on plan assets	—	—
Company contributions	129	122
Benefits paid	<u>(129)</u>	<u>(122)</u>
Fair value of plan assets at end of year	<u>\$ —</u>	<u>\$ —</u>
Funded status	<u>\$ (4,522)</u>	<u>\$ (4,724)</u>
Amounts recognized in the balance sheet consist of		
Noncurrent assets	\$ —	\$ —
Current liabilities	(143)	(134)
Noncurrent liability	<u>(4,379)</u>	<u>(4,590)</u>
	<u>\$ (4,522)</u>	<u>\$ (4,724)</u>
Amounts recognized in net worth		
Net actuarial loss	<u>\$ 859</u>	<u>\$ 1,477</u>

The measurement date used to determine physicians' retirement valuation was December 31

A portion of the investments of Health Plans has been designated by management for the liabilities of the physicians' retirement plan. These investments are not held in trust or otherwise legally segregated and are not restricted even though it has been intended that these assets be used to pay the obligations of the physicians' retirement plan.

For purposes of the physicians' retirement plan expense, the expected return on assets is the portion of investment income that represents the expected return on the investments designated for the physicians' retirement plan. This amount is recorded as a reduction in the expense for the physicians' retirement plan and is excluded from investment income - net, as described below and in the *Summary of Significant Accounting Policies - Investments* note.

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For the years ended December 31, physicians' retirement plan provision was as follows (in millions)

	<u>2013</u>	<u>2012</u>
Service cost	\$ 269	\$ 207
Interest cost	210	199
Amortization of net actuarial loss	<u>66</u>	<u>40</u>
Total benefit expense	545	446
Expected return on assets - investment income included in operating expenses	<u>(355)</u>	<u>(302)</u>
Net benefit expense	<u>190</u>	<u>144</u>
Other changes in projected benefit obligations recognized in net worth		
Net actuarial loss (gain)	(552)	497
Amortization of net actuarial loss	<u>(66)</u>	<u>(40)</u>
Total recognized in net worth	<u>(618)</u>	<u>457</u>
Total recognized in net periodic benefit cost and net worth	<u>\$ (428)</u>	<u>\$ 601</u>

During 2014, \$25 million in estimated net actuarial loss will be amortized from net worth into net benefit expense

Actuarial assumptions used were as follows

	<u>2013</u>	<u>2012</u>
Weighted average discount rate at January 1 for calculating benefit expense	4.45%	5.10%
Weighted average discount rate for calculating December 31 benefit obligation	5.25%	4.45%
Weighted average salary scale for calculating pension expense and December 31 benefit obligation	4.90%	4.90%
Expected long-term rate of return on designated investments for calculating benefit expense	7.50%	7.75%

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The following benefit payments, which reflect expected future service, are expected to be paid (in millions)

2014	\$	143
2015		159
2016		177
2017		195
2018		211
2019 - 2023		1,297

(15) Commitments and Contingencies

(a) Leases

Health Plans and Hospitals lease primarily office space, medical facilities, and equipment under various leases that expire through 2048. Certain leases contain rent escalation clauses and renewal options for additional periods.

At December 31, 2013, minimum commitments under noncancelable leases extending beyond one year were as follows (in millions):

2014	\$	297
2015		278
2016		216
2017		150
2018		109
Thereafter		389
Total	\$	1,439

Minimum payments above have not been reduced by minimum sublease rentals of \$5 million due in the future under noncancelable subleases.

For both the years ended December 31, 2013 and 2012, total lease expense for all leases was \$432 million.

(b) Purchase Commitments

Health Plans and Hospitals have entered into long-term agreements that require certain minimum purchases of goods and services. These commitments are at levels that are consistent with normal business requirements. Health Plans has committed to directing most of its purchasing volume for selected products through an outside agency and has committed to at least \$1 billion in purchasing per annum through March 31, 2017. During 2013 and 2012, Health Plans' total purchases through this outside agency exceeded \$1 billion. Should the \$1 billion level not be achieved, financial penalties would be assessed at an established percentage of any shortfalls. In addition, should the purchasing volume for certain product categories be redirected from the outside agency, a financial

**KAISER FOUNDATION HEALTH PLAN, INC. AND
SUBSIDIARIES AND KAISER FOUNDATION
HOSPITALS AND SUBSIDIARIES**

Notes to Combined Financial Statements

December 31, 2013 and 2012

penalty would be assessed at an established percentage. In management's judgment, there is a remote probability of material financial penalties under this contract.

At December 31, 2013, minimum purchase commitments, excluding contracts that count towards the \$1 billion per annum commitment noted above, extending beyond one year were as follows (in millions):

2014	\$	136
2015		117
2016		93
2017		59
2018		15
Thereafter		23
Total	\$	443

During 2013 and 2012, Health Plans' and Hospitals' total purchases under these contracts with minimum purchase commitments were \$271 million and \$385 million, respectively.

(c) Surety Instruments and Standby Letters of Credit

In the normal course of business, Health Plans and Hospitals contract to perform certain financial obligations that require a guarantee from a third party. This guarantee creates a contingent liability to the entity that provides that guarantee. At December 31, 2013 and 2012, Health Plans and Hospitals had entered into surety instruments and standby letters of credit that totaled \$89 million and \$88 million, respectively.

Health Plan, Inc. and Hospitals also guarantee payment of workers' compensation liabilities of certain Medical Groups under self-insurance programs. The majority of such liabilities are recorded as other long-term liabilities of Health Plan, Inc., as payment is provided for under the applicable medical service agreements. In addition to amounts accrued, at December 31, 2013 and 2012, pursuant to such guarantees, Health Plan, Inc. and Hospitals are contingently liable for approximately \$170 million and \$160 million, respectively, of certain Medical Groups' self-insured workers' compensation liabilities.

(d) Hospital Seismic Safety Act

In 1994, the California legislature enacted Senate Bill 1953, which requires that California hospitals evaluate and upgrade acute care facilities to meet the requirements of the Hospital Seismic Safety Act of 1983. Hospitals has applied for and has been granted certain extensions to the seismic compliance deadlines under Senate Bills 449, 1661, or 90 through January 1, 2015. Management believes that it is probable all planned replacement facilities will be timely completed with the existing extensions by January 1, 2015, as applicable. At this time, management believes the possibility of a material impact on the operations of Health Plans and Hospitals from failure to comply with California hospital seismic safety law is remote.

**KAISER FOUNDATION HEALTH PLAN, INC. AND
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December 31, 2013 and 2012

Because of a highly competitive construction market, complexities of state and local planning, zoning and regulatory requirements, construction risks, and other factors, schedules for upgrading certain facilities are regularly reviewed and revised to be consistent with Hospitals' strategy and changes in legislation. A material impact on the operations of Health Plans and Hospitals could occur if an acute care facility was required to close due to failure to upgrade or conduct a planned closure in accordance with the deadlines set forth by the current legislation.

(e) Regulatory

Health Plans are required to periodically file financial statements with regulatory agencies in accordance with statutory accounting and reporting practices. Health Plans must comply with the various states' minimum regulatory net worth requirements generally under the regulation of the California Department of Managed Health Care and various state departments of insurance. Such requirements are generally based on tangible net equity or risk-based capital, and for California are calculated on the basis of combined net worth of Health Plans and Hospitals. At December 31, 2013 and 2012, the regulatory net worth, so defined, exceeded the aggregate regulatory minimum requirements by approximately \$22 billion and \$13 billion, respectively.

Health Plans' regulated subsidiaries maintain investments in various states where they are licensed. At December 31, 2013 and 2012, \$4 million and \$5 million, respectively, in securities were held to satisfy various state regulatory requirements.

Health Plans and Hospitals are subject to numerous and complex laws and regulations of federal, state, and local governments, and accreditation requirements. Compliance with such laws, regulations, and accreditation requirements can be subject to retrospective review and interpretation, as well as regulatory actions. These laws and regulations include, but are not necessarily limited to, requirements of tax exemption, government reimbursement, government program participation, privacy and security, false claims, anti-kickback, accreditation, healthcare reform, controlled substances, facilities, and professional licensure. In recent years, government activity has increased with respect to compliance and enforcement actions.

In the ordinary course of our business operations, we are subject to periodic reviews, investigations, and audits by various federal, state, and local regulatory agencies and accreditation agencies, including, without limitation, Centers for Medicare and Medicaid Services, Department of Managed Health Care, Office of Personnel Management, Occupational Safety and Health Administration, Internal Revenue Service, National Committee for Quality Assurance, and state departments of insurance.

Health Plans' and Hospitals' compliance with the wide variety of rules and regulations and accreditation requirements applicable to our business may result in certain remediation activities and regulatory fines and penalties, which could be substantial. Where appropriate, reserves have been established for such sanctions. While management believes these reserves are adequate, the outcome of legal and regulatory matters is inherently uncertain, and it is possible that one or more of the legal

**KAISER FOUNDATION HEALTH PLAN, INC. AND
SUBSIDIARIES AND KAISER FOUNDATION
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Notes to Combined Financial Statements

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or regulatory matters currently pending or threatened could have a material adverse effect on our combined financial position or results of operations

(f) Litigation

Health Plans and Hospitals are involved in lawsuits and various governmental investigations, audits, reviews, and administrative proceedings arising, for the most part, in the ordinary course of business operations. Lawsuits have been brought under a wide range of laws and include, but are not limited to, business disputes, employment and retaliation claims, claims alleging professional liability, improper disclosure of personal information, labor disputes, administrative regulations, the False Claims Act, information privacy and HIPAA laws, mental health parity laws, and consumer protection laws. In addition, Health Plan, Inc. has been served with a "whistleblower" lawsuit regarding the accuracy of its Medicare Advantage bid submissions for the contract years 2008 and 2009. Management does not believe it is probable that this lawsuit will result in a material liability for Health Plan, Inc. In addition, Health Plans indemnify the Medical Groups against various claims, including professional liability claims.

Health Plans and Hospitals record reserves for legal proceedings and regulatory matters where available information indicates that at the date of the combined financial statements a loss is probable and the amount can be reasonably estimated. While such reserves reflect management's best estimate of the probable loss for such matters, Health Plans and Hospitals' recorded amounts may differ materially from the actual amount of any such losses.

In the opinion of management, based upon current facts and circumstances, the resolution of these matters is not expected to have a material adverse effect on the combined financial position or combined results of operations of Health Plans and Hospitals. The outcome of litigation and other legal and regulatory matters is inherently uncertain, however, and it is possible that one or more of the legal or regulatory matters currently pending or threatened could have a material adverse effect.



KPMG LLP
Suite 1400
55 Second Street
San Francisco, CA 94105

Independent Auditors' Report on Additional Information

The Boards of Directors
Kaiser Foundation Health Plan, Inc
and Kaiser Foundation Hospitals

We have audited the combined financial statements of Kaiser Foundation Health Plan, Inc and Subsidiaries (Health Plans) and Kaiser Foundation Hospitals and Subsidiaries (Hospitals) as of and for the years ended December 31, 2013 and 2012, and have issued our report thereon dated February 14, 2014 which contained an unmodified opinion on those combined financial statements. Our audits were performed for the purpose of forming an opinion on the combined financial statements as a whole. The supplementary information included in pages 53 through 61 is presented for the purposes of additional analysis and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

KPMG LLP

San Francisco, California
February 14, 2014

**KAISER FOUNDATION HEALTH PLAN, INC.,
KAISER HEALTH PLAN ASSET MANAGEMENT, INC.,
KAISER FOUNDATION HOSPITALS AND
KAISER HOSPITALS ASSET MANAGEMENT, INC.
(CREDIT GROUP)⁽¹⁾**

Combined Balance Sheets
December 31, 2013 and 2012
(In millions)

Assets	2013	2012
Current assets		
Cash and cash equivalents	\$ 62	\$ 133
Current investments	4,107	4,011
Securities lending collateral	1,418	1,323
Broker receivables	288	765
Accounts receivable - net	1,174	1,144
Due from affiliated organizations	1,113	1,053
Inventories and other current assets	936	1,051
Total current assets	9,098	9,480
Noncurrent investments	22,010	18,746
Land, buildings, equipment, and software - net	21,089	19,828
Investments in subsidiaries	1,962	814
Other long-term assets, including noncurrent portion of due from affiliated organizations	1,374	1,469
Total assets	\$ 55,533	\$ 50,337
Liabilities and Net Worth		
Current liabilities		
Accounts payable and accrued expenses	\$ 2,208	\$ 2,341
Medical claims payable	1,104	1,119
Due to associated medical groups	749	660
Payroll and related charges	1,445	1,200
Securities lending payable	1,418	1,323
Broker payables	616	1,136
Long-term debt subject to short-term remarketing arrangements - net	1,537	1,480
Other current debt	596	456
Other current liabilities	1,313	1,327
Total current liabilities	10,986	11,042
Long-term debt, including noncurrent portion of due to affiliated organizations	6,841	7,067
Physicians' retirement plan liability	4,379	4,590
Pension and other retirement liabilities	8,415	11,514
Other long-term liabilities	1,863	1,840
Total liabilities	32,484	36,053
Net worth	23,049	14,284
Total liabilities and net worth	\$ 55,533	\$ 50,337

⁽¹⁾ Entities which are obligated to make payments under various debt and guarantee agreements

See accompanying independent auditors' report on additional information

**KAISER FOUNDATION HEALTH PLAN, INC.,
KAISER HEALTH PLAN ASSET MANAGEMENT, INC.,
KAISER FOUNDATION HOSPITALS AND
KAISER HOSPITALS ASSET MANAGEMENT, INC.
(CREDIT GROUP)⁽¹⁾**

Combined Statements of Operations and Changes in Net Worth

Years ended December 31, 2013 and 2012

(In millions)

	<u>2013</u>	<u>2012</u>
Revenues		
Members' dues	\$ 28.647	\$ 27.050
Contract revenue from Health Plans	1.759	1.595
Medicare	10.946	10.333
Copays, deductibles, fees, and other	3.289	2.948
Total operating revenues	<u>44.641</u>	<u>41.926</u>
Expenses		
Medical services	20.118	18.960
Hospital services	14.693	13.609
Outpatient pharmacy and optical services	3.965	3.852
Other benefit costs	2.426	2.312
Total medical and hospital services	<u>41.202</u>	<u>38.733</u>
Health Plan administration	1.606	1.380
Total operating expenses	<u>42.808</u>	<u>40.113</u>
Income before equity in net income of subsidiaries	1.833	1.813
Equity in net income of subsidiaries	56	(35)
Operating income	<u>1.889</u>	<u>1.778</u>
Other income and expense		
Investment income - net	1.099	1.013
Interest expense	(184)	(164)
Total other income and expense	<u>915</u>	<u>849</u>
Income from continuing operations	2.804	2.627
Discontinued operations	(119)	(31)
Net income	<u>2.685</u>	<u>2.596</u>
Change in pension and other retirement liability charges	5.620	(1.482)
Change in net unrealized gains on investments	479	610
Change in restricted donations	(16)	16
Change in noncontrolling interest	(3)	49
Change in net worth	<u>8.765</u>	<u>1.789</u>
Net worth at beginning of year	14.284	12.495
Net worth at end of year	<u>\$ 23.049</u>	<u>\$ 14.284</u>

⁽¹⁾ Entities which are obligated to make payments under various debt and guarantee agreements

Certain reclassifications have been made in the 2012 statement to conform to the 2013 presentation

See accompanying independent auditors' report on additional information

KAISER FOUNDATION HEALTH PLAN, INC.,
KAISER HEALTH PLAN ASSET MANAGEMENT, INC.,
KAISER FOUNDATION HOSPITALS AND
KAISER HOSPITALS ASSET MANAGEMENT, INC
(CREDIT GROUP)⁽¹⁾

Combined Statements of Cash Flows
Years ended December 31, 2013 and 2012
(In millions)

	2013	2012
Cash flows from operating activities		
Net income	\$ 2,685	\$ 2,596
Adjustments to reconcile net income to net cash provided from operating activities		
Depreciation and software amortization	1,625	1,519
Other amortization	(4)	(6)
Gain recognized on investments - net	(774)	(715)
Loss on land, buildings, equipment, and software - net	114	7
Loss on extinguishment of debt	—	2
Changes in assets and liabilities		
Accounts receivable - net	(30)	23
Investments in subsidiaries	(786)	(141)
Due from affiliated organizations	(70)	(143)
Other assets	116	(342)
Accounts payable and accrued expenses	(200)	270
Medical claims payable	(15)	16
Due to associated medical groups	122	(4)
Payroll and related charges	222	(76)
Pension and other retirement liabilities	1,736	352
Other liabilities	(48)	95
Net cash provided from operating activities	4,693	3,453
Cash flows from investing activities		
Additions to land, buildings, equipment, and software	(2,993)	(3,074)
Proceeds from sales of land, buildings, and equipment	1	14
Proceeds from investments	32,989	42,797
Investment purchases	(35,100)	(45,195)
Decrease (increase) in securities lending collateral	(95)	41
Broker receivables - payables	(43)	113
Prepayment and repayment of notes receivable	17	—
Other investing	(104)	(110)
Physicians' retirement plan liability	416	324
Increase in long-term affiliated receivable	(175)	(334)
Cash transfer from Health Plans related to Ohio transaction	265	—
Net cash used in investing activities	(4,822)	(5,424)
Cash flows from financing activities		
Issuance of debt	338	2,300
Prepayment and repayment of debt	(356)	(315)
Decrease in long-term affiliated debt	—	(1)
Increase (decrease) in securities lending payable	95	(41)
Change in restricted donations	(16)	16
Change in noncontrolling interest	(3)	49
Net cash provided from financing activities	58	2,008
Net change in cash and cash equivalents	(71)	37
Cash and cash equivalents at beginning of year	133	96
Cash and cash equivalents at end of year	\$ 62	\$ 133
Supplemental cash flows disclosure		
Cash paid for interest - net of capitalized amounts	\$ 159	\$ 122
Noncash investment transactions	\$ 538	\$ —
Changes in accounts payable related to purchases of fixed assets	\$ 8	\$ —
Noncash transaction related to Ohio region divestiture	\$ 626	\$ —

⁽¹⁾ Entities which are obligated to make payments under various debt and guarantee agreements
Certain reclassifications have been made in the 2012 statement to conform to the 2013 presentation

See accompanying independent auditors' report on additional information

KAISER FOUNDATION HEALTH PLAN, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

December 31, 2013 and 2012

(In millions)

Assets	2013	2012
	<u> </u>	<u> </u>
Current assets		
Cash and cash equivalents	\$ 112	\$ 148
Current investments	3,935	4,175
Securities lending collateral	667	846
Broker receivables	254	719
Accounts receivable - net	1,292	1,201
Due from Hospitals	2,722	2,167
Inventories and other current assets	382	345
Total current assets	<u>9,364</u>	<u>9,601</u>
Noncurrent investments	5,329	5,727
Land, buildings, equipment, and software - net	5,235	4,789
Other long-term assets, including noncurrent portion of due from Hospitals	1,363	1,370
Total assets	<u>\$ 21,291</u>	<u>\$ 21,487</u>
Liabilities and Net Worth		
Current liabilities		
Accounts payable and accrued expenses	\$ 1,365	\$ 1,531
Medical claims payable	799	856
Due to associated medical groups	809	752
Payroll and related charges	754	679
Securities lending payable	667	846
Broker payables	441	1,084
Debt and accrued interest due to Hospitals	365	—
Other current liabilities	1,332	1,438
Total current liabilities	<u>6,532</u>	<u>7,186</u>
Long-term debt, including noncurrent portion of due to Hospitals	147	663
Physicians' retirement plan liability	4,379	4,590
Pension and other retirement liabilities	3,450	5,373
Other long-term liabilities	1,534	1,492
Total liabilities	<u>16,042</u>	<u>19,304</u>
Net worth	5,249	2,183
Total liabilities and net worth	<u>\$ 21,291</u>	<u>\$ 21,487</u>

See accompanying independent auditors' report on additional information

KAISER FOUNDATION HEALTH PLAN, INC. AND SUBSIDIARIES

Consolidated Statements of Operations and Changes in Net Worth

Years ended December 31, 2013 and 2012

(In millions)

	<u>2013</u>	<u>2012</u>
Revenues		
Members' dues	\$ 36,247	\$ 34,354
Medicare	12,943	12,230
Copays, deductibles, fees, and other	<u>2,984</u>	<u>2,828</u>
Total operating revenues	<u>52,174</u>	<u>49,412</u>
Expenses		
Medical services	22,764	21,472
Hospital services	18,276	17,293
Outpatient pharmacy and optical services	5,288	5,137
Other benefit costs	<u>3,143</u>	<u>3,066</u>
Total medical and hospital services	49,471	46,968
Health Plan administration	<u>2,313</u>	<u>2,069</u>
Total operating expenses	<u>51,784</u>	<u>49,037</u>
Operating income	<u>390</u>	<u>375</u>
Other income and expense		
Investment income - net	(33)	213
Interest expense	<u>(35)</u>	<u>(45)</u>
Total other income and expense	<u>(68)</u>	<u>168</u>
Income from continuing operations	322	543
Discontinued operations	<u>(110)</u>	<u>(31)</u>
Net income	212	512
Change in pension and other retirement liability charges	2,856	(979)
Change in net unrealized gains on investments	(273)	107
Intercompany equity transfer	<u>271</u>	<u>—</u>
Change in net worth	3,066	(360)
Net worth at beginning of year	<u>2,183</u>	<u>2,543</u>
Net worth at end of year	\$ <u>5,249</u>	\$ <u>2,183</u>

Certain reclassifications have been made in the 2012 statement to conform to the 2013 presentation

See accompanying independent auditors' report on additional information

KAISER FOUNDATION HEALTH PLAN, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended December 31, 2013 and 2012

(In millions)

	<u>2013</u>	<u>2012</u>
Cash flows from operating activities		
Net income	\$ 212	\$ 512
Adjustments to reconcile net income to net cash provided from operating activities		
Depreciation and software amortization	448	412
Other amortization	23	—
Loss (gain) recognized on investments - net	57	(171)
Loss on land, buildings, equipment, and software - net	69	4
Changes in assets and liabilities		
Accounts receivable - net	(91)	(55)
Due from Hospitals	(536)	(775)
Other assets	(49)	(27)
Accounts payable and accrued expenses	(129)	180
Medical claims payable	(57)	34
Due to associated medical groups	90	(30)
Payroll and related charges	98	(9)
Pension and other retirement liabilities	418	191
Other liabilities	25	153
Net cash provided from operating activities	<u>578</u>	<u>419</u>
Cash flows from investing activities		
Additions to land, buildings, equipment, and software	(967)	(736)
Proceeds from sales of land, buildings, and equipment	26	1
Proceeds from investments	26,476	37,477
Investment purchases	(26,191)	(37,817)
Decrease in securities lending collateral	179	71
Broker receivables / payables	(178)	136
Other investing	(106)	(110)
Physicians' retirement plan liability	416	324
Cash transfer to Hospitals related to Ohio transaction	(265)	—
Net cash used in investing activities	<u>(610)</u>	<u>(654)</u>
Cash flows from financing activities		
Decrease in securities lending payable	(179)	(71)
Increase in affiliated debt and accrued interest	175	334
Net cash provided from (used in) financing activities	<u>(4)</u>	<u>263</u>
Net change in cash and cash equivalents	(36)	28
Cash and cash equivalents at beginning of year	148	120
Cash and cash equivalents at end of year	<u>\$ 112</u>	<u>\$ 148</u>
Supplemental cash flows disclosure		
Cash paid for interest - net of capitalized amounts	\$ 13	\$ 12
Changes in accounts payable related to purchases of fixed assets	\$ 22	\$ —
Noncash transaction related to Ohio region divestiture	\$ (626)	\$ —

Certain reclassifications have been made in the 2012 statement to conform to the 2013 presentation

See accompanying independent auditors' report on additional information

KAISER FOUNDATION HOSPITALS AND SUBSIDIARIES

Consolidated Balance Sheets

December 31, 2013 and 2012

(In millions)

Assets	2013	2012
	<u> </u>	<u> </u>
Current assets		
Cash and cash equivalents	\$ 39	\$ 110
Current investments	2,199	2,092
Securities lending collateral	751	477
Broker receivables	34	60
Accounts receivable - net	245	284
Inventories and other current assets	709	846
Total current assets	<u>3,977</u>	<u>3,869</u>
Noncurrent investments	17,548	13,743
Land, buildings, equipment, and software - net	17,657	16,826
Other long-term assets, including noncurrent portion of due from Health Plans	1,129	1,184
Total assets	<u>\$ 40,311</u>	<u>\$ 35,622</u>
 Liabilities and Net Worth		
Current liabilities		
Accounts payable and accrued expenses	\$ 1,082	\$ 1,132
Medical claims payable	461	464
Payroll and related charges	900	740
Due to Health Plans	2,722	2,167
Securities lending payable	751	477
Broker payables	175	96
Long-term debt subject to short-term remarketing arrangements - net	1,537	1,480
Other current debt	596	456
Other current liabilities	276	255
Total current liabilities	<u>8,500</u>	<u>7,267</u>
Long-term debt, including noncurrent portion of due to Health Plans	6,840	7,066
Pension and other retirement liabilities	6,372	8,376
Other long-term liabilities	799	812
Total liabilities	<u>22,511</u>	<u>23,521</u>
Net worth	<u>17,800</u>	<u>12,101</u>
Total liabilities and net worth	<u>\$ 40,311</u>	<u>\$ 35,622</u>

See accompanying independent auditors' report on additional information

KAISER FOUNDATION HOSPITALS AND SUBSIDIARIES

Consolidated Statements of Operations and Changes in Net Worth

Years ended December 31, 2013 and 2012

(In millions)

	<u>2013</u>	<u>2012</u>
Revenues		
Contract revenue from Health Plans	\$ 16,221	\$ 15,406
Other	965	751
Total operating revenues	<u>17,186</u>	<u>16,157</u>
Expenses		
Medical services	2,922	2,869
Hospital services	12,796	11,900
Other benefit costs	58	58
Total operating expenses	<u>15,776</u>	<u>14,827</u>
Operating income	<u>1,410</u>	<u>1,330</u>
Other income and expense		
Investment income - net	1,419	972
Interest expense	(347)	(218)
Total other income and expense	<u>1,072</u>	<u>754</u>
Income from continuing operations	2,482	2,084
Discontinued operations	<u>(9)</u>	<u>—</u>
Net income	2,473	2,084
Change in pension and other retirement liability charges	2,764	(503)
Change in net unrealized gains on investments	752	503
Change in restricted donations	(16)	16
Change in noncontrolling interest	(3)	49
Intercompany equity transfer	(271)	—
Change in net worth	5,699	2,149
Net worth at beginning of year	<u>12,101</u>	<u>9,952</u>
Net worth at end of year	<u>\$ 17,800</u>	<u>\$ 12,101</u>

Certain reclassifications have been made in the 2012 statement to conform to the 2013 presentation

See accompanying independent auditors' report on additional information

KAISER FOUNDATION HOSPITALS AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended December 31, 2013 and 2012

(In millions)

	2013	2012
Cash flows from operating activities		
Net income	\$ 2,473	\$ 2,084
Adjustments to reconcile net income to net cash provided from operating activities		
Depreciation and software amortization	1,362	1,271
Other amortization	(19)	(6)
Gain recognized on investments - net	(824)	(552)
Loss on land, buildings, equipment, and software - net	107	7
Loss on extinguishment of debt	—	2
Changes in assets and liabilities		
Accounts receivable - net	40	30
Other assets	128	(313)
Accounts payable and accrued expenses	(84)	62
Medical claims payable	(3)	(9)
Payroll and related charges	137	(27)
Due to Health Plans	536	775
Pension and other retirement liabilities	680	291
Other liabilities	(64)	29
Net cash provided from operating activities	4,469	3,644
Cash flows from investing activities		
Additions to land, buildings, equipment, and software	(2,327)	(2,724)
Proceeds from sales of land, buildings, and equipment	2	13
Proceeds from investments	8,501	6,932
Investment purchases	(10,826)	(9,289)
Increase in securities lending collateral	(274)	(30)
Broker receivables - payables	105	(36)
Issuance of notes	(161)	(258)
Prepayment and repayment of notes receivable	111	46
Other investing	2	(9)
Increase in long-term affiliated receivable	(175)	(334)
Cash transfer from Health Plans related to Ohio transaction	265	—
Net cash used in investing activities	(4,777)	(5,689)
Cash flows from financing activities		
Issuance of debt	338	2,300
Prepayment and repayment of debt	(356)	(315)
Increase in securities lending payable	274	30
Change in restricted donations	(16)	16
Change in noncontrolling interest	(3)	49
Net cash provided from financing activities	237	2,080
Net change in cash and cash equivalents	(71)	35
Cash and cash equivalents at beginning of year	110	75
Cash and cash equivalents at end of year	\$ 39	\$ 110
Supplemental cash flows disclosure		
Cash paid for interest - net of capitalized amounts	\$ 154	\$ 112
Noncash investment transactions	\$ 538	\$ —
Noncash transaction related to Ohio region divestiture	\$ 626	\$ —

Certain reclassifications have been made in the 2012 statement to conform to the 2013 presentation

See accompanying independent auditors' report on additional information