

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

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public. 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

OMB No 1545-0047
2013
Open to Public Inspection

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 checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KAISER FOUNDATION HEALTH PLAN INC <hr/> Doing Business As <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite ONE KAISER PLAZA SUITE 15L <hr/> City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612	D Employer identification number 94-1340523 <hr/> E Telephone number (510) 271-6611 <hr/> G Gross receipts \$ 66,889,601,170
F Name and address of principal officer BERNARD J TYSON ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612		H(a) Is this a group return for subordinates? <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 1955 M State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE 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		22,379	
6	Total number of volunteers (estimate if necessary)	6		1,883	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		8,601,670	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		4,106,851	
		Prior Year		Current Year	
Revenue	8 Contributions and grants (Part VIII, line 1h)		8,627,449		0
	9 Program service revenue (Part VIII, line 2g)		39,942,590,133		42,237,636,510
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		185,291,370		98,624,305
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,049,302		10,226,135
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,148,558,254		42,346,486,950
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		15,076,563		48,883,930
	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)		2,750,563,970		2,988,113,516
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		36,817,189,153		38,945,290,609
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		39,582,829,686		41,982,288,055	
19 Revenue less expenses Subtract line 18 from line 12		565,728,568		364,198,895	
		Beginning of Current Year		End of Year	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		16,333,085,635		16,312,511,712
	21 Total liabilities (Part X, line 26)		14,752,992,764		12,735,086,923
	22 Net assets or fund balances Subtract line 21 from line 20		1,580,092,871		3,577,424,789

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 & CAO	
		Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	
	ROBERT W FRIZ		
	Firm's name ▶ PricewaterhouseCoopers LLP		
	Firm's address ▶ 2001 MARKET ST SUITE 1800		
	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 \$ 39,036,755,257 including grants of \$ 0) (Revenue \$ 41,650,949,218)

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

4b (Code) (Expenses \$ 1,025,419,988 including grants of \$ 0) (Revenue \$ 561,120,177)

Medicaid and Other Government Sponsored Programs Kaiser Foundation Health Plan, Inc (KFHP, INC) is committed to improving medical care for beneficiaries of Medicaid and other government sponsored programs, not only for KFHP, INC members, but also within the communities we serve At the end of 2013, more than 398,000 individuals were receiving the benefits of full membership in KFHP, INC 's Medicaid managed care programs in the states of California and Hawaii Approximately 4,200 more individuals were members of the Children's Health Insurance Program (CHIP) In addition, KFHP, INC provided health care on a fee-for-service basis for Medicaid beneficiaries who were not enrolled as KFHP, INC members

4c (Code) (Expenses \$ 247,952,872 including grants of \$ 0) (Revenue \$ 25,567,115)

Charitable Care (Medical Financial Assistance and Charitable Coverage) Kaiser Foundation Health Plan, Inc (KFHP, INC) provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs KFHP, INC offers financial assistance through the MFA program to help families and individuals with a demonstrated financial need pay for all or part of the cost of emergency or medically necessary care provided in Kaiser Permanente facilities and/or by Kaiser Permanente providers In 2013, this program assisted approximately 156,000 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 More than 77,000 individuals were receiving comprehensive health care through these programs at the end of 2013

(Code) (Expenses \$ 66,103,174 including grants of \$ 48,883,930) (Revenue \$ 0)

See Community Benefit Summary Rpt in Sch O

4d Other program services (Describe in Schedule O)
(Expenses \$ 66,103,174 including grants of \$ 48,883,930) (Revenue \$ 0)

4e Total program service expenses 40,376,231,291

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)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>	Yes	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>		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"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <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"/>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <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>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
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 17,748		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 22,379		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b If "Yes," enter the name of the foreign country BD, EI See instructions for filing requirements for 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
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds 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.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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 , DC , HI
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 STE 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)

Table with columns (A) Name and Title, (B) Average hours per week, (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), and (F) Estimated amount of other compensation from the organization and related organizations. Includes sub-totals for 1b, 1c, and 1d.

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 6,771

Table with questions 3, 4, and 5 regarding compensation reporting. Columns include question text, Yes, and 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

Table with columns (A) Name and business address, (B) Description of services, and (C) Compensation. Lists contractors like KAISER FOUNDATION HOSPITALS and THE PERMANENTE MEDICAL GROUP.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1,487

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		0			
Program Service Revenue	2a MEMBER HEALTH CARE		Business Code			
		900099	28,823,143,175	28,823,143,175		
	b MEDICARE	900099	10,949,877,894	10,949,877,894		
	c SUPPLEMENTAL REVENUE	900099	1,721,341,321	1,721,341,321		
	d NON-PLAN & INDUSTRY	900099	58,668,282	50,852,767	7,815,515	
	e OTHER PROGRAM SVCS	900099	684,605,838	683,931,713	674,125	
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		42,237,636,510			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		77,794,288		77,794,288	
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
	6a Gross rents	(i) Real	5,222,150			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	5,222,150	0		
	d Net rental income or (loss) ▶		5,222,150		5,222,150	
	7a Gross amount from sales of assets other than inventory	(i) Securities	24,563,703,773	240,464		
		(ii) Other				
		b Less cost or other basis and sales expenses	24,535,634,383	7,479,837		
		c Gain or (loss)	28,069,390	-7,239,373		
	d Net gain or (loss) ▶		20,830,017		20,830,017	
	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 PARKING GARAGES	812930	5,003,985		112,030	4,891,955	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		5,003,985				
12 Total revenue. See Instructions ▶		42,346,486,950	42,229,146,870	8,601,670	108,738,410	

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	48,883,930	48,883,930		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	67,200,415	58,799,718	8,400,697	
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	1,927,564,578	1,678,199,766	249,364,812	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	428,483,433	420,771,592	7,711,841	
9	Other employee benefits	420,605,828	314,733,251	105,872,577	0
10	Payroll taxes	144,259,262	142,225,088	2,034,174	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	141,662,018		141,662,018	
c	Accounting	1,227,191		1,227,191	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	11,808,231		11,808,231	
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	115,047,008	49,303,123	65,743,885	
13	Office expenses	54,448,761	31,927,020	22,521,741	
14	Information technology	3,277,904,343	3,170,372,971	107,531,372	
15	Royalties	0			
16	Occupancy	205,621,449	205,576,233	45,216	
17	Travel	41,700,855	33,356,938	8,343,917	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	17,805,280		17,805,280	
20	Interest	150,086,460	150,086,460		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	234,173,296	234,173,296		
23	Insurance	221,214,727	221,212,607	2,120	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	BASIC CONTRACTUAL PAYMENTS	27,385,756,452	27,385,756,452	0	
b	SUPPLIES	2,884,839,966	2,790,195,301	94,644,665	
c	PURCHASED MEDICAL SERVICES	2,670,135,430	2,670,135,430	0	
d	NON-MEDICAL PURCHASED SVC	783,957,806	444,334,062	339,623,744	
e	All other expenses	747,901,336	326,188,053	421,713,283	
25	Total functional expenses. Add lines 1 through 24e	41,982,288,055	40,376,231,291	1,606,056,764	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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	33,443,478	1	27,257,346
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	4,798,624,928	4	5,035,067,105
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	575,000	5	400,000
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	1,762,500	7	1,723,750
	8 Inventories for sale or use	156,847,767	8	174,717,302
	9 Prepaid expenses and deferred charges	47,716,154	9	55,832,062
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,675,238,673		
	b Less accumulated depreciation	10b 3,403,525,298	2,841,142,493	10c 3,271,713,375
	11 Investments—publicly traded securities	7,831,859,212	11	7,102,819,437
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	621,114,103	15	642,981,335
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,333,085,635	16	16,312,511,712	
Liabilities	17 Accounts payable and accrued expenses	4,024,373,185	17	3,502,445,036
	18 Grants payable	0	18	0
	19 Deferred revenue	453,480,292	19	448,323,950
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	10,275,139,287	25	8,784,317,937
	26 Total liabilities. Add lines 17 through 25	14,752,992,764	26	12,735,086,923
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	-300,130,810	31	-296,837,495
	32 Retained earnings, endowment, accumulated income, or other funds	1,880,223,681	32	3,874,262,284
33 Total net assets or fund balances	1,580,092,871	33	3,577,424,789	
34 Total liabilities and net assets/fund balances	16,333,085,635	34	16,312,511,712	

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	42,346,486,950
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,982,288,055
3	Revenue less expenses Subtract line 2 from line 1	3	364,198,895
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,580,092,871
5	Net unrealized gains (losses) on investments	5	-262,003,934
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,895,136,957
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,577,424,789

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: 94-1340523
Name: KAISER FOUNDATION HEALTH PLAN INC

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 Cassel Director	4.0 10.0	X						189,000	0	0
Thomas Chapman Director	4.0 10.0	X						197,476	0	17,500
Jeffrey Epstein Director	1.5 3.5	X						124,090	0	0
Daniel P Garcia SVP, Chief Compliance Officer	20.0 30.0	X		X				1,424,478	0	56,135
William Graber Director	2.25 5.25	X						231,153	0	0
J Eugene Gngsby III Director	2.5 6.0	X						206,425	0	0
George C Halvorson Chairman	13.0 37.0	X		X				10,049,725	0	146,207
Judith Johanson Director	2.8 4.5	X						231,370	0	0
Kim Kaiser Director	3.0 5.5	X						214,808	0	0
Philip Marneau Director	2.4 4.62	X						211,230	0	0
Jenny Ming Director	2.0 3.1	X						207,633	0	0
Edward Pei Director	3.0 4.75	X						192,630	0	17,500
Margaret Porfido Director	2.0 4.5	X						229,752	0	0
Cynthia Telles Director	2.3 4.8	X						208,539	17,000	0
Bernard J Tyson CEO & President	12.0 38.0	X		X				4,150,020	0	139,874
Gregory A Adams EVP, GP/Region President - NCAL	22.0 28.0			X				1,904,557	0	229,462
Anthony A Barrueta SVP, Government Relations	25.0 25.0			X				922,824	0	94,065
Raymond J Baxter SVP, CB, Research & Hlth Policy	25.0 25.0			X				1,532,717	0	52,106
Benjamin K Chu EVP, GP/Region President -SCAL	25.0 25.0			X				1,659,762	0	604,757
Charles E Columbus SVP, Chief HR Officer	25.0 25.0			X				1,232,603	0	269,861
Richard D Daniels SVP, Enterprise Shared Svcs	46.0 4.0			X				1,358,089	0	163,883
Steven Doshay Senior Counsel	22.0 28.0			X				338,268	0	77,960
Erin M Downing Assistant Secretary	14.0 36.0			X				95,076	0	14,143
Philip Fasano EVP & CIO	25.0 25.0			X				2,247,447	0	515,203
Diane E Gage Lofgren SVP, Brand Mgmt & Communications	25.0 25.0			X				987,901	0	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				90,505	0	15,348
Assistant Secretary	36 0			X				524,866	0	82,515
Sandra A Golze	25 0			X				1,151,848	0	49,234
Assistant Secretary - NCAL	25 0			X				2,196,752	0	141,775
Mitchell J Goodstein	49 0			X				744,038	0	185,661
SVP, Actuarial, U/W & Pricing	1 0			X				1,236,958	0	413,628
Kathryn Lancaster	14 0			X				1,047,162	0	44,749
EVP & CFO	36 0			X				329,645	0	16,475
Janet A Liang	25 0			X				929,854	0	170,182
Region President - Hawaii	25 0			X				864,115	0	94,050
Donna Lynne	25 0			X				275,316	0	45,108
EVP, GP/ Region President CO	25 0			X				222,413	0	26,424
Thomas R Meier	17 0			X				248,419	0	3,983
SVP, Corporate Treasurer	33 0			X				2,609,154	0	45,573
Indrajit Obeysekere	25 0			X				764,912	0	-2,441
Assistant Secretary	25 0			X				834,930	0	4,876
Donald H Omdoff	15 0			X				1,231,670	0	352,627
SVP, NFS	35 0			X				598,710	0	37,513
Wade Overgaard	30 0			X				684,732	0	3,219
SVP, Health Plan Ops - CA	20 0			X				330,156	0	13,335
Frank P Richardson	25 0			X				1,323,548		43,660
Assistant Secretary - Hawaii	25 0			X				819,710	0	77,167
Rochelle M Roth	22 0			X				763,538	0	92,410
Assistant Secretary	28 0			X				583,634	0	66,572
Jacqueline Sellers	15 0			X				1,020,189	0	140,589
Assistant Secretary	35 0			X						
Arthur M Southam	20 0			X						
EVP, Health Plan Operations	30 0			X						
Deborah Stokes	14 5			X						
SVP, Corporate Controller & CAO	35 5			X						
Herman M Weil	40 0			X						
SVP, Federal & State Programs	10 0			X						
Jed Weissberg	25 0			X						
SVP, Quality & Care Delivery	25 0			X						
John Yamamoto	25 0			X						
VP, Regional Counsel - SCAL	25 0			X						
Carlos Zaragoza	25 0			X						
Assistant Secretary	25 0			X						
Victoria B Zatkan	14 0			X						
VP, Off of Brd & Corp Gov Svcs	36 0			X						
Mark S Zemelman	20 0			X						
SVP, Gen Counsel & Secretary	30 0			X						
Chuck Bevilacqua	30 0			X						
SVP, Health Plan Svc & Admin	20 0			X						
Thomas A Curtin Jr	30 0			X						
SVP, Natl Sales & Acct Mgmt	20 0			X						
Mick Diede	30 0			X						
SVP, Chief Actuary	20 0			X						
George A Disalvo	30 0			X						
SVP-CFO,Southern Calif Region	20 0			X						

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			
Karen Maria Emmons VP, Research and Dir, KFRI	10 0				X			321,136	0	15,166
Michael J Huaco VP, Bus Strategy & Real Estate	30 0				X			540,329	0	82,141
Kendall D Hunter SVP, Health Ins Exchange Opns	20 0				X			627,727	0	-7,957
David A Kvancz VP, Natl Pharmacy Prog & Svcs	30 0				X			560,295	0	107,026
Michael P Mcander SVP, Finance Operations	20 0				X			1,185,082	0	109,425
Christopher C Ohman SVP, HP-MSSA-ROC	30 0				X			647,815	0	95,311
Cynthia Powers Overmyer SVP, Internal Audit	20 0				X			660,098	0	5,263
Christine J Paige SVP, Marketing & Internet Svcs	30 0				X			715,731	0	1,951
Michael D Rowe SVP, CFO - NCAL	20 0				X			1,381,861	0	155,252
James Henry Simpson III SVP, Finance - BU & ROC	30 0				X			655,094	0	69,591
C Wayne Swafford VP, Natl Facilities Svc - ROC	20 0				X			418,032	0	92,269
Paul M Swenson SVP & Chief Strategy Officer	30 0				X			887,880	0	217,523
Cesar Villalpando SVP, CAO - NCAL	20 0				X			748,946	0	67,283
Stanley B Watson VP, KFRI	30 0				X			275,365	0	73,126
Debora Lynn Catsavas VP, Compensation & Benefits	50 0					X		795,501	0	280,519
Katharine S Guptill SVP, Strategic Mkt Planning	50 0					X		653,071	0	63,790
Jason Phillips VP, Natl Recruitment Svcs	0 0					X		682,090	0	109,297
Charles N Sabatino VP, Claims Operations (Legal)	50 0					X		1,445,815	0	132,149
Laura G Weissnar VP, Fin-CB, Research/Hlth Policy	18 0					X		645,015	0	13,147
Jerry C Fleming SVP, Health Reform Implement	32 0						X	806,046	0	-35,376
Larry Wilson SVP, Financial & Strategic Svc	30 0						X	111,573	0	4,060

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 HEALTH PLAN INC

Employer identification number
94-1340523

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

The organization is not a private foundation because it is (For lines 1 through 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?
 - (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)

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

(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						<input type="checkbox"/>

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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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.")	3,840,322	1,053,084	17,184,782	8,627,449	0	30,705,637
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	33,172,293,899	34,666,682,175	37,463,542,757	39,934,143,428	42,237,748,540	187,474,410,799
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	33,176,134,221	34,667,735,259	37,480,727,539	39,942,770,877	42,237,748,540	187,505,116,436
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						187,505,116,436

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	33,176,134,221	34,667,735,259	37,480,727,539	39,942,770,877	42,237,748,540	187,505,116,436
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	172,675,047	95,552,879	39,710,272	49,280,675	83,016,438	440,235,311
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	172,675,047	95,552,879	39,710,272	49,280,675	83,016,438	440,235,311
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				3,946,899	4,106,851	8,053,750
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	5,111,617	3,739,757	4,429,169	5,050,253	4,891,955	23,222,751
13 Total support. (Add lines 9, 10c, 11, and 12.)	33,353,920,885	34,767,027,895	37,524,866,980	40,001,048,704	42,329,763,784	187,976,628,248
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	99.749 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.705 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.234 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.280 %

- 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 C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of the organization KAISER FOUNDATION HEALTH PLAN INC

Employer identification number

94-1340523

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political expenditures 24,951

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 2,495

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		202,436
e Publications, or published or broadcast statements?	Yes		98,975
f Grants to other organizations for lobbying purposes?	Yes		4,967,878
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,398,658
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		296,171
i Other activities?	Yes		1,922,615
j Total. Add lines 1c through 1i.			9,886,733
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1A THROUGH 1I	THE ORGANIZATION IS A MEMBER OF THE KAISER PERMANENTE MEDICAL CARE PROGRAM AND PARTICIPATED IN AND BENEFITED FROM LOBBYING ACTIVITIES CONDUCTED AT THE REGIONAL AND NATIONAL LEVELS FOR THE BENEFIT OF ITS ENROLLED MEMBERS, THE BROADER COMMUNITY AND FOR THE HEALTH CARE INDUSTRY AS A WHOLE AS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), HEALTH PLAN HAS A POLICY PROHIBITING ANY OF HEALTH PLAN'S RESOURCES BEING USED IN ANY POLITICAL CAMPAIGNS THIS POLICY IS CLOSELY MONITORED FOR COMPLIANCE DURING THE YEAR THIS ORGANIZATION MADE COMMENTS OR STATEMENTS CONCERNING LEGISLATION AND BALLOT INITIATIVES WHICH MAY AFFECT THE HEALTH CARE INDUSTRY HEALTH PLAN ENGAGED IN CONVERSATIONS WITH AND/OR WRITTEN COMMUNICATIONS TO VARIOUS FEDERAL, STATE, AND LOCAL OFFICIALS REGARDING MATTERS WHICH AFFECTED THE HEALTHCARE INDUSTRY AS A WHOLE THE AMOUNT OF TIME AND MONEY INVOLVED IN THE ACTIVITIES IS DETAILED ON LINES A THROUGH I HEALTH PLAN EMPLOYS INDIVIDUALS, INCLUDING ONE OR MORE REGISTERED LOBBYISTS AND/OR MAY RETAIN ONE OR MORE PROFESSIONAL CONSULTANTS TO REPRESENT HEALTH PLAN'S INTERESTS IN VARIOUS LEGISLATIVE AND REGULATORY BODIES AND FROM TIME-TO-TIME TO KEEP INFORMED ABOUT FEDERAL AND STATE LEGISLATION HAVING AN IMPACT ON HEALTH PLAN'S CHARITABLE ACTIVITIES AS AN EXEMPT HEALTH MAINTENANCE ORGANIZATION THESE INDIVIDUALS ATTEMPT TO ENSURE THAT PROPOSED LEGISLATION AND ENACTED LAWS ARE COMPATIBLE WITH THE INTERESTS OF HEALTH PLAN, ITS MEMBERS AND ITS PATIENTS BY PERFORMING THE FOLLOWING ACTIVITIES - COLLECTING, ANALYZING AND DISTRIBUTING WITHIN THE ORGANIZATION, PUBLIC AND PRIVATE POLICY RECOMMENDATIONS REGARDING PROPOSED LEGISLATION THAT AFFECT THE OPERATION OF HEALTH PLAN AND ITS ABILITY TO PROVIDE QUALITY HEALTH AND MEDICAL CARE SERVICES TO ITS MEMBERS AND THE BROADER COMMUNITY IN A COST EFFECTIVE MANNER - PROVIDING APPROPRIATE INFORMATIONAL MATERIALS TO LEGISLATORS AND TO THEIR STAFFS THAT PERTAIN TO MATTERS OF COMMON INTEREST IN THE HEALTH CARE COMMUNITY AND IN THE NOT-FOR-PROFIT COMMUNITY - PREPARING WRITTEN AND ORAL TESTIMONY, APPEARING AT LEGISLATIVE HEARINGS, MONITORING LEGISLATIVE PROCEEDINGS AND MEETING WITH LEGISLATORS AND/OR THEIR STAFFS REGARDING ISSUES PERTINENT TO THE MISSION OF HEALTH PLAN INDIVIDUALS APPEARING AT SUCH HEARINGS AND MEETINGS FOR AND ON BEHALF OF HEALTH PLAN OFTEN ARE REPRESENTING THE INTERESTS OF COMMON INTEREST GROUPS AS WELL AS THE INTERESTS OF THE MEMBERS AND PATIENTS OF HEALTH PLAN OTHER EMPLOYEES AND OFFICERS PERFORM SERVICES BY DELIVERING SPEECHES AT VARIOUS PUBLIC AND PRIVATE FUNCTIONS AND IN SERVING AS FACULTY IN HEALTHCARE RELATED EDUCATIONAL PROGRAMS THROUGHOUT THE COMMUNITY SCHEDULE C, PART I-A, LINE 1, PART I-B, LINE 4B CORRECTIVE ACTION Kaiser Foundation Health Plan, Inc (KFHP) obtained a ruling from the Internal Revenue Service in 2001 under which it is permitted to collect voluntary employee contributions to certain labor union Committees on Political Education (COPEs) as part of its payroll administration and transfer those contributions to the COPEs without tax consequence so long as it is fully reimbursed for all costs of administration by the unions Taxpayer due to an administrative error has not been collecting the costs from the unions KFHP has filed Forms 4720 and paid excise taxes under Section 4955 and filed Forms 1120-POL and paid certain income taxes associated with the indirect political expenditures under Section 527(f) KFHP will implement corrective action by invoicing each labor union for its share of the costs of establishing and operating the payroll administration service for withholding of voluntary employee contributions to COPEs KFHP will pursue available legal avenues, including its dispute resolution and arbitration processes under the applicable collective bargaining agreements, to seek and obtain reimbursement KFHP further intends to prevent future errors by adopting processes and procedures for reimbursement so that KFHP will bill timely for all costs from each labor union and require timely payment for a union to continue to participate in this administration service going forward

Part IV Supplemental Information *(continued)*

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 HEALTH PLAN INC

Employer identification number

94-1340523

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 for Part II Conservation Easements. Includes questions about purpose of easements, total acreage, and monitoring expenses. Includes a sub-table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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 for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts required to be reported.

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		663,485,386		663,485,386
b Buildings		3,698,645,174	1,799,089,775	1,899,555,399
c Leasehold improvements		851,546,018	668,408,896	183,137,122
d Equipment		583,864,830	485,909,584	97,955,246
e Other		877,697,265	450,117,043	427,580,222
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,271,713,375

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		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	8,784,317,937

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, LINE 2	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: 94-1340523

Name: KAISER FOUNDATION HEALTH PLAN INC

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

1	(a) Description of Liability	(b) Book Value
	RESERVE - PHYSICIAN RETIREMENT	4,522,008,674
	RESERVE FOR PPL	760,316,150
	RESERVE FOR AUTO & UNEMPLOY	254,116
	RESERVE FOR WORKERS COMP RISKS	93,527,032
	LONG TERM EXTERNAL LIABILITIES	385,549
	POST RETIREMENT BENEFIT LIAB	1,110,911,275
	OTHER CURRENT LIABILITIES	224,168,564
	OTHER CURRENT INSTALLMENTS	47,612
	OTHER LONG-TERM LIABILITIES	411,543,710
	SECURITIES LENDING PAYABLE	666,756,751
	OTHER RETIREMENT LIABILITIES	987,220,037
	DUE TO AFFILIATED ORGANIZATION	7,178,467

**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 HEALTH PLAN INC

Employer identification number
94-1340523

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean		1	Program Services	PP&L INSURANCE	5,877,042
(2) Central America and the Caribbean			Conduct board meetings		740
(3) Europe (Including Iceland and Greenland)			Investments		9,461,943
(4)					
(5)					
3a Sub-total		1			15,339,725
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			15,339,725

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

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

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

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

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

▶ **Attach to Form 990**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number

94-1340523

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **42**

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

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Aloha United Way Inc 200 N Vineyard Blvd Honolulu, HI 96817	99-0073494	501(c)(3)	10,000				2013 General Campaign

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society Inc 250 Williams St NW Atlanta, GA 30303	13-1788491	501(c)(3)	7,700				Event/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
American Heart Association Inc 4600 Campus Drive Irvine, CA 92612	13-5613797	501(c)(3)	14,791				Go Red 4 Women Event Purse

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 Youth Leadership Project 5904 13th Street Sacramento, CA 95822	94-3167910	501(c)(3)	7,850				Event Support\Dinner 23rd Annual Fundraising Dinne

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Sunday 6111 Melrose Ave Los Angeles, CA 90038	42-1765317	501(c)(3)	25,000				Project Support Big Sunday Weekend 2013

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bikes Belong Foundation 207 Canyon Blvd Boulder, CO 80302	20-4306888	501(c)(3)	5,567				Safe Routes to School National Partnership - Fire

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brandeis University 415 South St MS 116 Waltham, MA 02454	04-2103552	501(c)(3)	50,000				Health 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
Children's Institute Inc 2121 W Temple St Los Angeles, CA 90005	95-1641424	501(c)(3)	7,500				Other Back to School Supply Fair Giveaway

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 PARTNERS 1000 N Alameda St 240 Los Angeles, CA 90012	95-4302067	501(c)(3)	585,000				KP Thriving Schools Initiative

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORO Northern California Inc 601 Montgomery St San Francisco, CA 94111	94-3117758	501(c)(3)	9,250				Leadership Luncheon

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Bay Community Foundation 200 Frank H Ogawa Pl Oakland, CA 94612	94-6070996	501(c)(3)	45,000,000				Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Golden State Warriors Community Foundation 1011 Broadway Oakland, CA 94607	94-3253780	501(c)(3)	20,000				Splash Brothers Parent-Child Fantasy Basketball CI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANTMAKERS IN HEALTH 1100 Connecticut Ave Washington, DC 20036	13-3206571	501(c)(3)	10,000				2013 ANNUAL Meeting

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hawaii Primary Care Association 735 Bishop St 230 Honolulu, HI 96813	99-0268275	501(c)(3)	40,000				Primary Care Integration (PCI) Initiative

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HI Appleseed Ctr for Law & Economic Justice 119 Merchant St 605 Honolulu, HI 96813	76-0748976	501(c)(3)	43,060				Increasing Participation in Federal SNAP and EITC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Honolulu Theatre for Youth 1149 Bethel St 700 Honolulu, HI 96813	99-0107563	501(c)(3)	20,000				Preschool HEAL Initiative - Peter Rabbit and the G

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Inland Valley Council of Churches 1753 N Park Ave Pomona, CA 91768	95-2674837	501(c)(3)	5,100				Event Support\Luncheon Food for Children and Famil

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Instituto Laboral De La Raza 2947 16th St San Francisco, CA 94103	94-2890401	501(c)(3)	8,300				National Labor Community Awards

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kahoomiki 1493 Halekoa Drive Honolulu, HI 96821	47-0890686	501(c)(3)	15,000				Hawaii 5210 Keiki Run Series

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA Works 570 W Ave 26 400 Los Angeles, CA 90065	95-4329727	501(c)(3)	20,000				Event Support\Cultural Event MLK Jr Day of Servic

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
League of Women Voters of LA Edu Fund 3303 Wilshire Blvd Los Angeles, CA 90010	95-3972988	501(c)(3)	14,512				2013 Celebrating Leadership Awards Dinner

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northern CA Chapter-US Green Bldg Council 560 Mission St San Francisco, CA 94105	14-1885230	501(c)(3)	8,725				Healthy Building Initiative Founding Partner Spons

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Okizu Foundation 16 Digital Dr 130 Novato, CA 94949	68-0291178	501(c)(3)	8,000				Inspiring Hope Gala

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Padres Contra El Cancer 10220 Riverside Dr Toluca Lake, CA 91602	95-4150330	501(c)(3)	8,500				Event Support\Annual Fundraiser 13th Annual El Sue

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pasadena Community Foundation 260 S Los Robles Ave Pasadena, CA 91101	20-0253310	501(c)(3)	13,000				60th Anniversary Gala

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATH - Peoples Advocacy for Trails Hawaii PO Box 62 KailuaKona, HI 96745	99-0248675	501(c)(3)	48,000				Mayor's Active Living Advisory council and Bike Ed

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project Vision Hawaii PO Box 23212 Honolulu, HI 96823	27-2831637	501(c)(3)	19,819				Better Vision for a Better Life On Oahu expanding

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Riverside County Physicians Memorial Fdn 3993 Jurupa Ave Riverside, CA 92506	95-6080778	501(c)(3)	10,000				Event Support\Annual 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
Riverside County Regional Medical Ctr Fdn 26520 Cactus Ave Moreno Valley, CA 92555	33-0374018	501(c)(3)	9,350				Event Support\Dinner Festival of Trees

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Save Mount Diablo 1901 Olympic Blvd Walnut Creek, CA 94596	94-2681735	501(c)(3)	25,000				Hike & Thrive Program

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

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School-Based Health Alliance 1010 Vermont Ave Washington, DC 20005	54-1752058	501(c)(3)	1,251,503				School Health Ctr

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

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SMITHSONIAN INSTITUTION 1000 Jefferson Dr SW Washington, DC 20560	56-0206027	501(c)(3)	1,000,000				Build Museum

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sonoma State University 1801 E Cotati Ave Rohnert Park, CA 94928	68-0338225	Government	30,480				2013-2014 Green Music Center Opening Gala

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
State of Hawaii Department of Education 46-169 Kamehameha Hy Kaneohe, HI 96744	99-0266482	Government	22,000				Playworks Training

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 Breast Cancer Foundation 3191-A Airport Loop Dr Costa Mesa, CA 92626	33-0487943	501(c)(3)	8,500				Event Support\Annual Fundraiser Annual Pink Tie Ba

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 Coalition for a Tobacco-Free Hawaii 320 Ward Ave 212 Honolulu, HI 96814	68-0637054	501(c)(3)	50,522				Launch of Hawaii's Public Health Institute

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 Kohala Center Inc PO Box 437462 Kamuela, HI 96743	99-0354676	501(c)(3)	27,000				Food Safety Certification for High School Agricult

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 & Alameda County 7200 Bancroft Ave 251 Oakland, CA 94605	94-3092404	501(c)(3)	6,000				10th Annual Healthy Living Festival

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Hawaii Foundation 2444 Dole St Honolulu, HI 96822	99-0085260	501(c)(3)	61,388				Hawaii 5210 Schools Maximizing the Power of Pare

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Volunteer Center of Greater Orange County 1901 E 4th St Ste 100 Santa Ana, CA 92705	95-2021700	501(c)(3)	13,000				General Operating Support Operating Support for HF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Waianae Coast Comprehensive Health Center 86-260 Farrington Hwy Waianae, HI 96792	99-0148164	501(c)(3)	46,000				Waianae Alliance Diabetes Prevention Collective Im

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Young Mens Christian Assoc of Metro LA 3820 Santa Rosalia Los Angeles, CA 90008	95-1644052	501(C)(3)	6,759				Event Support Awards Ceremony Happy Healthy New Ye

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 HEALTH PLAN INC

Employer identification number

94-1340523

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 checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" 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	Yes	
2	Yes	
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 1	FIRST CLASS TRAVEL FIRST CLASS TRAVEL IS PERMISSIBLE AS AN ORDINARY BUSINESS EXPENSE FOR ALL BOARD OF DIRECTORS, CHIEF EXECUTIVE OFFICER, AND OTHER SENIOR MANAGERS AS APPROVED BY THE COMPENSATION COMMITTEE THE VALUE OF THESE CHARGES ARE NOT INCLUDED IN THE RECIPIENTS COMPENSATION TRAVEL FOR COMPANIONS AS APPROVED BY SENIOR MANAGEMENT INFREQUENTLY WHERE BUSINESS REQUIREMENT DICTATES THE VALUE OF THESE CHARGES ARE NOT INCLUDED IN THE RECIPIENTS COMPENSATION PERSONAL SERVICES Car service is approved for senior management in connection with business related travel CEO's nonbusiness transportation is Board approved and included in compensation TAX INDEMNIFICATION AND GROSS-UP PAYMENTS LIMITED TO PARTIAL TAX GROSS-UP UNDER RELOCATION POLICY, CEO TRANSPORTATION, AND INFREQUENTLY AS APPROVED BY SENIOR MANAGEMENT THESE PAYMENTS ARE INCLUDED IN COMPENSATION HOUSING ALLOWANCE PROVIDED ON A LIMITED BASIS FOR RELOCATION IN CONFORMITY WITH THE LAW PROVIDED ON AN EXCEPTION BASIS AS COMPENSATION
Schedule J, Part I, Line 3	- METHODS USED TO ESTABLISH CONSIDERATION OF CEO/EXECUTIVE DIRECTOR - Kaiser Foundation Health Plan, Inc used one or more of the methods described below to establish the top management officials' compensation - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Written employment contract - Compensation survey or study, and - Approval by the board or compensation committee
Schedule J, Part I, Line 4A	- Severance Payments - Steven Doshay \$ 111,786 Charles Sabatino 750,000 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 A Adams \$ 240,740 Anthony A Barrueta 702 Richard D Daniels 164,671 Jerry C Fleming 68,919 Sandra A Golze 91,671 Mitchell J Goodstein 108,113 Katharine S Guptill 151,932 George C Halvorson 1,500,000 Kendall D Hunter 38,247 Kathryn Lancaster 267,106 Thomas R Meier 246,161 Wade Overgaard 99 Cynthia Powers Overmyer 118,011 Christine J Paige 55,170 Jason Phillips 115,873 Charles N Sabatino 141,301 Arthur M Southam 314,156 Deborah Stokes 50,089 Bernard J Tyson 555,429 Stanley B Watson 144,744 Laura G Weissnar 153,866 John Yamamoto 47,652 Victoria B Zatkan 2,976 Carlos Zaragoza 210,266 Mark S Zelman 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 The plans' organizational performance goals included quality of care and service, membership growth, operating income, per member expense trend, and community benefit Plan designs, performance, and payout levels, as well as individual payments to certain persons, were reviewed and approved by the Compensation Committee of the Board of Directors, comprised of independent directors
Schedule J, Part I, Line 8	PAUL M SWENSON Paid in 2013 Sign-On Bonus \$150,000 Future Retention payments January 2015 \$150,000
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
Schedule J, Part II	Jeffrey Epstein - Board of Directors effective April 1, 2013

Additional Data

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

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

(A) Name		(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				
Gregory A Adams EVP,GP/Region President - NCAL	(i) (ii)	662,079 0	977,090 0	265,388 0	209,465 0	19,997 0	2,134,019 0	240,740 0
Anthony A Barrueta SVP, Government Relations	(i) (ii)	418,917 0	482,944 0	20,963 0	76,554 0	17,511 0	1,016,889 0	0 0
Raymond J Baxter SVP,CB, Research & Hlth Policy	(i) (ii)	546,699 0	937,063 0	48,955 0	24,491 0	27,615 0	1,584,823 0	0 0
Chuck Bevilacqua SVP, Health Plan Svc & Admin	(i) (ii)	413,330 0	389,367 0	17,013 0	57,752 0	19,415 0	896,877 0	0 0
Christine Cassel Director	(i) (ii)	189,000 0	0 0	0 0	0 0	0 0	189,000 0	0 0
Debora Lynn Catsavas VP, Compensation & Benefits	(i) (ii)	325,228 0	350,000 0	120,273 0	260,189 0	20,330 0	1,076,020 0	0 0
Thomas Chapman Director	(i) (ii)	197,476 0	0 0	0 0	17,500 0	0 0	214,976 0	0 0
Benjamin K Chu EVP, GP/Region President - SCAL	(i) (ii)	661,943 0	971,101 0	26,718 0	582,825 0	21,932 0	2,264,519 0	0 0
Charles E Columbus SVP, Chief HR Officer	(i) (ii)	498,916 0	692,644 0	41,043 0	242,807 0	27,054 0	1,502,464 0	0 0
Thomas A Curtin Jr SVP, Natl Sales & Acct Mgmt	(i) (ii)	361,938 0	366,537 0	35,063 0	68,656 0	23,754 0	855,948 0	0 0
Richard D Daniels SVP, Enterprise Shared Svcs	(i) (ii)	509,342 0	662,346 0	186,401 0	137,916 0	25,967 0	1,521,972 0	164,671 0
Mick Diede SVP, Chief Actuary	(i) (ii)	373,109 0	193,027 0	17,498 0	49,692 0	16,880 0	650,206 0	0 0
George A Disalvo SVP- CFO,Southern Calif Region	(i) (ii)	493,727 0	486,605 0	39,857 0	118,714 0	21,875 0	1,160,778 0	0 0
Steven Doshay Senior Counsel	(i) (ii)	162,721 0	56,680 0	118,867 0	62,376 0	15,584 0	416,228 0	0 0
Karen Maria Emmons VP, Research and Dir, KFRI	(i) (ii)	63,462 0	25,000 0	232,674 0	13,377 0	1,789 0	336,302 0	0 0
Philip Fasano EVP & CIO	(i) (ii)	747,945 0	1,456,592 0	42,910 0	492,751 0	22,452 0	2,762,650 0	0 0
Jerry C Fleming SVP, Health Reform Implement	(i) (ii)	196,891 0	510,651 0	98,504 0	-54,674 0	19,298 0	770,670 0	51,637 0
Diane E Gage Lofgren SVP,Brand Mgmt &Communications	(i) (ii)	457,359 0	489,815 0	40,727 0	127,623 0	26,796 0	1,142,320 0	0 0
Daniel P Garcia SVP, Chief Compliance Officer	(i) (ii)	572,755 0	802,546 0	49,177 0	25,730 0	30,405 0	1,480,613 0	0 0
Sandra A Golze Assistant Secretary - NCAL	(i) (ii)	260,623 0	155,384 0	108,859 0	63,953 0	18,562 0	607,381 0	91,671 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				
Mitchell J Goodstein SVP, Actuarial, U/W & Pricing	(i) (ii)	430,281 0	570,896 0	150,671 0	29,408 0	19,826 0	1,201,082 0	105,543 0
William Graber Director	(i) (ii)	231,153 0	0 0	0 0	0 0	0 0	231,153 0	0 0
J Eugene Grigsby III Director	(i) (ii)	206,425 0	0 0	0 0	0 0	0 0	206,425 0	0 0
Katharine S Guptill SVP, Strategic Mkt Planning	(i) (ii)	290,121 0	194,187 0	168,763 0	40,590 0	23,200 0	716,861 0	0 0
George C Halvorson Chairman	(i) (ii)	1,302,727 0	7,147,272 0	1,599,726 0	112,605 0	33,602 0	10,195,932 0	0 0
Michael J Huaco VP, Bus Strategy & Real Estate	(i) (ii)	293,931 0	213,794 0	32,604 0	57,447 0	24,694 0	622,470 0	0 0
Kendall D Hunter SVP, Health Ins Exchange Opns	(i) (ii)	317,466 0	253,075 0	57,186 0	-30,660 0	22,703 0	619,770 0	37,156 0
Judith Johanson Director	(i) (ii)	231,370 0	0 0	0 0	0 0	0 0	231,370 0	0 0
Kim Kaiser Director	(i) (ii)	214,808 0	0 0	0 0	0 0	0 0	214,808 0	0 0
David A Kvacz VP, Natl Pharmacy Prog & Svcs	(i) (ii)	316,687 0	207,282 0	36,326 0	86,222 0	20,804 0	667,321 0	0 0
Kathryn Lancaster EVP & CFO	(i) (ii)	676,598 0	1,210,688 0	309,466 0	125,720 0	16,055 0	2,338,527 0	266,810 0
Janet A Liang Region President - Hawaii	(i) (ii)	381,973 0	324,426 0	37,639 0	162,576 0	23,085 0	929,699 0	0 0
Donna Lynne EVP, GP/ Region President CO	(i) (ii)	522,385 0	671,301 0	43,272 0	386,467 0	27,161 0	1,650,586 0	0 0
Philip Marneau Director	(i) (ii)	211,230 0	0 0	0 0	0 0	0 0	211,230 0	0 0
Michael P Mcander SVP, Finance Operations	(i) (ii)	543,623 0	520,187 0	121,272 0	84,153 0	25,272 0	1,294,507 0	0 0
Thomas R Meier SVP, Corporate Treasurer	(i) (ii)	325,824 0	438,610 0	282,728 0	14,386 0	30,363 0	1,091,911 0	244,843 0
Jenny Ming Director	(i) (ii)	207,633 0	0 0	0 0	0 0	0 0	207,633 0	0 0
Indrajit Obeysekere Assistant Secretary	(i) (ii)	232,413 0	92,900 0	4,332 0	1,487 0	14,988 0	346,120 0	0 0
Christopher C Ohman SVP, HP-MSSA-ROC	(i) (ii)	334,441 0	276,835 0	36,539 0	68,988 0	26,323 0	743,126 0	0 0
Donald H Orndoff SVP, NFS	(i) (ii)	401,454 0	505,726 0	22,674 0	143,813 0	26,369 0	1,100,036 0	0 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				
Wade Overgaard SVP, Health Plan Ops - CA	(i) (ii)	442,536 0	400,294 0	21,285 0	68,237 0	25,813 0	958,165 0	0 0
Cynthia Powers Overmyer SVP, Internal Audit	(i) (ii)	287,137 0	216,672 0	156,289 0	-15,971 0	21,234 0	665,361 0	0 0
Christine J Paige SVP, Marketing & Internet Svcs	(i) (ii)	361,146 0	280,329 0	74,256 0	-15,498 0	17,449 0	717,682 0	54,281 0
Edward Pei Director	(i) (ii)	192,630 0	0 0	0 0	17,500 0	0 0	210,130 0	0 0
Jason Phillips VP, Natl Recruitment Svcs	(i) (ii)	316,452 0	222,079 0	143,559 0	64,818 0	44,479 0	791,387 0	0 0
Margaret Porfido Director	(i) (ii)	229,752 0	0 0	0 0	0 0	0 0	229,752 0	0 0
Frank P Richardson Assistant Secretary - Hawaii	(i) (ii)	186,799 0	65,274 0	23,243 0	22,695 0	22,413 0	320,424 0	0 0
Rochelle M Roth Assistant Secretary	(i) (ii)	161,237 0	38,925 0	22,251 0	9,945 0	16,479 0	248,837 0	0 0
Michael D Rowe SVP, CFO - NCAL	(i) (ii)	564,314 0	641,448 0	176,099 0	134,794 0	20,458 0	1,537,113 0	0 0
Charles N Sabatino VP, Claims Operations (Legal)	(i) (ii)	306,133 0	223,757 0	915,925 0	82,379 0	49,770 0	1,577,964 0	0 0
Jacqueline Sellers Assistant Secretary	(i) (ii)	187,644 0	55,237 0	5,538 0	-7,251 0	11,234 0	252,402 0	0 0
James Henry Simpson III SVP, Finance - BU & ROC	(i) (ii)	333,358 0	286,756 0	34,980 0	46,352 0	23,239 0	724,685 0	0 0
Arthur M Southam EVP, Health Plan Operations	(i) (ii)	775,034 0	1,476,834 0	357,286 0	22,139 0	23,434 0	2,654,727 0	311,627 0
Deborah Stokes SVP, Corporate Controller & CAO	(i) (ii)	346,256 0	347,325 0	71,331 0	-22,132 0	19,691 0	762,471 0	50,089 0
C Wayne Swafford VP, Natl Facilities Svc - ROC	(i) (ii)	247,491 0	121,823 0	48,718 0	65,657 0	26,612 0	510,301 0	0 0
Paul M Swenson SVP & Chief Strategy Officer	(i) (ii)	509,801 0	339,965 0	38,114 0	194,549 0	22,974 0	1,105,403 0	0 0
Cynthia Telles Director	(i) (ii)	208,539 17,000	0 0	0 0	0 0	0 0	208,539 17,000	0 0
Bernard J Tyson CEO & President	(i) (ii)	1,094,700 0	2,373,012 0	682,308 0	111,774 0	28,100 0	4,289,894 0	555,429 0
Cesar Villalpando SVP, CAO - NCAL	(i) (ii)	368,236 0	345,093 0	35,617 0	46,794 0	20,489 0	816,229 0	0 0
Stanley B Watson VP, KFRI	(i) (ii)	15,332 0	101,945 0	158,088 0	72,209 0	917 0	348,491 0	143,029 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				
Herman M Weil SVP, Federal & State Programs	(i) (ii)	354,155 0	422,920 0	57,855 0	-30,580 0	35,456 0	839,806 0	0 0
Jed Weissberg SVP, Quality & Care Delivery	(i) (ii)	513,468 0	692,619 0	25,583 0	329,746 0	22,881 0	1,584,297 0	0 0
Laura G Weissnar VP,Fin- CB,Research/Hlth Policy	(i) (ii)	274,643 0	179,824 0	190,548 0	-3,907 0	17,054 0	658,162 0	0 0
Larry Wilson SVP, Financial & Strategic Svc	(i) (ii)	0 0	111,573 0	0 0	4,060 0	0 0	115,633 0	0 0
John Yamamoto VP, Regional Counsel - SCAL	(i) (ii)	305,944 0	228,100 0	64,666 0	-9,425 0	46,938 0	636,223 0	46,881 0
Carlos Zaragoza Assistant Secretary	(i) (ii)	258,454 0	173,555 0	252,723 0	-20,420 0	23,639 0	687,951 0	210,266 0
Victoria B Zatkín VP,Off of Brd & Corp Gov Svcs	(i) (ii)	200,385 0	91,393 0	38,378 0	8,542 0	4,793 0	343,491 0	0 0
Mark S Zelman SVP, Gen Counsel & Secretary	(i) (ii)	493,974	632,158	197,416	17,865	25,795	1,367,208	155,249

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

▶ **Information about Schedule L (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 HEALTH PLAN INC

Employer identification number
94-1340523

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

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) DEBORA L CATSAVAS	EMPLOYEE	EMPLOYEE RELOCATION		X	150,000	150,000		No	Yes		Yes	
(2) MICHAEL ROWE	EMPLOYEE	EMPLOYEE RELOCATION		X	300,000	150,000		No	Yes		Yes	
(3) CESAR VILLALPANDO	EMPLOYEE	EMPLOYEE RELOCATION		X	100,000	100,000		No	Yes		Yes	
Total						▶ \$	400,000					

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STEVEN R ZATKIN	SPOUSE OF OFFICER	26,094	COMPENSATION		No
(2) TOP TIER CONSULTING	BROTHER OF OFFICER	4,202,551	CONSULTING SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number

94-1340523

Return Reference	Explanation
FORM 990, HEADING, ITEM B, AMENDED RETURN	PART VII, SECTION B HAS BEEN AMENDED TO REFLECT AN UPDATE TO THIS SECTION SCHEDULE C OF THE RETURN HAS BEEN AMENDED TO REFLECT AN UPDATE TO SCHEDULE C, PARTS I-A AND I-B AS STATED IN SCHEDULE C, PART IV SCHEDULE L HAS BEEN AMENDED TO REFLECT AN UPDATE TO SCHEDULE L, PART IV FORM 990, PART I, LINE 19 REVENUE LESS EXPENSE DISCLOSURE CURRENT YEAR REVENUE LESS EXPENSES \$ 364,198,895 OTTI (NOTE 1) <141,395,542> GAIN/LOSS ON INVESTMENTS - BOOK 85,577,707 GAIN/LOSS ON INVESTMENTS - TAX <28,069,390> _____ UNAUDITED STANDALONE GAAP REVENUE LESS EXPENSES \$ 280,311,670 NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT (OTTI) OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED

Return Reference	Explanation
Form 990, Part V, Line 4b	FOREIGN INVESTMENTS Kaiser Foundation Health Plan, Inc (KFHP, Inc)'s foreign investments are held in a US third party custodian bank KFHP, Inc personnel can not directly access the foreign investments

Return Reference	Explanation
Form 990, Part VI, Line 11B	Form 990 Review Process 1 Key information necessary for the preparation of the tax return is obtained and/or confirmed with internal sources including regional finance, executive compensation, community benefits, treasury, government relations, and legal 2 Community benefit reporting details are presented to the community benefit committee of the board for review 3 The complete tax return is reviewed and signed by a Pricewaterhousecoopers LLP tax advisor 4 The complete tax return is reviewed and signed by an officer or a member of management designated by an officer 5 A copy of the return is provided to each board member prior to filing

Return Reference	Explanation
Form 990, Part VI, Line 12c	<p>Compliance Enforcement A Regularly and Consistently Monitors Compliance with the Conflicts of Interest Policy - Kaiser Permanente National Compliance Office regularly and consistently 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</p> <p>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
Form 990, Part VI, Line 15A/B	<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
Form 990, Part VI, Line 18	Forms 990 are Available on GuideStar org website

Return Reference	Explanation
Form 990, Part VI, Line 19	Public Inspection Governing documents - are available from the Secretary of State and Department of Managed Health Care and maintained on the state agency website or upon request Conflict of Interest policy 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
Form 990, Part VII, Section A, Column B	Hours for Related Organization Individuals who are both officers and members of Boards of Directors work full time as employees as well as fulfill their board assignment. All officers work full time in their employee capacity. Full time work may require in excess of the traditional 40 hour week. Given the integrated nature of our organization, employees may provide support for various Kaiser Permanente companies. The average hours per week reported for the filing organization and related organizations was estimated.

Return Reference	Explanation
Form 990, Part XI, Line 9	Other changes in net assets or fund balances Change in Donated Capital (1,962) Change in Pension & retirement Liabilities 1,975,730,867 Capital Transfers - CY 3,295,276 Gain/Loss on Sale of Investments - Tax (28,069,390) Gain/Loss on Sale of Investments - Book 85,577,707 Other Than Temporary Impairment (141,395,541) _____ Total 1,895,136,957

Return Reference	Explanation	
Form 990, Part III, Line 4a-4d		<p>- Exempt purpose achievements - 2013 COMMUNITY BENEFIT SUMMARY REPORT KAISER FOUNDATION HEALTH PLAN, INC LEGAL AFFILIATION WITH KAISER FOUNDATION HOSPITALS - KAISER FOUNDATION HOSPITALS (KFH) AND KAISER FOUNDATION HEALTH PLAN, INC (KFHP, INC) ARE SEPARATE CORPORATIONS GOVERNED BY IDENTICAL BOARDS OF DIRECTORS KFHP, INC PROVIDES AND ARRANGES COMPREHENSIVE HEALTH CARE SERVICES FOR MEMBERS ON A PREDOMINANTLY PREPAID BASIS KAISER FOUNDATION HEALTH PLAN, INC FULFILLS ITS CONTRACTUAL OBLIGATIONS TO GROUP AND INDIVIDUAL MEMBERS BY CONTRACTING WITH KFH AND PERMANENTE MEDICAL GROUP PHYSICIANS TO PROVIDE THE REQUIRED HEALTH CARE SERVICES TO ITS MEMBERS THROUGH MARKET LEADING PERFORMANCE IN QUALITY AND SERVICE KAISER FOUNDATION HEALTH PLAN, INC PRIMARILY CONDUCTS ITS OPERATIONS IN THE STATES OF CALIFORNIA AND HAWAII ADDITIONALLY, KFHP, INC OWNS 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 KAISER FOUNDATION HEALTH PLAN, INC'S COMMITMENT TO THE COMMUNITY - MEMBERSHIP IN KFHP, INC AND ITS HEALTH PLAN SUBSIDIARIES IS AVAILABLE WITHOUT REGARD TO AGE, SEX, RACE, RELIGION, OR NATIONAL ORIGIN, OR TO THE INDIVIDUAL'S ABILITY TO PAY HEALTH PLAN MEMBERS ARE BROADLY REPRESENTATIVE OF THE COMMUNITIES SERVED ONCE ENROLLED, A MEMBER MAY MAINTAIN MEMBERSHIP REGARDLESS OF HEALTH OR EMPLOYMENT STATUS - AS A NONPROFIT ORGANIZATION, KAISER FOUNDATION HEALTH PLAN, INC IS COMMITTED TO IMPROVING THE HEALTH OF COMMUNITIES BEYOND ITS ENROLLED MEMBERSHIP 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, AND ACCOUNTABLE BENEFITS INTENDED TO ADDRESS MANY OF THE HEALTH CHALLENGES FACED AT THE INDIVIDUAL, LOCAL, STATE, AND NATIONAL LEVELS - IN 2007, KFHP, INC BOARD OF DIRECTORS REFINED THE FOCUS OF THE ORGANIZATION'S COMMUNITY BENEFIT PROGRAM AND ESTABLISHED THE FOLLOWING FOUR PRIORITY AREAS, WHICH HAVE COME TO BE KNOWN AS "STREAMS OF WORK" A - CARE AND COVERAGE FOR LOW-INCOME PEOPLE - CREATES AND SUPPORTS PROGRAMS THAT LOWER THE FINANCIAL BARRIERS FOR THE UNDER- AND UNINSURED B - COMMUNITY HEALTH INITIATIVES (CHI) - SEEKS TO MEASURABLY IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE DESIGNS, DELIVERS, AND SUSTAINS LONG-TERM PROGRAMS THAT ENGAGE COMMUNITIES IN WORK TO IMPROVE CONDITIONS IN THEIR NEIGHBORHOODS C - SAFETY NET PARTNERSHIPS - BUILDS PARTNERSHIPS WITH COMMUNITY CLINICS, LOCAL HEALTH DEPARTMENTS, AND PUBLIC HOSPITALS PROVIDES FUNDING, TECHNICAL ASSISTANCE, DISSEMINATION OF CARE MANAGEMENT AND QUALITY IMPROVEMENTS TECHNOLOGY TO HELP IMPROVE CARE AND EXPAND TREATMENT CAPACITY FOR VULNERABLE POPULATIONS D - DEVELOPING AND DISSEMINATING KNOWLEDGE - IMPROVES HEALTH CARE BY SHARING OUR KNOWLEDGE - EDUCATING PRACTITIONERS, ADVANCING RESEARCH, EMPOWERING CONSUMERS, AND INFORMING POLICYMAKERS ABOUT EVIDENCE BASED CARE AND HEALTH THE FOLLOWING ARE DETAILS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY KAISER FOUNDATION HEALTH PLAN, INC IN 2013, KAISER FOUNDATION HEALTH PLAN, INC SERVED OVER 7.3 MILLION MEMBERS AND EXPENDED \$753 MILLION (AT COST, NET OF \$587 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 A - CARE AND COVERAGE FOR LOW-INCOME PEOPLE IN 2013, KAISER FOUNDATION HEALTH PLAN, INC EXPENDED APPROXIMATELY \$687 MILLION (AT COST, NET OF \$587 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 KAISER PERMANENTE FACILITY OR BY A PERMANENTE PROVIDER A.1 CHARITABLE CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE PROGRAMS) KFHP, INC PROVIDES CHARITY CARE TO LOW-INCOME VULNERABLE POPULATIONS THROUGH THE MEDICAL FINANCIAL ASSISTANCE (MFA) AND CHARITABLE HEALTH COVERAGE (CHC) PROGRAMS IN 2013, KFHP, INC SPENT APPROXIMATELY \$222 MILLION (AT COST, NET OF \$26 MILLION OF RELATED REVENUES) ON UNDER- AND UNINSURED PATIENTS A.1.1 MEDICAL FINANCIAL ASSISTANCE (MFA) PROGRAM KFHP, INC'S 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 CALIFORNIA, THE MFA PROGRAM'S ELIGIBILITY CRITERIA ALLOW</p>

Return Reference	Explanation	
	Form 990, Part III, Line 4a-4d	<p>S PATIENTS FALLING BELOW 350% OF THE FEDERAL POVERTY GUIDELINES (FPG) TO RECEIVE FULL WRIT E 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 PR ACTICES ARE ALIGNED WITH THE ORGANIZATION'S SOCIAL VALUES AND PROPOSED IRS SECTION 501(R) ADDITIONALLY, ANY PATIENT EXPERIENCING FINANCIAL HARDSHIP DUE TO UNREASONABLE MEDICAL EXP ENSES RELATIVE TO THEIR INCOME MAY QUALIFY FOR THE PROGRAM UNDER "SPECIAL CIRCUMSTANCES" IN 2013, THE PROGRAM ASSISTED ALMOST 153,000 QUALIFYING APPLICANTS IN CALIFORNIA IN HAWAII, THE PROGRAM IS OPEN TO MEMBERS AND NONMEMBERS WHO CANNOT PAY FOR MEDICALLY NECESSARY SE RVICES, HAVE EXHAUSTED PRIVATE AND PUBLIC SOURCES OF SUPPORT, AND MEET ELIGIBILITY REQUIRE MENTS IN 2013, THE MFA PROGRAM IN HAWAII ASSISTED MORE THAN 3,400 QUALIFYING APPLICANTS A 1 2 CHARITABLE HEALTH COVERAGE PROGRAM CHARITABLE HEALTH COVERAGE (CHC) IS A UNIQUE APPR OACH TO CARING FOR LOW-INCOME UNINSURED PERSONS IN THE COMMUNITY ELIGIBLE PARTICIPANTS RE CEIVE A REGULAR KAISER PERMANENTE MEMBERSHIP CARD AND ACCESS TO THE FULL RANGE OF SERVICES AND PROVIDERS - A MUCH BETTER ALTERNATIVE TO POTENTIALLY COSTLY EMERGENCY ROOM VISITS OR HOSPITALIZATION THIS ALLOWS KFHP, INC TO INVEST IN THE LONGER TERM HEALTH OF PATIENTS AN D THE COMMUNITY SINCE INCEPTION IN THE EARLY 1980S, CHC PROGRAMS HAVE MADE A REAL DIFFERE NCE IN THE LIVES OF LOW INCOME PEOPLE WHO MIGHT OTHERWISE HAVE NO OTHER SOURCE OF CARE TH E FOLLOWING IS THE CHC PROGRAM OFFERED TO OVER 77,000 MEMBERS WITHIN THE STATE OF CALIFORNIA - KAISER PERMANENTE CHILD HEALTH PLAN (KPCHP) - THE CHILD HEALTH PLAN PROVIDES MEDICAL AND DENTAL COVERAGE TO ELIGIBLE CHILDREN (BIRTH THROUGH AGE 18) IN CALIFORNIA FAMILIES WI TH INCOME UP TO 300% OF THE FEDERAL POVERTY GUIDELINES WHO DO NOT HAVE ACCESS TO OTHER HEA LTH INSURANCE THE CHILD HEALTH PLAN IS A MANAGED CARE INSURANCE PLAN FILED WITH THE STATE TO PROVIDE COMPREHENSIVE BENEFITS INCLUDING PREVENTIVE CARE, INPATIENT AND OUTPATIENT SER VICES, PRESCRIPTION DRUGS, AND VISION AND DENTAL CARE PREMIUMS ARE \$8 OR \$15 PER CHILD PE R MONTH, DEPENDING ON FAMILY INCOME, FOR A MAXIMUM OF THREE CHILDREN (ADDITIONAL CHILDREN ARE COVERED FREE OF CHARGE) LOW CO-PAYMENTS APPLY TO SOME SERVICES THE FOLLOWING DESCRIB ES THE CHC PROGRAM OFFERED WITHIN THE STATE OF HAWAII - TRANSITIONS PROGRAM (FORMERLY THE BRIDGE PROGRAM) - WITH THE IMPLEMENTATION OF HEALTH CARE REFORM AND AFFORDABLE CARE ACT R REQUIREMENTS, THE BRIDGE PROGRAM FORMERLY OFFERED TO RESIDENTS OF THE STATE OF HAWAII HAS B EEN PHASED OUT A NEW PARTNERSHIP WITH WAIKIKI HEALTH HAS BEEN FORMED TO PROVIDE COMPREHEN SIVE ORAL HEALTH AND SUPPORT SERVICES TO THE HOMELESS, UNINSURED, AND UNDERINSURED LOW-INC OME POPULATION ON OAHU UNDER A RECENTLY COMPLETED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THIS UNIQUE PROGRAM HAS BEEN DEVELOPED AS AN ALTERNATE APPROACH TO THE PREMIUM DUES FORM ERLY SUBSIDIZED UNDER THE BRIDGE PROGRAM AS A COMPONENT OF KFHP, INC 'S CHARITABLE COVERAG E EFFORTS IN HAWAII A 2 PARTICIPATION IN MEDICAID AND OTHER GOVERNMENT-SPONSORED PROGRAMS KAISER FOUNDATION HEALTH PLAN, INC PROVIDED COVERAGE AND SERVICES VALUED AT \$464 MILLION (AT COST, NET OF \$561 MILLION OF RELATED REVENUES) FOR MEMBERS AND NON-MEMEMBERS IN GOVER NMENT-SPONSORED PROGRAMS CALIFORNIA KAISER PERMANENTE MEDI-CAL MANAGED CARE, MEDI- CAL FEE -FOR-SERVICE, HEALTHY FAMILIES, AND HEALTHY SAN FRANCISCO ARE SPECIFIC GOVERNMENT- SPONSORE D HEALTH CARE COVERAGE PROGRAMS IN CALIFORNIA OVER 480,000 PEOPLE RECEIVED CARE UNDER THE SE PROGRAMS DURING 2013 - MEDICAID/MEDI-CAL - IMPROVING ACCESS TO CARE FOR VULNERABLE POP ULAIONS IS FUNDAMENTAL TO KAISER FOUNDATION HEALTH PLAN, INC 'S SOCIAL MISSION TO IMPROVE THE HEALTH OF THE COMMUNITIES SERVED, AND CONSISTENT WITH THE OBLIGATIONS OF A TAX EXEMPT ORGANIZATION KFHP, INC 'S MEMBERSHIP UNDER THIS PROGRAM INCLUDED APPROXIMATELY 377,000 MEDI-CAL (MEDICAID) MANAGED CARE MEMBERS</p>

Return Reference	Explanation	
B - Community Health Initiatives		<p>KAISER FOUNDATION HEALTH PLAN, INC DESIGNS, DELIVERS, AND SUSTAINS LONG-TERM PROGRAMS THAT ENGAGE COMMUNITIES IN WORK TO IMPROVE CONDITIONS IN THEIR NEIGHBORHOODS, WORKPLACES, AND SCHOOLS THE COMMUNITY HEALTH INITIATIVES (CHI) STREAM OF WORK STARTED WITH A FOCUS ON NUTRITION AND PHYSICAL ACTIVITY THE FOCUS HAS SINCE EXPANDED TO ADDRESS COMMUNITY ECONOMIC DEVELOPMENT, ENVIRONMENTAL SUSTAINABILITY, AND NEIGHBORHOOD SAFETY - ADDITIONAL FACTORS THAT ARE KEYS TO PROMOTING HEALTH COMMUNITIES KFHP, INC SPONSORED OVER \$942 THOUSAND IN CHARITABLE CONTRIBUTIONS SUPPORTING TOTAL COMMUNITY HEALTH INITIATIVES IN 2013 B 1 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 INITIATIVE 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 KFHP, INC IN HAWAII BEGAN ITS FIRST FRESH DAY FARMERS' MARKET AT THE HONOLULU CLINIC IN JUNE 2004 SINCE THEN, THREE OTHER MARKETS HAVE BEEN OPENED MARKETS ARE OPEN TO THE COMMUNITY, MEMBERS, AND STAFF, AND ARE UNIQUE FROM OTHER FARMERS' MARKETS ON THE ISLAND IN PROVIDING HEALTH PROMOTION AND EDUCATION INFORMATION AT EACH SITE RESOLUTION CD-13-1 WAS PASSED BY THE CITY AND COUNTY OF HONOLULU IN 2013 TO AUTHORIZE THE USE OF ELECTRONIC BENEFITS TRANSFERS (EBT) IN CITY-RUN FARMERS' MARKETS EBT IS AN ELECTRONIC SYSTEM THAT AUTOMATES DELIVERY, REDEMPTION, AND RECONCILIATION OF PUBLIC ASSISTANCE BENEFITS KFHP, INC OF HAWAII ESTABLISHED THE FIRST EBT-BASED CITY FARMERS' MARKET TO DEMONSTRATE THE "HOW TO" B 2 CHILD PASSENGER SAFETY PROGRAM THE KEIKI PASSENGER SAFETY (KPS) PROGRAM OFFERED AT KFHP, INC'S WAIPIO AND MAPUNAPUNA CLINICS PROVIDES FREE MONTHLY CAR SEAT CHECKS ALTHOUGH PASSENGER RESTRAINTS SAVE LIVES, AT LEAST 80% OF CHILD PASSENGER RESTRAINTS ARE NOT USED PROPERLY STAFF WHO ARE TRAINED AND CERTIFIED AS CAR SEAT TECHNICIANS BY SAFE KIDS AND THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION PROVIDE EDUCATION ON THE PROPER USE OF CAR SEATS, BOOSTER SEATS, AND SEAT BELTS FOR CHILDREN FROM INFANCY TO ADULTHOOD B 3 GRANTS AND DONATIONS EXAMPLES OF GRANTS AWARDED IN 2013 INCLUDE THE FOLLOWING - IN 2013, KAISER FOUNDATION HEALTH PLAN, INC AWARDED A CHARITABLE CONTRIBUTION IN THE AMOUNT OF \$650,000 TO COMMUNITY PARTNERS THIS ORGANIZATION SUPPORTS THE THRIVING SCHOOLS INITIATIVE IN ITS EFFORT TO PROMOTE NUTRITION AND HEALTH PROGRAMS THROUGH SMALL GRANTS TO SCHOOLS NATIONWIDE THESE SMALL GRANTS (RANGING IN SIZE FROM \$500 TO \$5,000) ARE INTENDED TO BUILD SCHOOL STAFF CAPACITY THROUGH TRAINING, AND PERMIT PURCHASES OF NECESSARY EQUIPMENT TO IMPROVE NUTRITION AND PHYSICAL ACTIVITY AT INDIVIDUAL SCHOOLS THE THRIVING SCHOOLS INITIATIVE AIMS TO USE SHORT-TERM GRANTMAKING AS A MEANS TO JUMPSTART A CULTURE OF HEALTHY EATING AND PHYSICAL ACTIVITY AT SCHOOLS INTERESTED IN FUNDING AND NURTURING THESE KINDS OF PROGRAMS - KFHP, INC IN HAWAII AWARDED A GRANT TO AND COLLABORATION WITH THE APPLE SEED CENTER FOR LAW & ECONOMIC JUSTICE TO MAXIMIZE PARTICIPATION BY ELIGIBLE STATE RESIDENTS IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND THE EARNED INCOME TAX CREDIT RESIDENTS OF HAWAII MISS OUT ON OVER \$237 MILLION IN UNCLAIMED FEDERAL SNAP BENEFITS AND \$60 MILLION IN EARNED INCOME TAX CREDITS EVERY YEAR, RANKING HAWAII 46TH AMONG STATES NATIONWIDE C - SAFETY NET PARTNERSHIPS IN 2013, KAISER FOUNDATION HEALTH PLAN, INC EXPENDED APPROXIMATELY \$1.4 MILLION TO SUPPORT SAFETY NET PARTNERSHIPS THE FOLLOWING ARE EXAMPLES OF GRANTS AWARDED IN ACCORDANCE WITH THE OBJECTIVES OF THE SAFETY NET PARTNERSHIPS STREAM OF WORK DURING 2013 - THE NATIONAL ASSEMBLY ON SCHOOL-BASED HEALTH CARE (NASBHC) WAS AWARDED \$2.75 MILLION OVER THREE YEARS (\$1.25 MILLION IN 2013) TO STRENGTHEN SCHOOL-BASED HEALTH CENTERS' (SBHC) ABILITY TO SUPPORT BEHAVIOR CHANGES THROUGH CLINICAL SERVICES, EDUCATION, AND COUNSELING NASBHC INTENDS TO PARTNER WITH KFHP, INC ON ITS TOTAL HEALTH INITIATIVE UNDER THE HEALTHY SCHOOLS COMPONENT TO FURTHER THE GOALS OF THE HEALTHY SCHOOLS PROGRAM, NASBHC PLANS TO WORK IN A SELECT GROUP OF STATES WITH TARGETED SBHCS TO SUPPORT HEALTHY EATING AND ACTIVE LIVING IN ADDITION TO OTHER ASPECTS OF SOCIAL AND EMOTIONAL HEALTH BY 1) STRENGTHENING THE SBHCS' ABILITIES TO SUPPORT HEALTH BEHAVIOR CHANGES THROUGH CLINICAL SERVICES, EDUCATION, AND COUNSELING, AND 2) ADVANCING THE SBHCS' ROLE AS CATALYSTS FOR RELATED POLICY AND ENVIRONMENTAL CHANGES - KFHP, INC AWARDED A GRANT TO WAIANAE COAST COMPREHENSIVE HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER (FQHC), TO SUPPORT AN EFFORT TO OPTIMIZE THE QUALITY OF HEALTH CARE SERVICES REL</p>

Return Reference	Explanation	
	B - Community Health Initiatives	<p>ATED TO CHILDHOOD OBESITY THIS IS THE FIRST PEDIATRIC PROJECT IN HAWAII TO INVOLVE AN INTER-AGENCY COLLABORATION BETWEEN THREE COMMUNITY HEALTH CENTERS (KO'OLAULOA COMMUNITY HEALTH AND WELLNESS CENTER, WAIANAE COAST COMPREHENSIVE HEALTH CENTER, AND WAIMANALO HEALTH CENTER) - KFHP, INC OF HAWAII SUPPORTED MAUI COLLEGE TO PROMOTE ORAL HEALTH FOR CHILDREN OVER 4,000 CHILDREN AND THEIR FAMILIES WERE POSITIVELY IMPACTED BY THE DISTRIBUTION OF DENTAL KITS, IN-HOME VISITS, AND COLLABORATION WITH PEDIATRIC PROVIDERS KFHP, INC RECEIVED RECOGNITION FOR ITS EFFORTS UNDER THIS PROJECT FROM ALAN ARAKAWA, THE MAYOR OF MAUI - KFHP, INC PROVIDED GRANT SUPPORT TO PROJECT VISION, AN ORGANIZATION WHICH PROVIDES MOBILE VISION SCREENING SERVICES FOR THE UNDERINSURED AND UNINSURED ON OAHU AND THE BIG ISLAND BENEFITS ALSO INCLUDED FREE EYEGLASSES AND VISION CARE TO CHILDREN, LOW INCOME, VULNERABLE, AND HOMELESS POPULATIONS</p> <p>D - DEVELOPING AND DISSEMINATING KNOWLEDGE KAISER FOUNDATION HEALTH PLAN, INC SPENT ALMOST \$47 MILLION IN 2013 TO SUPPORT GRANTS AND DONATIONS TO BENEFIT A NUMBER OF OTHER NONPROFIT ORGANIZATIONS IN ADDITION, APPROXIMATELY \$4.7 MILLION WAS DIRECTED TO PROGRAMS AND SERVICES FOR THE DEVELOPMENT AND DISSEMINATION OF KNOWLEDGE</p> <p>D1 GRANTS AND DONATIONS DURING 2013, THE GREATEST SHARE OF THE TOTAL INVESTMENT UNDER THE KNOWLEDGE DISSEMINATION STREAM OF WORK CONSISTED OF A SINGLE CONTRIBUTION OF \$45 MILLION TO THE EAST BAY COMMUNITY FOUNDATION FOR THE PROGRAM OFFICES FUND FOR RESEARCH THESE FUNDS WILL BE AWARDED TO SELECTED RESEARCH ORGANIZATIONS IN FUTURE YEARS TO SUPPORT ACTIVITIES RELATED TO 1) THE RESEARCH AND EVALUATION OF CARE EFFECTIVENESS INCORPORATING DATA COLLECTION, STUDY, AND DISSEMINATION OF THE IMPACT OF RACIAL AND ETHNIC DISPARITIES, 2) THE DEVELOPMENT OF A GENETIC EPIDEMIOLOGY DATABASE, AND 3) THE EVALUATION OF COMMUNITY BENEFIT PROGRAMS</p> <p>D2 MEDICAL RESEARCH PROGRAMS FOR KAISER FOUNDATION HEALTH PLAN, INC, 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 KFHP, INC'S ELECTRONIC MEDICAL RECORD SYSTEM, AND ACCESS TO THE HEALTH DATA OF OVER 9 MILLION MEMBERS THROUGH STUDIES FUNDED AT A VARIETY OF REGIONAL RESEARCH CENTERS, RESEARCHERS ADDRESS CRITICAL ISSUES LIKE CANCER, CARDIOVASCULAR CONDITIONS, DIABETES, AND IMPROVEMENTS IN HEALTH CARE KFHP, INC SPENT \$3.4 MILLION ON MEDICAL RESEARCH PROJECTS IN 2013 THE FOLLOWING EXEMPLIFY THE TYPES OF KEY RESEARCH PROJECTS SPONSORED BY KFHP, INC IN 2013 - CANCER GENOME-WIDE ASSOCIATION STUDY OF MAMMOGRAPHIC DENSITY - CARDIOVASCULAR CONDITIONS RACIAL DISPARITIES IN ISCHEMIC STROKE AND ATHEROSCLEROTIC RISK FACTORS IN THE YOUNG - DIABETES PRE-VISIT PRIORITIZATION FOR COMPLEX PRIMARY CARE PATIENTS WITH DIABETES - HEALTH CARE DELIVERY EVALUATING ENHANCED MODELS OF CARE FOR TREATING COMPLEX PATIENTS ON MEDICAID</p> <p>D3 PUBLIC POLICY THE MISSION OF THE INSTITUTE FOR HEALTH POLICY (IHP) IS TO ADVANCE THE UNDERSTANDING OF KEY HEALTH POLICY ISSUES AND TO SUPPORT, IN COLLABORATION WITH OTHERS, HEALTH POLICY THAT WILL IMPROVE HEALTH AND THE MANNER IN WHICH HEALTH CARE AND FINANCING SYSTEMS SERVE THE MEMBERS OF OUR COMMUNITIES KFHP, INC CONTRIBUTED APPROXIMATELY \$2.0 MILLION IN 2013 ON A VARIETY OF SUBJECTS AND INTERESTS INCLUDING THE FOLLOWING - ENGAGING CONSUMERS IN THE DESIGN AND USE OF PATIENT REGISTRIES - UNDERSTANDING PHYSICIAN AND PATIENT ATTITUDES TOWARD THE CARE PROCESS - MAKING BETTER USE OF DATA TO SUPPORT CARE AND POPULATION HEALTH IMPROVEMENT - NAVIGATING HEALTH INSURANCE EXCHANGES - SUPPORTING HEALTHY BEHAVIOR CHANGE - USING ELECTRONIC HEALTH RECORDS TO IMPROVE CARE DELIVERY</p> <p>D4 EDUCATIONAL THEATRE PROGRAMS (ETP) KAISER FOUNDATION HEALTH PLAN, INC SPENT \$858 THOUSAND TO PROVIDE MORE THAN 338,000 CHILDREN AND ADULTS IN NORTHERN CALIFORNIA AND HAWAII THE OPPORTUNITY TO VIEW OR PARTICIPATE IN ONE</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 HEALTH PLAN INC

Employer identification number

94-1340523

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KP CAL LLC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 20-2712661	HEALTH CARE	CA	157,934,761	4,049,174	NA
(2) ORDWAY INTERNATIONAL LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612	HOLDING CO	BD	0	9,623,804	NA
(3) ORDWAY INDEMNITY LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 90-0031974	INSURANCE	BD	7,610,748	24,469,859	ORDWAY INT'L

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 SUITE 15L OAKLAND, CA 94612 20-3924985	CASE MANAGEMENT	CA	NA	N/A					0			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ARCHIMEDES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 20-3774729	CONSULTING	CA	NA	C CORP				Yes	
(2) KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP				Yes	
(3) KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP	419,921,979	174,106,884	100 000 %	Yes	
(4) KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3259432	REAL ESTATE	CA	NA	C CORP	3,950,346	2,130,284	100 000 %	Yes	
(5) OAK TREE ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP	5,865,479	40,309,936	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		No
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g		No
1h	Yes	
1i	Yes	
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

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: 94-1340523
Name: KAISER FOUNDATION HEALTH PLAN INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) KAISER FDN HEALTH PLAN OF COLORADO ONE KAISER PLAZA SUITE 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 SUITE 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 SUITE 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 SUITE 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 SUITE 15L OAKLAND, CA 94612 34-0922268	HEALTH CARE	OH	501(c)(3)	9	KFHP INC	Yes	
(5) KAISER FOUNDATION HOSPITALS ONA KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-1105628	HEALTH CARE	CA	501(c)(3)	3	KFHP INC	Yes	
(6) CAMP BOWIE SERVICE CENTER ONE KAISER PLAZA SUITE 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 SUITE 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 SUITE 15L OAKLAND, CA 94612 94-3299124	ASSET MGT	CA	501(c)(3)	11 - I	KFHP INC	Yes	
(9) LOKAHI ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 91-2171891	WC PLACEMENT	HI	501(c)(3)	11 - I	KFHP INC	Yes	
(10) KAISER HEALTH ALTERNATIVES ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(c)(3)	9	KFHP INC	Yes	
(11) OHP ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0480268	LEASING	WA	501(c)(3)	11 - I	KFHP INC	Yes	
(12) 1800 HARRISON FOUNDATION ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(c)(3)	11 - II	KFHP INC	Yes	
(13) KAISER HOSPITAL ASSISTANCE CORPORATION ONE KAISER PLAZA SUITE 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 HOSPITALS	a	91,337,026	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	k	605,357,114	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	l	6,774,492,378	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	m	11,895,652,378	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	o	19,927,725	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	p	8,524,051,710	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	q	12,420,548,608	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	r	31,718,456,755	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	s	47,028,957,732	PER AGREEMENT
CAMP BOWIE SERVICE CENTER	l	9,447,387	PER AGREEMENT
CAMP BOWIE SERVICE CENTER	m	39,328,510	PER AGREEMENT
CAMP BOWIE SERVICE CENTER	p	11,735,795	PER AGREEMENT
CAMP BOWIE SERVICE CENTER	q	22,380,229	PER AGREEMENT
CAMP BOWIE SERVICE CENTER	r	44,429,514	PER AGREEMENT
CAMP BOWIE SERVICE CENTER	s	34,917,684	PER AGREEMENT
KP CAL LLC	p	18,494,073	PER AGREEMENT
KP CAL LLC	q	19,914,256	PER AGREEMENT
KP CAL LLC	s	2,362,696	PER AGREEMENT
KAISER PROPERTIES SERVICES INC	p	240,074	PER AGREEMENT
KAISER PROPERTIES SERVICES INC	q	1,995,342	PER AGREEMENT
1800 HARRISON FOUNDATION	a	3,295,276	PER AGREEMENT
1800 HARRISON FOUNDATION	c	6,593,581	PER AGREEMENT
KAISER PERMANENTE INSURANCE COMPANY	l	127,917,905	PER AGREEMENT
KAISER PERMANENTE INSURANCE COMPANY	m	226,534,206	PER AGREEMENT
KAISER PERMANENTE INSURANCE COMPANY	p	988,894	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 PERMANENTE INSURANCE COMPANY	q	13,828,641	PER AGREEMENT
KAISER PERMANENTE INSURANCE COMPANY	r	1,030,566	PER AGREEMENT
KAISER PERMANENTE INSURANCE COMPANY	s	1,030,566	PER AGREEMENT
LOKAHI ASSURANCE LTD	l	98,261,348	PER AGREEMENT
LOKAHI ASSURANCE LTD	m	97,107,062	PER AGREEMENT
LOKAHI ASSURANCE LTD	p	55,777,482	PER AGREEMENT
LOKAHI ASSURANCE LTD	q	79,378,644	PER AGREEMENT
LOKAHI ASSURANCE LTD	r	377,846,400	PER AGREEMENT
LOKAHI ASSURANCE LTD	s	392,804,800	PER AGREEMENT
KP ONCALL LLC	p	6,630,575	PER AGREEMENT
KP ONCALL LLC	q	7,045,522	PER AGREEMENT
KP ONCALL LLC	r	1,382,320	PER AGREEMENT
KP ONCALL LLC	s	5,090,214	PER AGREEMENT
KAISER FDN HEALTH PLAN OF THE NORTHWEST	l	94,784,637	PER AGREEMENT
KAISER FDN HEALTH PLAN OF THE NORTHWEST	m	15,287,279	PER AGREEMENT
KAISER FDN HEALTH PLAN OF THE NORTHWEST	p	31,267,324	PER AGREEMENT
KAISER FDN HEALTH PLAN OF THE NORTHWEST	q	50,540,000	PER AGREEMENT
KAISER FDN HEALTH PLAN OF THE NORTHWEST	r	237,037,305	PER AGREEMENT
KAISER FDN HEALTH PLAN OF THE NORTHWEST	s	275,087,165	PER AGREEMENT
KAISER FDN HEALTH PLAN OF OHIO	l	9,706,026	PER AGREEMENT
KAISER FDN HEALTH PLAN OF OHIO	m	2,034,207	PER AGREEMENT
KAISER FDN HEALTH PLAN OF OHIO	p	6,644,006	PER AGREEMENT
KAISER FDN HEALTH PLAN OF OHIO	q	11,973,765	PER AGREEMENT
KAISER FDN HEALTH PLAN OF OHIO	r	19,206,265	PER AGREEMENT
KAISER FDN HEALTH PLAN OF OHIO	s	31,947,285	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 FDN HEALTH PLAN OF COLORADO	l	118,713,218	PER AGREEMENT
KAISER FDN HEALTH PLAN OF COLORADO	m	27,578,210	PER AGREEMENT
KAISER FDN HEALTH PLAN OF COLORADO	p	65,113,614	PER AGREEMENT
KAISER FDN HEALTH PLAN OF COLORADO	q	72,931,804	PER AGREEMENT
KAISER FDN HEALTH PLAN OF COLORADO	r	381,403,387	PER AGREEMENT
KAISER FDN HEALTH PLAN OF COLORADO	s	392,839,252	PER AGREEMENT
KFHP OF THE MID-ATLANTIC STATES INC	k	2,253,493	PER AGREEMENT
KFHP OF THE MID-ATLANTIC STATES INC	l	93,590,048	PER AGREEMENT
KFHP OF THE MID-ATLANTIC STATES INC	m	9,764,587	PER AGREEMENT
KFHP OF THE MID-ATLANTIC STATES INC	p	50,938,748	PER AGREEMENT
KFHP OF THE MID-ATLANTIC STATES INC	q	52,397,536	PER AGREEMENT
KFHP OF THE MID-ATLANTIC STATES INC	r	31,001,120	PER AGREEMENT
KFHP OF THE MID-ATLANTIC STATES INC	s	17,270,964	PER AGREEMENT
KAISER FDN HEALTH PLAN OF GEORGIA INC	l	37,370,728	PER AGREEMENT
KAISER FDN HEALTH PLAN OF GEORGIA INC	m	9,003,415	PER AGREEMENT
KAISER FDN HEALTH PLAN OF GEORGIA INC	p	14,181,756	PER AGREEMENT
KAISER FDN HEALTH PLAN OF GEORGIA INC	q	23,443,907	PER AGREEMENT
KAISER FDN HEALTH PLAN OF GEORGIA INC	r	192,754,701	PER AGREEMENT
KAISER FDN HEALTH PLAN OF GEORGIA INC	s	184,956,049	PER AGREEMENT
ARCHIMEDES INC	p	583,328	PER AGREEMENT
ARCHIMEDES INC	q	261,987	PER AGREEMENT
HEALTH CARE MANAGEMENT SOLUTIONS LLC	q	237,380	PER AGREEMENT
KAISER PERMANENTE INTERNATIONAL	p	238,496	PER AGREEMENT
KAISER PERMANENTE INTERNATIONAL	q	244,662	PER AGREEMENT
KAISER HEALTH PLAN ASSET MANAGEMENT INC	h	2,700,102	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 HEALTH PLAN ASSET MANAGEMENT INC	k	32,928,785	PER AGREEMENT
KAISER HEALTH PLAN ASSET MANAGEMENT INC	n	1,090,056	PER AGREEMENT
KAISER HEALTH PLAN ASSET MANAGEMENT INC	r	119,112	PER AGREEMENT
KAISER HEALTH PLAN ASSET MANAGEMENT INC	s	7,777,696	PER AGREEMENT
OAK TREE ASSURANCE LTD	l	109,375	PER AGREEMENT
OAK TREE ASSURANCE LTD	p	1,003,466	PER AGREEMENT
OAK TREE ASSURANCE LTD	q	823,960	PER AGREEMENT
OAK TREE ASSURANCE LTD	r	1,273,523	PER AGREEMENT
OAK TREE ASSURANCE LTD	s	1,273,523	PER AGREEMENT