

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES INC
% CHIEF ACCOUNTING OFFICER
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
ONE KAISER PLAZA SUITE 15L

City or town, state or province, country, and ZIP or foreign postal code
OAKLAND, CA 94612

D Employer identification number
52-0954463

E Telephone number
(510) 271-6611

G Gross receipts \$ 4,638,487,224

F Name and address of principal officer
KIMBERLY HORN
ONE KAISER PLAZA SUITE 15L
OAKLAND, CA 94612

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

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

J Website: ▶ www.kp.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1972

M State of legal domicile MD

Part I Summary

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

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

| | |
|--|-----------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 14 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 13 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 9,873 |
| 6 Total number of volunteers (estimate if necessary) | 1,138 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 692,390 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 1,627,441 |

| | Prior Year | Current Year |
|---|---------------------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 0 | 0 |
| 9 Program service revenue (Part VIII, line 2g) | 3,700,773,153 | 4,340,220,756 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,826,852 | 9,776,345 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 428,441 | 616,147 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,706,028,446 | 4,350,613,248 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,242,634 | 1,792,900 |
| 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) | 794,118,433 | 893,977,152 |
| 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) | 3,005,133,602 | 3,414,400,698 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,800,494,669 | 4,310,170,750 |
| 19 Revenue less expenses Subtract line 18 from line 12 | -94,466,223 | 40,442,498 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 1,560,429,135 | 1,876,306,551 |
| 21 Total liabilities (Part X, line 26) | 1,929,920,367 | 2,114,845,884 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | -369,491,232 | -238,539,333 |

Part II Signature Block

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

Sign Here
Signature of officer _____ Date 2019-10-15
ALFONSE UPSHAW SVP, CC & CAO
Type or print name and title

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 3,462,670,212 including grants of \$ 301,033) (Revenue \$ 4,013,258,391)

See Additional Data

4b (Code) (Expenses \$ 410,284,991 including grants of \$ 0) (Revenue \$ 326,775,392)

See Additional Data

4c (Code) (Expenses \$ 83,080,984 including grants of \$ 0) (Revenue \$ 186,973)

See Additional Data

(Code) (Expenses \$ 13,725,861 including grants of \$ 1,491,867) (Revenue \$ 0)

SEE COMMUNITY BENEFIT REPORT IN SCH O

4d Other program services (Describe in Schedule O)
(Expenses \$ 13,725,861 including grants of \$ 1,491,867) (Revenue \$ 0)

4e Total program service expenses ▶ 3,969,762,048

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----------|--|-----|-------|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 3,248 |
| 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 | 9,873 | | | | | | | |
| 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 | | No | | |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5b | | No | | |
| 5c | 5c | | | 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No | b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | 9a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | a Gross income from members or shareholders | 11a | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 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 | | | 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | 15 | Yes | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | 16 | | No | 16 | | | No | | |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHIEF ACCOUNTING OFFICER ONE KAISER PLAZA STE 15L OAKLAND, CA 94612 (510) 271-6611

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | | 10,000 | 49,378,059 | 6,197,136 |

- 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 **▶ 2,184**
- | | | | |
|--|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | Yes | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | Yes | No |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No | No |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| MID-ATLANTIC PERMANENTE MEDICAL GRO, 2101 EAST JEFFERSON STREET ROCKVILLE, MD 20852 | MEDICAL SERVICES | 862,286,603 |
| HOLY CROSS HEALTH, 1500 FOREST GLEN RD SILVER SPRINGS, MD 20910 | MEDICAL SERVICES | 97,778,203 |
| VIRGINIA HOSPITAL CENTER, 8456 TYCO ROAD VIENNA, VA 22182 | MEDICAL SERVICES | 93,889,625 |
| CHILDREN'S HOSPITAL, 111 MICHIGAN AVE NW 4TH FL WASHINGTON, DC 20010 | MEDICAL SERVICES | 74,828,284 |
| WASHINGTON HOSPITAL CENTER, PO BOX 418203 BOSTON, MA 02241 | MEDICAL SERVICES | 64,679,553 |

- 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 **▶ 282**

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f and 1g for various contribution types, and 1h Total.

Program Service Revenue

Table with 6 columns: Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f for program service revenue types, and 2g Total.

Other Revenue

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 for investment income, rental income, fundraising events, gaming activities, and sales of inventory.

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 1,792,900 | 1,792,900 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members. | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 10,000 | | 10,000 | |
| 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. | 634,280,965 | 592,677,110 | 41,603,855 | 0 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 97,577,761 | 97,577,761 | | |
| 9 Other employee benefits. | 111,550,346 | 96,562,731 | 14,987,615 | |
| 10 Payroll taxes. | 50,558,080 | 50,558,080 | | |
| 11 Fees for services (non-employees) | | | | |
| a Management. | 0 | | | |
| b Legal. | 146,679 | | 146,679 | |
| c Accounting. | 1,270,015 | | 1,270,015 | |
| d Lobbying. | 0 | | | |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | |
| f Investment management fees. | 347,403 | | 347,403 | |
| 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. | 19,306,206 | 718,769 | 18,587,437 | |
| 13 Office expenses. | 15,928,865 | 13,953,751 | 1,975,114 | |
| 14 Information technology. | 220,725,656 | 141,410,102 | 79,315,554 | |
| 15 Royalties. | 0 | | | |
| 16 Occupancy. | 55,425,215 | 55,425,215 | | |
| 17 Travel. | 2,604,473 | 1,956,282 | 648,191 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 Conferences, conventions, and meetings. | 2,474,857 | | 2,474,857 | |
| 20 Interest. | 23,249,003 | 23,249,003 | | |
| 21 Payments to affiliates. | 0 | | | |
| 22 Depreciation, depletion, and amortization. | 76,288,096 | 76,288,096 | | |
| 23 Insurance. | 32,261,341 | 32,261,341 | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CONTRACTUAL PAYMENTS | 1,358,131,159 | 1,358,131,159 | | |
| b SUPPLIES | 728,963,594 | 649,269,432 | 79,694,162 | |
| c PURCHASED MEDICAL SERVICES | 411,885,142 | 410,473,076 | 1,412,066 | |
| d INTER-REGIONAL CHARGES | 195,355,662 | 192,583,591 | 2,772,071 | |
| e All other expenses | 270,037,332 | 174,873,649 | 95,163,683 | |
| 25 Total functional expenses. Add lines 1 through 24e. | 4,310,170,750 | 3,969,762,048 | 340,408,702 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|---------------|------------------------|
| Assets | 1 Cash—non-interest-bearing | 0 | 1 | 0 |
| | 2 Savings and temporary cash investments | 163,113,644 | 2 | 45,679,543 |
| | 3 Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 Accounts receivable, net | 132,206,411 | 4 | 154,360,027 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 42,050,382 | 8 | 40,150,900 |
| | 9 Prepaid expenses and deferred charges | 5,515,392 | 9 | 6,394,907 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 1,685,096,352 | | |
| | b Less accumulated depreciation | 10b 768,664,842 | 811,016,666 | 10c 916,431,510 |
| | 11 Investments—publicly traded securities | 254,834,425 | 11 | 573,198,776 |
| | 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 | 151,692,215 | 15 | 140,090,888 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,560,429,135 | 16 | 1,876,306,551 | |
| Liabilities | 17 Accounts payable and accrued expenses | 322,692,048 | 17 | 527,697,718 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 39,136,496 | 19 | 48,429,431 |
| | 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 | 1,568,091,823 | 25 | 1,538,718,735 |
| | 26 Total liabilities. Add lines 17 through 25 | 1,929,920,367 | 26 | 2,114,845,884 |
| 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 | 8,301,762 | 30 | 8,301,762 |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | 0 | 31 | 0 |
| | 32 Retained earnings, endowment, accumulated income, or other funds | -377,792,994 | 32 | -246,841,095 |
| 33 Total net assets or fund balances | -369,491,232 | 33 | -238,539,333 | |
| 34 Total liabilities and net assets/fund balances | 1,560,429,135 | 34 | 1,876,306,551 | |

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 | 4,350,613,248 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,310,170,750 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 40,442,498 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -369,491,232 |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,114,894 |
| 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 | 88,394,507 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -238,539,333 |

Part XII Financial Statements and Reporting

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

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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 52-0954463

Name: KAISER FOUNDATION HEALTH PLAN OF THE
MID-ATLANTIC STATES INC

Form 990 (2018)

Form 990, Part III, Line 4a:

MEMBER HEALTH CARE SERVICES AND MEDICAL TRAINING FOR CARE IMPROVEMENT KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC (KFHP-MAS) PROVIDES MEDICAL AND SURGICAL CARE, INCLUDING URGENT CARE SERVICES, EXTENDED CARE AND HOME HEALTH CARE, FOR ITS MEMBERS WITHOUT REGARDS TO AGE, SEX, RACE, RELIGION OR NATIONAL ORIGIN OR THE ABILITY TO PAY KFHP OF MAS EDUCATES AND TRAINS MEDICAL STUDENTS AND OTHER HEALTH CARE PROFESSIONALS AND PROMOTES SCIENTIFIC AND NURSING EDUCATION IN ORDER TO IMPROVE CARE

Form 990, Part III, Line 4b:

MEDICAID AND OTHER GOVERNMENT SPONSORED PROGRAMS KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES (KFHP-MAS) IS COMMITTED TO IMPROVING MEDICAL CARE FOR BENEFICIARIES OF MEDICAID AND OTHER GOVERNMENT SPONSORED PROGRAMS, NOT ONLY FOR KFHP-MAS MEMBERS, BUT ALSO WITHIN THE COMMUNITIES WE SERVE AT THE END OF 2018, OVER 77,000 INDIVIDUALS WERE RECEIVING THE BENEFITS OF FULL MEMBERSHIP THROUGH KFHP-MAS'S MEDICAID MANAGED CARE PROGRAMS IN MARYLAND AND VIRGINIA IN ADDITION, KFHP-MAS PROVIDED HEALTH CARE ON A FEE-FOR-SERVICE BASIS FOR MEDICAID BENEFICIARIES WHO WERE NOT ENROLLED AS KFHP-MAS MEMBERS

Form 990, Part III, Line 4c:

CHARITY CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE) KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES (KFHP-MAS) PROVIDES CHARITY CARE TO LOW-INCOME VULNERABLE PATIENTS THROUGH THE MEDICAL FINANCIAL ASSISTANCE (MFA) AND CHARITABLE HEALTH COVERAGE (CHC) PROGRAMS. KFHP-MAS OFFERS FINANCIAL ASSISTANCE THROUGH THE MFA PROGRAM TO HELP FAMILIES AND INDIVIDUALS WITH A DEMONSTRATED FINANCIAL NEED PAY FOR ALL OR PART OF THE COST OF EMERGENCY OR MEDICALLY NECESSARY CARE PROVIDED IN KAISER PERMANENTE FACILITIES AND/OR BY KAISER PERMANENTE PROVIDERS. IN 2018, THIS PROGRAM ASSISTED OVER 99,000 PATIENTS THROUGH FINANCIAL ASSISTANCE. THE CHC PROGRAM OFFERS REGULAR KAISER FOUNDATION HEALTH PLAN MEMBERSHIP AT MINIMAL COST TO LOW INCOME FAMILIES WHO ARE NOT ELIGIBLE FOR OTHER PUBLIC OR PRIVATELY SPONSORED COVERAGE. OVER 10,000 INDIVIDUALS WERE RECEIVING COMPREHENSIVE HEALTH CARE THROUGH THIS PROGRAM AT THE END OF 2018.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Richard Shannon MD Director | 0 5 | X | | | | | | 0 | 210,000 | 34,412 |
| Cynthia A Telles PHD Director | 0 7 | X | | | | | | 0 | 251,108 | 1,559 |
| Bernard Tyson Chairman & CEO | 8 5 4 0 | X | | X | | | | 0 | 15,709,853 | 2,173,780 |
| Eugene Washington MD Director | 0 25 | X | | | | | | 0 | 206,000 | 13,686 |
| Gregory Adams EVP, Group President | 4 0 | | | X | | | | 0 | 9,082,242 | 1,144,302 |
| Kristin Bear Assistant Secretary | 4 0 | | | X | | | | 0 | 319,457 | 24,425 |
| Maryann Bodayle Assistant Secretary | 1 0 | | | X | | | | 0 | 176,012 | 17,629 |
| Bernice Gould Assistant Secretary | 1 0 | | | X | | | | 0 | 238,526 | 20,358 |
| Kimberly Horn Regional President - MAS | 45 0 | | | X | | | | 0 | 1,712,857 | 437,212 |
| Kathryn Lancaster EVP & CFO | 3 5 | | | X | | | | 0 | 3,221,105 | 353,313 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Thomas Meier SVP, Corporate Treasurer | 1 5 48 5 | | | X | | | | 0 | 1,211,947 | 41,466 |
| Donald Orndoff SVP, NFS | 4 0 46 0 | | | X | | | | 0 | 1,147,552 | 202,084 |
| Arthur Southam EVP, Health Plan Operations | 4 0 46 0 | | | X | | | | 0 | 3,370,942 | 573,089 |
| Susan Spurlark Assistant Secretary | 50 0 0 0 | | | X | | | | 0 | 474,464 | 38,628 |
| Alfonse Upshaw SVP, Corporate Controller & CAO | 3 5 46 5 | | | X | | | | 0 | 813,644 | 128,411 |
| William Wiechmann Assistant Secretary | 0 5 49 5 | | | X | | | | 0 | 532,995 | 100,087 |
| Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy | 3 5 46 5 | | | X | | | | 0 | 361,334 | 86,046 |
| Mark Zemelman SVP, General Counsel & Secy | 2 0 48 0 | | | X | | | | 0 | 2,058,532 | 22,057 |
| Joseph Butz VP & COO - MAS | 50 0 0 0 | | | | X | | | 0 | 603,601 | 120,506 |
| Jon Kunkle VP, CFO - Mid-Atlantic States | 50 0 0 0 | | | | X | | | 0 | 535,901 | 99,194 |

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 | | | |
| Mark Ruszczyk VP, MSBD - MAS | 50 0 0 0 | | | | X | | | 0 | 635,313 | 97,460 |
| Frank Titus VP, HPSA - MAS | 50 0 0 0 | | | | X | | | 0 | 464,461 | 76,618 |
| Jill Feldon Lanouette VP, Mktg Comm & Cmty Rltn's | 50 0 0 0 | | | | | X | | 0 | 644,148 | 130,597 |
| Pamela Galley VP, Continuum of Care - MAS | 50 0 0 0 | | | | | X | | 0 | 411,559 | 62,777 |
| Joan L Gelrud SVP, HP & Hospital Quality | 50 0 0 0 | | | | | X | | 0 | 377,241 | 155,565 |
| Delinda Hastie Washington VP, HR - MAS | 50 0 0 0 | | | | | X | | 0 | 422,546 | 80,210 |
| Wayne Dominic Wilson VP, Gov't Prgms & Ext Rltns | 50 0 0 0 | | | | | X | | 0 | 646,778 | 74,630 |
| Daniel Garcia SVP, Chief Compliance Officer | 0 0 0 0 | | | | | | X | 0 | 310,893 | -67,932 |
| George Halvorson Chairman | 0 0 0 0 | | | | | | X | 0 | 27,324 | -49,993 |
| Rochelle Roth Assistant Secretary | 0 0 50 0 | | | | | | X | 0 | 185,515 | -84,471 |

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 | Insttutional Trustee | Offical | Key employee | Highest compensated employee | Former | | | | |
| Jacqueline Sellers Assistant Secretary | 0 0 50 0 | | | | | | X | 0 | 300,332 | 35,262 | |
| Ruben Burnett VP, Natl Consultant Relations | 0 0 50 0 | | | | | | X | 0 | 381,523 | 26,770 | |

SCHEDULE A
(Form 990 or
990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

KAISER FOUNDATION HEALTH PLAN OF THE
MID-ATLANTIC STATES INC

Employer identification number

52-0954463

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

| | Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|----------|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-----------|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---------------|---------------|---------------|---------------|---------------|----------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 14,500 | 28,275 | 0 | 0 | 0 | 42,775 |
| 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 | 2,716,227,851 | 3,075,698,789 | 3,408,656,198 | 3,700,220,530 | 4,339,528,366 | 17,240,331,734 |
| 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 | 2,716,242,351 | 3,075,727,064 | 3,408,656,198 | 3,700,220,530 | 4,339,528,366 | 17,240,374,509 |
| 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.) | | | | | | 17,240,374,509 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---------------|---------------|---------------|---------------|---------------|----------------|
| 9 Amounts from line 6 | 2,716,242,351 | 3,075,727,064 | 3,408,656,198 | 3,700,220,530 | 4,339,528,366 | 17,240,374,509 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,632,832 | 3,930,224 | 4,333,472 | 5,320,498 | 13,236,407 | 30,453,433 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 3,632,832 | 3,930,224 | 4,333,472 | 5,320,498 | 13,236,407 | 30,453,433 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | 0 | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | 280,000 | 317,240 | 57,680 | 2,700 | 657,620 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 2,719,875,183 | 3,079,937,288 | 3,413,306,910 | 3,705,598,708 | 4,352,767,473 | 17,271,485,562 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.820 % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | 99.862 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---------|
| 17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.176 % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | 0.134 % |

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

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

Additional Data

Software ID:

Software Version:

EIN: 52-0954463

Name: KAISER FOUNDATION HEALTH PLAN OF THE
MID-ATLANTIC STATES INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

| | |
|--|--|
| Name of the organization KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES INC | Employer identification number 52-0954463 |
|--|--|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

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

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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 separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

| | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | Yes | | 9,523 |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 817,555 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 76,690 |
| j Total Add lines 1c through 1i | | | 903,768 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | 2a | |
| a Current year | 2b | |
| b Carryover from last year | 2c | |
| c Total | 3 | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 4 | |
| 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? | 5 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | |

Part IV Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE C, PART II-B, LINE 1A THROUGH 1I | LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES THE ORGANIZATION ("KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC " AKA "KFHP MAS") IS A MEMBER OF THE KAISER PERMANENTE MEDICAL CARE PROGRAM (KP) 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), KFHP MAS HAS A POLICY PROHIBITING ANY OF KFHP MAS' 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 KFHP MAS ENGAGED IN CONVERSATIONS WITH AND/OR WRITTEN COMMUNICATIONS TO VARIOUS FEDERAL, STATE, AND LOCAL OFFICIALS REGARDING MATTERS WHICH AFFECTED THE HEALTHCARE INDUSTRY AS A WHOLE THE AMOUNT OF MONEY INVOLVED IN THE ACTIVITIES IS DETAILED ON LINES A THROUGH I KP EMPLOYS INDIVIDUALS, INCLUDING ONE OR MORE REGISTERED LOBBYISTS AND/OR MAY RETAIN ONE OR MORE PROFESSIONAL CONSULTANTS TO REPRESENT KFHP MAS' INTERESTS IN VARIOUS LEGISLATIVE AND REGULATORY BODIES AND FROM TIME-TO-TIME TO KEEP INFORMED ABOUT FEDERAL AND STATE LEGISLATION HAVING AN IMPACT ON KP'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 KP, ITS MEMBERS AND ITS PATIENTS BY PERFORMING THE FOLLOWING ACTIVITIES - COLLECTING, ANALYZING AND DISTRIBUTING WITHIN THE ORGANIZATION, PUBLIC AND PRIVATE POLICY RECOMMENDATIONS REGARDING PROPOSED LEGISLATION THAT AFFECT THE OPERATION OF KFHP MAS AND ITS ABILITY TO PROVIDE QUALITY HEALTH AND MEDICAL CARE SERVICES TO ITS MEMBERS AND THE BROADER COMMUNITY IN A COST EFFECTIVE MANNER - PROVIDING APPROPRIATE INFORMATIONAL MATERIALS TO LEGISLATORS AND THEIR STAFFS THAT PERTAIN TO MATTERS OF COMMON INTEREST IN THE HEALTH CARE COMMUNITY AND IN THE NOT-FOR-PROFIT COMMUNITY - PREPARING WRITTEN AND ORAL TESTIMONY, APPEARING AT LEGISLATIVE HEARINGS, MONITORING LEGISLATIVE PROCEEDINGS AND MEETING WITH LEGISLATORS AND/OR THEIR STAFFS REGARDING ISSUES PERTINENT TO THE MISSION OF KFHP MAS INDIVIDUALS APPEARING AT SUCH HEARINGS AND MEETINGS FOR AND ON BEHALF OF KFHP MAS OFTEN ARE REPRESENTING THE INTERESTS OF COMMON INTEREST GROUPS AS WELL AS THE INTERESTS OF THE MEMBERS AND PATIENTS OF KFHP MAS OTHER EMPLOYEES AND OFFICERS PERFORM SERVICES BY DELIVERING SPEECHES AT VARIOUS PUBLIC AND PRIVATE FUNCTIONS AND IN SERVING AS FACULTY IN HEALTHCARE RELATED EDUCATIONAL PROGRAMS THROUGHOUT THE COMMUNITY |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES INC

Employer identification number
52-0954463

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year | |
|---|-----------------------------|--|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 125,689,717 | | 125,689,717 |
| b Buildings | | 967,812,165 | 442,275,839 | 525,536,326 |
| c Leasehold improvements | | 181,271,234 | 112,031,334 | 69,239,900 |
| d Equipment | | 273,253,748 | 209,069,816 | 64,183,932 |
| e Other | | 137,069,488 | 5,287,853 | 131,781,635 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 916,431,510 |

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

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

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

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

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) STATUTORY DEPOSITS | 1,973,405 |
| (2) LONG-TERM DUE FROM AFFILIATES | 136,047,700 |
| (3) OTHER LONG-TERM ASSETS | 1,012,464 |
| (4) BROKER RECEIVABLE | 248,825 |
| (5) OTHER ACQUIRED INTANGIBLE | 808,494 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | ▶ 140,090,888 |

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

| (a) Description of liability | (b) Book value |
|--|-----------------|
| (1) Federal income taxes | 0 |
| DUE TO RELATED ENTITIES | 197,231,676 |
| SELF-INSURED RISKS | 160,189,664 |
| PENSION & POST-RETIREMENT BENEFITS | 333,783,249 |
| SUBORDINATED DEBT | 674,000,000 |
| OTHER CURRENT LIABILITIES | 98,338,035 |
| OTHER LONG-TERM LIABILITIES | 61,673,080 |
| BROKER PAYABLE | 13,503,031 |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | ▶ 1,538,718,735 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
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| | |

Additional Data

Software ID:

Software Version:

EIN: 52-0954463

Name: KAISER FOUNDATION HEALTH PLAN OF THE
MID-ATLANTIC STATES INC

Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE D, PART X, Line 2 | ASC 740 FOOTNOTE THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE UNDER ASC 740 |

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES INC

Employer identification number

52-0954463

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 52
3 Enter total number of other organizations listed in the line 1 table 3

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

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE I, PART I, LINE 2 | PROCEDURES FOR MONITORING THE USE OF GRANTS Grantees are required to sign a memorandum of understanding with Health Plan prior to grant funds dispersal Grantees are required to submit a final report which delineates accomplishments, relates to stated objectives, and describes the evaluation method used to assess accomplishments |

Additional Data

Software ID:
Software Version:
EIN: 52-0954463
Name: KAISER FOUNDATION HEALTH PLAN OF THE
MID-ATLANTIC STATES INC

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| American Lebanese Syrian Associated 501 St Jude Place Memphis, TN 38105 | 35-1044585 | 501(c)(3) | 10,000 | | | | Sponsorship St Jude Wine Country Soiree |
| Arlington Free Clinic 2921 11th St S Arlington, VA 22204 | 54-1671883 | 501(c)(3) | 6,000 | | | | Event Support\Annual Fundraiser |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| Associated Black Charities 1114 Cathedral St Baltimore, MD 21201 | 52-1427774 | 501(c)(3) | 11,984 | | | | Event Support\Annual Fundraiser |
| Baltimore Urban League 512 Orchard Street Baltimore, MD 21201 | 52-0591585 | 501(c)(3) | 6,000 | | | | Sponsorship GBUL Equal Opportunity Day & Whitney M |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Capital Area Food Bank 4900 Puerto Rico Ave Washington, DC 20017 | 52-1167581 | 501(c)(3) | 14,100 | | | | Event Support\Dinner |
| Carson Scholars Fund Inc 305 W Chesapeake Ave Towson, MD 21204 | 52-1851346 | 501(c)(3) | 10,000 | | | | Event Support\Annual Fundraiser |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CASA de Maryland Inc 8151 15th Ave Langley Park, MD 20783 | 52-1372972 | 501(c)(3) | 24,494 | | | | Event Support\Health Fair |
| Comm Fdn For Loudoun & Fauquier Counties PO Box 342 Leesburg, VA 20178 | 54-1950727 | 501(c)(3) | 10,000 | | | | Conference Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Commonhealth Action 1301 Connecticut Ave Washington, DC 20036 | 83-0398572 | 501(c)(3) | 250,000 | | | | General Operating Support |
| Consumer Health Fdn 1400 16th St NW Washington DC, DC 20036 | 53-0078064 | 501(c)(3) | 6,000 | | | | Conference Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DC Food Policy Council 1100 4th St SW Washington, DC 20024 | 53-6001131 | Govt or Public | 25,000 | | | | General Operating Support |
| DC Greens Inc 2000 P St NW Ste 240 Washington, DC 20036 | 26-4527988 | 501(c)(3) | 25,000 | | | | Conference Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Food Research & Action Center Inc 711 W 40th St Ste 360 Baltimore, MD 21211 | 23-7200739 | 501(c)(3) | 50,000 | | | | General Operating Support |
| Fusion Partnerships Inc 1601 Guilford Ave 2 S Baltimore, MD 21202 | 52-2148413 | 501(c)(3) | 7,500 | | | | Event Support\Cultural Event |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Future Harvest Inc 1114 Shawan Rd Cockeysville, MD 21030 | 52-2132982 | 501(c)(3) | 15,500 | | | | Event Support\Cultural Event |
| Generation Hope 415 Michigan Ave NE Washington, DC 20017 | 27-3554088 | 501(c)(3) | 14,400 | | | | Event Support\Dinner |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| George Mason University Foundation Inc 4400 University Drive Fairfax, VA 22030 | 54-1603842 | 501(c)(3) | 201,667 | | | | Event Support\Cultural Event |
| Greater Washington Urban League Inc 2901 14th St NW Washington, DC 20009 | 53-0208981 | 501(c)(3) | 10,000 | | | | Event Support\Awards Ceremony |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Holy Cross Health Foundation Inc 1500 Forest Glen Rd Silver Spring, MD 20910 | 20-8428450 | 501(c)(3) | 55,000 | | | | Sponsorship Holy Cross Health Women's Health Ball |
| Housing Virginia Campaign Inc 205 Robinson St Richmond, VA 23220 | 20-0631947 | 501(c)(3) | 15,000 | | | | Conference Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| I Believe In Me Girls 2131 Woodlawn Drive Baltimore, MD 21207 | 80-0809934 | 501(c)(3) | 7,500 | | | | Event Support\Annual Fundraiser |
| Inst for Public Health Innovation 1301 Connecticut Ave Washington, DC 20036 | 46-3039129 | 501(c)(3) | 25,000 | | | | General Operating Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Light Health And Wellness Comp Svcs Inc 2200 North Monroe St Baltimore, MD 21217 | 52-2140604 | 501(c)(3) | 15,000 | | | | Event Support\Annual Fundraiser |
| Links Foundation Inc 1201 Massachusetts Ave Washington, DC 20005 | 52-1170830 | 501(c)(3) | 10,000 | | | | Event Support\Health Fair |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Living Classrooms Fdn 802 S Caroline St Baltimore, MD 21231 | 52-1369524 | 501(c)(3) | 10,000 | | | | Event Support\Annual Fundraiser |
| Maryland African American Museum Corp 830 E Pratt St Baltimore, MA 21202 | 52-2107879 | 501(c)(3) | 14,000 | | | | Event Support\Annual Fundraiser |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Maryland Comm Health Resources Commission 6 N Liberty St Baltimore, MD 21201 | 52-6002033 | Govt or Public | 30,000 | | | | General Operating Support |
| Medical Care For Children Partnership Fdn 6699 Springfield Ctr Springfield, VA 22150 | 26-1756738 | 501(c)(3) | 30,000 | | | | Event Support\Annual Fundraiser |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Medical Education Cooperation with Cuba 1714 Franklin Street Oakland, CA 94612 | 31-1603765 | 501(c)(3) | 10,000 | | | | Sponsorship MD Pipeline to Community Service 2018 |
| Mid Atlantic Equity Consortium Inc 5272 River Road Bethesda, MD 20816 | 52-1790753 | 501(c)(3) | 7,500 | | | | Conference Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Montgomery Cty Coalition for the homeless 600-B East Gude Drive Rockville, MD 20850 | 52-1735674 | 501(c)(3) | 10,000 | | | | Conference Support |
| Morgan State University Fdn Incorporated 1700 East Coldspring Ln Baltimore, MD 21251 | 23-7089143 | 501(c)(3) | 90,750 | | | | Event Support\Cultural Event |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| National Assc of Health Svcs Execs (NAHSE) 1050 Connecticut Ave Washington, DC 20036 | 62-1312239 | 501(c)(3) | 8,000 | | | | General Operating Support |
| National Council of YMCAs of the USA 101 N Wacker Drive Chicago, IL 60606 | 36-3258696 | 501(c)(3) | 7,500 | | | | Conference Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| National Minority Quality Forum Inc 1201 15th St NW Washington, DC 20001 | 31-1750942 | 501(c)(3) | 55,000 | | | | Event Support\Legislative/Political |
| North America's Building Trades Unions 2701 West Patapsco Ave BALTIMORE, MD 91230 | 52-1271898 | 501(c)(3) | 50,000 | | | | General Operating Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PI Upsilon Lambda Alpha Phi Alpha 1700 Fraser Fir Ct Mitchellville, MD 20721 | 52-1841201 | 501(c)(3) | 13,000 | | | | Event Support\Health Fair |
| Playworks Edu Energized 2601 N Howard St Baltimore, MD 21218 | 94-3251867 | 501(c)(3) | 7,500 | | | | Event Support\Annual Fundraiser |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| Prince Georges Chamber of Commerce 4640 Forbes Blvd Ste 130 Lanham, MD 20706 | 52-0678121 | 501(c)(6) | 20,000 | | | | Sponsorship 2018 Excellence In Business Awards Gal |
| Prince Georges Community College Fdn Inc 301 Largo Rd Accokeek Hall Largo, MD 20771 | 52-1429938 | 501(c)(3) | 25,000 | | | | Sponsorship for Partners for Success Awards Gala |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| Prince Georges County Parks Foundation 7833 Walker Drive Greenbelt, MD 20770 | 47-1658678 | 501(c)(3) | 20,000 | | | | Sponsorship for H A V E N Youth Summer Program |
| Prince William County Public School Fdn PO Box 389 Manassas, VA 20108 | 54-1498824 | 501(c)(3) | 26,720 | | | | Event Support\Annual Fundraiser |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Comm Fdn for the National Capital Reg 1325 G St NW Ste 480 Washington, DC 20005 | 23-7343119 | 501(c)(3) | 25,000 | | | | General Operating Support |
| The Finn Group 1900 Park Avenue Baltimore, MD 21217 | 45-4696710 | For profit | 50,000 | | | | Sponsorship Basketball Tournament Day of Giving |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Foundation for FCPS Inc 8115 Gatehouse Rd Falls Church, VA 22042 | 36-4674229 | 501(c)(3) | 30,000 | | | | Conference Support |
| United Way of Central Maryland Inc 1800 Washington Blvd Baltimore, MD 21230 | 52-0591543 | 501(c)(3) | 16,340 | | | | Event Support\Annual Fundraiser |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| University of Maryland Baltimore Fdn Inc 1420 N Charles St Baltimore, MD 21201 | 31-1678679 | 501(c)(3) | 7,500 | | | | Conference Support |
| URU the Right to Be Inc PO Box 26925 West Haven, CT 06516 | 56-2520642 | 501(c)(3) | 10,000 | | | | Sponsorship Changing the Face of STEM, a transform |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Virginia Association of Health Plans 1111 East Main Street Richmond, VA 23219 | 54-1335178 | 501(c)(6) | 18,000 | | | | Professional Medical Advocacy |
| Virginia Hospital Center Fdn 1701 N George Mason Dr Arlington, VA 22205 | 20-4129901 | 501(c)(3) | 10,050 | | | | Event Support\Annual Fundraiser |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| Washington Area Womens Foundation 1331 H Street NW Washington, DC 20005 | 52-2028612 | 501(c)(3) | 20,000 | | | | Sponsorship for Washington Area Women's Foundation |
| Washington District of Columbia Metro 4005 Wisconsin Av Washington, DC 20016 | 36-4734475 | 501(c)(3) | 15,000 | | | | Sponsorship HBCU Alumni Soiree |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| Washington English Center 2200 CALIFORNIA ST NW Washington, DC 20008 | 52-2106206 | 501(c)(3) | 10,000 | | | | Event Support\Annual Fundraiser |
| Washington Regional Association 12320 Parklawn Drive Rockville, MD 20852 | 52-1756853 | 501(c)(3) | 44,500 | | | | Sponsorship for Children's Finance Project |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Windward Fund 1200 Connecticut Av Washington, DC 20036 | 47-3522162 | 501(c)(3) | 55,000 | | | | Sponsorship Chesapeake Food Summit |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

| | |
|--|--|
| Name of the organization KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES INC | Employer identification number 52-0954463 |
|--|--|

Part I Questions Regarding Compensation

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

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

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

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

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

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

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE J, PART I, LINE 3 | METHODS USED TO ESTABLISH COMPENSATION OF CEO/EXECUTIVE DIRECTOR. THE FILING ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED ONE OR MORE OF THE METHODS DESCRIBED BELOW TO ESTABLISH THE TOP MANAGEMENT OFFICIALS' COMPENSATION - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE OF A RELATED ORGANIZATION. |

| Return Reference | Explanation |
|-----------------------------|---|
| SCHEDULE J, PART I, LINE 4b | <p>- SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT - Gregory Adams \$ 4,338,278 Ruben Burnett 13,387 Kimberly Horn 459,771 Kathryn Lancaster 351,081 Thomas Meier 72,501 Donald Orndoff 149,555 Mark Ruszczyk 90,497 Arthur Southam 380,295 Susan Spurlark 39,502 Bernard Tyson 999,157 Mark Zelman 232,150</p> <p>SOME OF THE PARTICIPANTS LISTED IN SCHEDULE J, PART II PARTICIPATED IN NONQUALIFIED SUPPLEMENTAL RETIREMENT PLANS UNDER THESE PLANS, THE ORGANIZATION MAKES ANNUAL CONTRIBUTIONS TO A NOTIONAL ACCOUNT ON BEHALF OF EACH PARTICIPANT CONTRIBUTIONS VARY BY POSITION, LEVEL AND PAY, AND VEST OVER TIME BASED ON AGE AND/OR SERVICE PARTICIPANT ACCOUNTS ARE CREDITED WITH A FIXED RATE OF INTEREST, INVESTED IN AVAILABLE MUTUAL FUNDS OR A COMBINATION OF BOTH CERTAIN OFFICERS ACCRUE A BENEFIT THAT VESTS BASED ON AGE AND SERVICE AND TARGETS A PERCENTAGE OF FINAL AVERAGE PAY LESS PRIOR PLAN OFFSETS UNVESTED AMOUNTS ARE SUBJECT TO RISK OF FORFEITURE</p> |

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE J, PART I, LINE 7 | 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 |

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

| Return Reference | Explanation |
|-------------------------------|--|
| SCHEDULE J, PART II, COLUMN F | AMOUNTS INCLUDED IN SCHEDULE J, PART II, COLUMN F INCLUDE AMOUNTS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION, AS WELL AS, DISTRIBUTIONS FROM A 457(B) PLAN THAT WERE PREVIOUSLY REPORTED AS REPORTABLE COMPENSATION IN ACCORDANCE WITH FORM 990 INSTRUCTIONS |



Additional Data

Software ID:
Software Version:
EIN: 52-0954463
Name: KAISER FOUNDATION HEALTH PLAN OF THE
MID-ATLANTIC STATES INC

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| Gregory Adams EVP, Group President | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,224,496 | 3,466,327 | 4,391,419 | 1,114,562 | 29,740 | 10,226,544 | 4,383,200 |
| Ramon F Baez Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 208,500 | 0 | 13,681 | 13,477 | 0 | 235,658 | 0 |
| David Barger Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 198,500 | 0 | 0 | 16,825 | 0 | 215,325 | 0 |
| Kristin Bear Assistant Secretary | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 224,025 | 83,765 | 11,667 | 5,055 | 19,370 | 343,882 | 0 |
| Regina M Benjamin MD MBA Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 207,500 | 0 | 9,234 | 15,542 | 0 | 232,276 | 0 |
| Maryann Bodayle Assistant Secretary | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 156,315 | 17,468 | 2,229 | 7,903 | 9,726 | 193,641 | 0 |
| Ruben Burnett VP, Natl Consultant Relations | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 239,031 | 116,264 | 26,228 | 14,859 | 11,911 | 408,293 | 0 |
| Joseph Butz VP & COO - MAS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 381,128 | 182,850 | 39,623 | 100,421 | 20,085 | 724,107 | 0 |
| Jeffrey E Epstein Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 218,500 | 0 | 8,395 | 11,038 | 0 | 237,933 | 0 |
| Jill Feldon Lanouette VP, Mktg Comm & Cmty Rltn's | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 233,436 | 90,594 | 320,118 | 106,793 | 23,804 | 774,745 | 0 |
| Pamela Galley VP, Continuum of Care - MAS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 239,847 | 64,739 | 106,973 | 36,330 | 26,447 | 474,336 | 0 |
| Daniel Garcia SVP, Chief Compliance Officer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 249,390 | 61,503 | -67,932 | 0 | 242,961 | 52,426 |
| Joan L Gelrud SVP, HP & Hospital Quality | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 265,170 | 84,062 | 28,009 | 87,262 | 68,303 | 532,806 | 0 |
| Bernice Gould Assistant Secretary | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 196,867 | 39,296 | 2,363 | 9,977 | 10,381 | 258,884 | 0 |
| George Halvorson Chairman | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 27,324 | -49,993 | 0 | -22,669 | 18,272 |
| Leslie S Heisz Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 217,500 | 0 | 17,787 | 12,475 | 0 | 247,762 | 0 |
| David F Hoffmeister Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 210,000 | 0 | 12,880 | 13,054 | 0 | 235,934 | 0 |
| Kimberly Horn Regional President - MAS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 650,775 | 575,667 | 486,415 | 403,996 | 33,216 | 2,150,069 | 333,565 |
| Judith A Johansen JD Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 244,800 | 0 | 15,524 | -18,131 | 0 | 242,193 | 0 |
| Kim J Kaiser Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 234,100 | 0 | 13,160 | -11,160 | 0 | 236,100 | 0 |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|--|------|---|--|--|---|--------------------------------|--|--|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| Jon Kunkle VP, CFO - Mid-Atlantic States | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 333,703 | 185,789 | 16,409 | 74,304 | 24,890 | 635,095 | 16,659 |
| Kathryn Lancaster EVP & CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,042,302 | 1,776,268 | 402,535 | 332,280 | 21,033 | 3,574,418 | 0 |
| Thomas Meier SVP, Corporate Treasurer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 462,542 | 633,581 | 115,824 | 8,208 | 33,258 | 1,253,413 | 0 |
| Donald Orndoff SVP, NFS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 435,028 | 536,354 | 176,170 | 169,668 | 32,416 | 1,349,636 | 117,119 |
| Edward Y W Pei Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 219,000 | 0 | 14,531 | -16,551 | 0 | 216,980 | 0 |
| Margaret E Porfido JD Director | (i) | 10,000 | 0 | 0 | 0 | 0 | 10,000 | 0 |
| | (ii) | 248,500 | 0 | 20,262 | -9,170 | 0 | 259,592 | 0 |
| Rochelle Roth Assistant Secretary | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 142,213 | 41,179 | 2,123 | -99,618 | 15,147 | 101,044 | 0 |
| Mark Rusczyk VP, MSBD - MAS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 296,321 | 178,887 | 160,105 | 69,769 | 27,691 | 732,773 | 64,245 |
| Jacqueline Sellers Assistant Secretary | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 199,568 | 72,157 | 28,607 | 20,496 | 14,766 | 335,594 | 0 |
| Richard Shannon MD Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 210,000 | 0 | 0 | 34,412 | 0 | 244,412 | 0 |
| Arthur Southam EVP, Health Plan Operations | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,041,658 | 1,897,457 | 431,827 | 536,245 | 36,844 | 3,944,031 | 0 |
| Susan Spurlark Assistant Secretary | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 281,997 | 124,475 | 67,992 | 20,832 | 17,796 | 513,092 | 0 |
| Cynthia A Telles PHD Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 238,000 | 0 | 13,108 | 1,559 | 0 | 252,667 | 0 |
| Frank Titus VP, HPSA - MAS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 293,642 | 143,195 | 27,624 | 50,528 | 26,090 | 541,079 | 0 |
| Bernard Tyson Chairman & CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,652,487 | 12,577,609 | 1,479,757 | 2,132,546 | 41,234 | 17,883,633 | 2,110,403 |
| Alfonse Upshaw SVP, Corporate Controller & CAO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 438,858 | 356,406 | 18,380 | 99,558 | 28,853 | 942,055 | 0 |
| Delinda Hastie Washington VP, HR - MAS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 276,958 | 109,994 | 35,594 | 61,078 | 19,132 | 502,756 | 0 |
| Eugene Washington MD Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 206,000 | 0 | 0 | 13,686 | 0 | 219,686 | 0 |
| William Wiechmann Assistant Secretary | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 283,497 | 174,792 | 74,706 | 70,296 | 29,791 | 633,082 | 0 |
| Wayne Dominic Wilson VP, Gov't Prgrms & Ext Rltns | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 304,977 | 64,736 | 277,065 | 62,420 | 12,210 | 721,408 | 0 |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|--|------|---|--|--|---|--------------------------------|--|--|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 249,307 | 94,714 | 17,313 | 60,176 | 25,870 | 447,380 | 0 |
| Mark Zemelman SVP, General Counsel & Secy | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 677,594 | 1,100,476 | 280,462 | -12,297 | 34,354 | 2,080,589 | 0 |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES INC

Employer identification number

52-0954463

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| Form 990, Part VI, Line 1a | <p>- Voting Member and Governing Body - THE EXECUTIVE COMMITTEE, COMPOSED OF THE DIRECTORS THAT ARE THE CHAIRS OF THE BOARD'S OTHER STANDING COMMITTEES, HAS AUTHORITY TO ACT FOR THE BOARD BETWEEN MEETINGS EXCEPT IT HAS NO AUTHORITY TO A FILL VACANCIES ON THE BOARD OR THE COMMITTEE, B FIX THE COMPENSATION OF DIRECTORS FOR SERVING ON THE BOARD OR ANY COMMITTEE, C ADOPT, AMEND OR REPEAL BYLAWS, D AMEND OR REPEAL ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS CANNOT BE AMENDED OR REPEALED BY THE EXECUTIVE COMMITTEE, E APPOINT COMMITTEES OF THE BOARD OR APPOINT THE MEMBERS THEREOF, OR F APPROVE ANY ASPECT OF A TRANSACTION INVOLVING THE COMPANY WHEN A DIRECTOR HAS A MATERIAL FINANCIAL INTEREST IN THAT TRANSACTION, EXCEPT AS EXPRESSLY PROVIDED BY THE LAW</p> <p>Form 990, Part VI, Line 4 - Significant Changes to Governing Documents - The Bylaws of the Corporation were amended in 2018 as follows ON MARCH 8, 2018, ARTICLE D, SECTION D-4 WAS AMENDED TO DECLASSIFY THE BOARD BEGINNING IN 2018, UPON THE EXPIRATION OF THE TERM OF EACH CLASS, ALL INDEPENDENT DIRECTORS ARE ELECTED ANNUALLY FOR ONE-YEAR TERMS PREVIOUSLY, INDEPENDENT DIRECTORS WERE DIVIDED INTO THREE CLASSES AND THEIR TERMS WERE STAGGERED SO THAT EACH YEAR ONE CLASS OF INDEPENDENT DIRECTORS WAS RE-ELECTED FOR A THREE-YEAR TERM</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART VI, LINE 6 | KAISER FOUNDATION HEALTH PLAN, INC IS THE SOLE MEMBER Upon dissolution, remaining assets shall be distributed to a 501(c)(3) organization |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| FORM 990, PART VI, LINE 7A | - Appointment of Governing Body - KAISER FOUNDATION HEALTH PLAN, INC APPOINTS THE DIRECTORS (AND FILLS VACANCIES AND HAS AUTHORITY TO REMOVE DIRECTORS) THE SAME INDIVIDUALS WHO COMPRISE THE BOARD OF DIRECTORS OF KFHP ALSO SERVE AS THE DIRECTORS OF KFHP COLORADO, NORTHWEST, MID-ATLANTIC STATES, AND KFHPW HOLDINGS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| FORM 990, PART VI, LINE 7B | - Approval of Certain Governance Decisions - The following actions of the corporation require approval of the sole member a) REMOVAL OF THE CHAIRMAN OF THE BOARD OR THE PRESIDENT, THE GROUP PRESIDENT OR REGIONAL PRESIDENT, b) Amendments to Articles C (MEMBER), D (DIRECTORS) and H of the Bylaws may be amended only by the member, c) amendment of the articles of incorporation |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| Form 990, Part VI, Line 12C | <p>- Compliance Enforcement - A REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - KAISER PERMANENTE REGULARLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY IN 3 KEY WAYS A1 THE KAISER PERMANENTE COMPLIANCE HOTLINE IS AVAILABLE TO ALL EMPLOYEES AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ALL CALLS ARE ANSWERED BY A THIRD PARTY AND PROVIDED TO KAISER PERMANENTE'S NATIONAL COMPLIANCE OFFICE FOR REVIEW AND APPROPRIATE ACTION EMPLOYEES CAN REPORT ANONYMOUSLY RETALIATION IS PROHIBITED REPORTS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARE GENERATED AND INVESTIGATIONS ARE CONDUCTED AS REQUIRED AND INFORMATION IS TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL GUIDANCE IS REQUIRED TO AVOID OR MANAGE CONFLICTS OF INTEREST COMPLIANCE HOTLINE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS OF DIRECTORS ANNUALLY A2 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 A3 ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, AN OUTSIDE CERTIFIED PUBLIC ACCOUNTING FIRM REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE PROCESS COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN AS A RESULT OF THE DISCLOSURES THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS IN THIS AREA ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS AUDIT AND COMPLIANCE COMMITTEE B REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE B1 REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES B2 KAISER PERMANENTE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO 14 CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION AND IN ANNUAL COMPLIANCE TRAINING B3 IN THE EVENT THAT IT IS NECESSARY TO DISCIPLINE ANY EMPLOYEE BECAUSE OF, BUT NOT LIMITED TO, FAILURE TO COMPLY WITH APPLICABLE LEGAL/REGULATORY REQUIREMENTS, KAISER PERMANENTE POLICIES AND PROCEDURES, OR THE PRINCIPLES OF RESPONSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR MISCONDUCT, COACHING/COUNSELING AND/OR CORRECTIVE/DISCIPLINARY ACTION MAY INCLUDE, BUT IS NOT LIMITED TO - ORAL DISCUSSION AND/OR WARNING BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR HIGHER LEVEL MANAGER T</p> |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| Form 990, Part VI, Line 18 | Forms 990 are available on www.guidestar.org |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| Form 990, Part XI, Line 9 | - Other changes in net assets or fund balances - CHANGE IN PENSION AND OTHER RETIREMENT LIABILITIES \$ 91,293,028 OTHER THAN TEMPORARY IMPAIRMENTS (4,996,795) LOSS ON SALE OF INVESTMENTS - BOOK (712,226) LOSS ON SALE OF INVESTMENTS - TAX 2,810,500 ----- TOTAL \$ 88,394,507 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| FORM 990, PART III, LINE 4A-4D | <p>I Introduction A About Kaiser Permanente Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor Since our beginnings, we have been committed to helping shape the future of healthcare Among the innovations Kaiser Permanente has brought to U S health care are - Prepaid health plans, which spread the cost to make it more affordable - A focus on preventing illness and disease as much as on caring for the sick - An organized, coordinated system that puts as many services as possible under one roof-all connected by an electronic medical record Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan, Inc (KFHP), and physicians in the Permanente Medical Groups Today we serve more than 12 million members in eight states and the District of Columbia Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health B Kaiser Permanente's Approach to Community Health For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital It begins with healthy environments fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds Good health for the entire community requires equity and social and economic well-being These are the vital signs of healthy communities Better health outcomes begin where health starts, in our communities Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician expertise, and clinical practices Our community health strategy focuses on three areas - Ensuring health access by providing individuals served at Kaiser Permanente or by our safety-net p</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART III, LINE 4A-4D | <p>partners with integrated clinical and social services, - Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets, and - Advancing the future of community health by innovating with technology and social solutions</p> <p>C Kaiser Permanente's Total Contribution Kaiser Permanente provided \$2.8 billion in community benefits in 2018. The amounts attributable to Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. are:</p> <ul style="list-style-type: none">- Financial Assistance at cost - \$82.9 million- Medicaid - \$48.2 million- Costs of other means-tested government programs - \$35.3 million- Community health improvement services and community benefit operations - \$9.2 million- Health Professions Education - \$540,000- Research - \$2.5 million- Cash and in-kind contributions from community benefit - \$1.5 million <p>In addition to our direct spend on community benefits, we also leverage assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This "Total Health" strategy includes our widely recognized activities around supplier diversity, socially responsible investing and environmental stewardship.</p> |

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| Return Reference | Explanation |
|-------------------------|--|
| II Ensure Health Access | <p>A Summary of The Strategy Ensuring access to high quality health care services for low-income populations within the communities we serve is core to our mission and tax-exempt status Access to healthcare for vulnerable low-income populations is routinely identified in our Community Health Needs Assessments as one of the top health needs in the communities Kaiser Permanente serves There are two main access challenges coverage and care Without access to adequate health insurance coverage, people may not receive the comprehensive and continuous medical care needed to help achieve maximum health outcomes And without access to convenient and high-quality care by trusted providers, they are less likely to get and/or stay healthy Over time, access challenges can compromise health outcomes as well as create additional burden on government to provide necessary social services Kaiser Foundation Health Plan of the Mid-Atlantic States supports the health access needs of our communities through a combination of coverage and care programs We provide coverage to low-income populations through two key vehicles first, via our participation in government programs like Medicaid and the Children's Health Insurance Programs (CHIP), and second, via our own Charitable Health Coverage (CHC) program, which provides a premium subsidy for Kaiser Permanente coverage for qualified low-income families and children who do not have access to public or private health coverage Similarly, we provide care to low-income populations through two key vehicles first, via our treatment of Medicaid and CHIP enrollees (not assigned to Kaiser Permanente), and second, via the Medical Financial Assistance (MFA) program, which is Kaiser Permanente's traditional charity care or financial assistance program (FAP) For Kaiser Foundation Health Plan, Inc and all of its subsidiary health plans, the main way to address health access challenges is by absorbing the cost of the coverage programs described above In 2018, Kaiser Foundation Health Plan of the Mid-Atlantic States spent a total of \$166.4 million on our coverage and care programs (at cost, net of all related revenues) In addition, it provided over \$300,000 in grants to help improve health access challenges, including but not limited to funding key safety-net partner organizations</p> <p>B Coverage Adequate health coverage means consistent access to comprehensive and continuous medical and preventative services for people to get and stay healthy, a much better and thorough alternative to episodic care at emergency departments Coverage is good for the patient, good for Kaiser Permanente and good for the U.S. overall because it helps people get and stay healthy and avoid costly hospital services</p> <p>i Coverage provided through Medicaid, CHIP and other government programs The Affordable Care Act has had a far-reaching impact on the landscape of government-sponsored programs, as these options have become a key source of health coverage f</p> |

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| Return Reference | Explanation |
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| <p>II Ensure Health Access</p> | <p>or a significant portion of the U S population Kaiser Permanente has responded to this challenge by developing organizational strategies to enable low-income individuals to obtain and/or retain health coverage through Medicaid, CHIP or other government programs, even as their personal or financial circumstances may be changing At the end of 2018, Kaiser Foundation Health Plan of the Mid-Atlantic States was providing coverage to over 77,000 people through these government programs</p> <p>ii Coverage provided through CHC CHC is a unique approach to caring for low-income uninsured persons in the community The program provides a premium subsidy for a KFHP off exchange plan to low-income individuals and families who are not eligible for other public or privately sponsored coverage Eligible participants receive a regular KFHP membership card and have access to the same services and providers as other KFHP individual and family plan members - a more effective alternative to a potentially costly emergency room visit or hospitalization CHC members also receive cost sharing support that eliminates out of pocket costs for most covered services provided at Kaiser Permanente facilities At the end of 2018, Kaiser Foundation Health Plan of the Mid-Atlantic States was providing coverage to over 10,000 people through the CHC program</p> <p>C Care To get and/or stay healthy, people need access to high quality care by providers they trust This care must include preventative services and required medications so that people can avoid ending up in the emergency room or requiring more extensive services down the line Kaiser Permanente helps low-income populations gain access to this type of care by leveraging the full scope of its integrated delivery system, including not only critical hospital-based services but also outpatient primary, specialty and pharmacy services</p> <p>i Care provided through Medicaid, CHIP and other government programs Kaiser Permanente provides a wide range of health care services to individuals enrolled in Medicaid, CHIP and other government programs, regardless of whether they are assigned to Kaiser Permanente or not In addition to the individuals who received health coverage in 2018 due to Kaiser Permanente's participation in these government programs, Kaiser Foundation Health Plan of the Mid-Atlantic States also provided care to people who are enrolled in these programs but not formally assigned to Kaiser Permanente</p> <p>ii Care subsidized by MFA The MFA program helps low-income, uninsured, and underserved patients receive access to care MFA provides temporary financial assistance or free care to qualified patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured MFA is open to all eligible patients (members and nonmembers) who meet financial criteria based on household size and income and have exhausted all private or public health care coverage options The program also includes</p> |

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| Return Reference | Explanation |
|--------------------------|---|
| II. Ensure Health Access | <p>des support for programs that are designed to enable access to Kaiser Permanente services through coordination with community-based organizations that address the health needs of low-income, primarily uninsured populations. Over the course of 2018, Kaiser Foundation Health Plan of the Mid-Atlantic States subsidized care for over 99,000 people through the MFA program. D Safety-Net Partnerships Kaiser Permanente is committed to building partnerships with the institutions that play a critical role in delivering health care for the uninsured and underserved, often referred to as the health care "safety-net." Through grants, training and technical assistance, we're working with safety-net hospitals and health centers to help these institutions reach those who are low-income, uninsured or under-resourced in our communities, and move the needle in eliminating health disparities. We do this by investing in quality improvement and other support efforts that aim to transform care and improve health access for those most in need. Specific examples of our efforts in 2018 include:</p> <ul style="list-style-type: none"> - Kaiser Foundation Health Plan of the Mid-Atlantic States continued its ongoing support of the Community Ambassador Program (CAP) which places Kaiser Permanente-employed nurse practitioners, midwives, and physician assistants in safety-net clinics to provide clinical services and to share best practices in medical care. In 2018, CAP's 15 Community Ambassadors provided a total of 35,183 encounters at 9 community health centers. Of note, three Community Ambassadors currently facilitate prenatal centering programs, which have been linked to healthier babies and elimination of racial disparities in preterm birth. - Kaiser Permanente funded a \$388,823 grant for the Transformation Accelerator program in 2018, the 3rd installment of a 5-year grant approved for \$1,004,860. The program assists community health centers in providing vulnerable populations with access to high quality care by building clinic capacity for quality improvement and innovation, clinical informatics and analytics, care redesign and financial management. In the Mid-Atlantic States region, this program has benefited over 94,000 patients at 5 health centers since 2016. Participating clinics are building these capacities by implementing interventions focused on improving blood pressure control of patients with diabetes and hypertension, cervical cancer screening rates, pediatric dental sealant rates, and HIV services in the primary care setting. |

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| Return Reference | Explanation |
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| <p>III Improve Conditions for Health and Equity</p> | <p>A Summary of the Strategy Healthy communities are critical to the health and wellness of every person - and this has always been central to our mission That's why our strategy includes efforts to address the root causes of health, such as economic opportunity Where community needs are greatest, we make direct investments to create conditions for health and equity, because healthy individuals need healthy communities, and healthy communities need healthy people to thrive In 2018, Kaiser Foundation Health Plan of the Mid-Atlantic States spent \$357,000 on charitable contributions designed to improve conditions for health and equity In addition to the charitable contributions awarded to improve conditions for health and equity, Kaiser Foundation Health Plan of the Mid-Atlantic States also provided over \$796,000 in charitable contributions for other Community Health activities and programs</p> <p>B Health and Wellness in Schools Our efforts to support health in schools are part of how we are advancing our vision for total health - a holistic approach that emphasizes the social, environmental, behavioral, and clinical aspects that shape one's well-being Schools are passionate about ensuring that all students succeed They need strong partners to help them address health as part of their strategy That's why Kaiser Permanente created Thriving Schools, our all-in engagement to improve health for students, staff, and teachers Our vision is that every community can count on their school as a champion for good health that enables great learning Kaiser Permanente Thriving Schools is intentional about coordinating our own knowledge and existing work in school health with the good work of others Through our valued partnerships with some of the country's most innovative organizations, we are able to provide concrete resources and pathways to health in schools To create lasting change, we use our voice to advance local, regional, and national policies and a movement to make healthy schools the norm for everyone A distinguishing feature of Thriving Schools is our complementary focus we support students, staff, and teachers, and we address their physical, emotional, and social wellness This approach builds a culture of wellness across the entire school Specific examples of our efforts in 2018 include - Kaiser Permanente continued its ongoing support of Healthy Eating, Active Living (HEAL), a school-based intervention aimed at making changes to the policies and systems in school environments to promote improved health behaviors of students, teachers, and staff An additional 49 schools across Kaiser Permanente's Mid-Atlantic States started this work in 2018, bringing the total to 370 new schools across Kaiser Permanente's footprint working to change student and adult behaviors related to nutrition and physical activity in 2018 - Kaiser Foundation Health Plan of the Mid-Atlantic States implemented a wellness program for Prince George's County Schools to c</p> |

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| Return Reference | Explanation |
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| <p>III Improve Conditions for Health and Equity</p> | <p>change school policies, environments, and practices to promote teacher and staff health and wellness, which reached over 2,000 school employees. They are also providing mental health and wellbeing resources to other districts in the area, and specifically worked with a local teacher's union, Maryland Education County Association, on a full day workshop for nearly 100 union members focused on health and wellbeing. The workshop addressed topics such as adverse childhood experiences and trauma informed supports in schools, mindfulness, and physical health.</p> <p>C Health and Wellness in Cities The places where we live, learn, work, and play - our cities and towns, our schools, our homes, our neighborhoods - have an enormous impact on our health. And how we shape those places, through public policy and the support for healthy environments, has the potential to make real, lasting impacts on our surroundings and our everyday quality of life. Through Kaiser Permanente's ongoing partnerships with community organizations, municipal leaders, and public health champions, we are working to incorporate health, equity and sustainability considerations into public policy and the built environment in ways that influence how neighborhoods take shape and grow. Specific examples of our efforts in 2018 include - Kaiser Permanente joined the de Beaumont Foundation to support CityHealth. CityHealth advances nine policies that can make real, lasting impacts in people's health and quality of life in America's 40 largest cities. In 2018, CityHealth assessed 40 cities including Washington D.C. and Baltimore on their policies and began to engage with city leaders to help them improve policies for Pre-K, inclusionary zoning, complete streets, smoke-free indoor air, and healthy food procurement. - For small and medium sized cities, Kaiser Permanente funded the Healthy Eating, Active Living (HEAL) Cities Campaign in Kaiser Permanente's Northern California, Southern California, Northwest, Colorado, and Mid-Atlantic States regions. Over the multi-year campaign which started in 2008, 65 cities have committed to pass and implement policies addressing healthy eating and active living in communities across Kaiser Foundation Health Plan of the Mid-Atlantic States. In 2018, there was an emphasis on supporting healthy vending and procurement policies, complete streets policies, developing comprehensive plans that incorporate health, and establishing a strong culture of workforce wellness through policies and programs.</p> <p>D Economic Opportunity Inclusive economic growth is critical to both individual and community health. When there is a lack of economic opportunity in communities, the prospects for upward social mobility are diminished, often resulting in poorer health and higher mortality rates for people living in those communities. By contrast, economic growth and opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstance.</p> |

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| Return Reference | Explanation |
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| III Improve Conditions for Health and Equity | <p>s overtime As a large, influential institution in our communities, Kaiser Permanente recognizes that the way we do business can support economic opportunity in local communities through how we hire, purchase, build our facilities and partner with communities Specific examples of our efforts in 2018 include - Kaiser Permanente continued its commitment to source goods and services from the minority, women, veteran, and LGBTQ-owned business community as a member of the Billion Dollar Roundtable As part of this commitment, we encouraged our own suppliers to also increase their sourcing of goods and services from the minority, women, veteran, and LGBTQ-owned business community Furthermore, we also began to measure job creation that resulted from our procurement spending In 2018, we found that our procurement spending led our supplier partners to create new jobs - Kaiser Foundation Health Plan of the Mid-Atlantic States funded the Inner City Capital Connections program to support 79 small businesses in economically-distressed service areas such as Baltimore to build their capacity for sustainable growth in revenue, profitability, and employment through a combination of in-person executive education, webinars, coaching, and connections to capital Internship and work experience programs for 500+ youth across economically-distressed areas of Baltimore, Prince George's County Maryland, and Washington DC, provided exposure and experience to the healthcare industry to support future academic and professional opportunities E Housing and Homelessness Housing stability is a key factor in a person's overall health and well-being Without a safe, stable place to live, it is nearly impossible to maintain health or sustain health improvements achieved in a medical setting With homelessness affecting more than 550,000 people every day throughout our country, the need for safe, stable and affordable housing has never been greater Kaiser Permanente understands the connection between housing and health Our impact investments aim to create more affordable housing, reduce the displacement of lower- and middle-income households, and end homelessness by ensuring access to supportive housing Specific examples of our efforts in 2018 include - Kaiser Permanente committed to address the housing and homelessness crisis in our communities As part of that commitment, and working with Enterprise Community Partners, we developed the RxHome Fund, which will create and preserve multifamily rental homes for low-income residents throughout Kaiser Permanente's service areas This strategy will protect current residents and preserve affordable units in the current housing stock Also, with Enterprise Community Partners, we are supporting affordable housing development and preservation across all the communities in our service footprint</p> |

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| Return Reference | Explanation |
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| <p>F Environmental Stewardship</p> | <p>We believe it is our obligation as a health care provider to minimize our environmental impact. We embed efforts to be environmentally responsible throughout our organization - in how we power our facilities, purchase food and medical supplies and equipment, manage waste, and invest in our communities. We also prioritize partnerships with others to develop policies and systems that strengthen community health and protect our environment. In 2016, Kaiser Permanente adopted an ambitious set of environmental goals to guide the organization for the decade ahead. These goals have raised the bar on environmental responsibility, not just for Kaiser Permanente but for all health care organizations. Kaiser Permanente pledges that by 2025 it will</p> <ul style="list-style-type: none"> - Become "carbon net positive" by buying enough clean energy and carbon offsets to remove more greenhouse gases from the atmosphere than it emits - Buy all of its food locally or from farms and producers that use sustainable practices, including using antibiotics responsibly - Recycle, reuse or compost 100 percent of its non-hazardous waste - Reduce the amount of water it uses by 25 percent per square foot of buildings - Increase its purchase of products and materials that meet environmental standards to 50 percent - Meet international standards for environmental management at all its hospitals - Pursue new collaborations to reduce environmental risks to the foodsheds, watersheds and air basins supplying its communities. <p>Specific examples of our efforts in 2018 include</p> <ul style="list-style-type: none"> - Kaiser Permanente finalized an agreement for a major renewable energy purchase, enabling us to achieve our goal of becoming carbon neutral in 2020. - Kaiser Permanente dedicated 14% of overall spending on products to items that met our Environmentally Preferable Purchasing standards and dedicated 34% of spending on food to items produced locally or from farms and producers that use sustainable practices, including using antibiotics responsibly. - Kaiser Foundation Health Plan of the Mid-Atlantic States voluntarily purchased enough renewable electricity to match 61% of our billed electricity usage. <p>IV. Advance the Future of Community Health</p> <p>A. Summary of the Strategy</p> <p>Kaiser Permanente advances the future of community health by innovating with technology and social solutions. We need to increase our speed and capacity to respond to community needs and achieve equitable health outcomes. Innovation will increase our ability to identify, incubate and implement solutions to difficult community health problems. We work in partnership with our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems by</p> <ul style="list-style-type: none"> - Inspiring young people to pursue careers in health care - Conducting research to identify and eliminate disparities in care - Advancing health innovation and achieving greater and more equitable health outcomes. <p>In 2018, Kaiser Foundation Health Plan of the Mid-Atlantic States sp</p> |

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| Return Reference | Explanation |
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| F Environmental Stewardship | <p>ent over \$3 million on programs to advance the future of community health (at cost, net of all related revenues) This included \$540,000 in health professionals education and \$2.5 million in research</p> <p>B Health Professionals Education Our Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. The nationally acclaimed program attracts some of the top medical school graduates in the United States and serves as a national model by exposing future health care providers to an integrated health care delivery system. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. In 2018, Kaiser Foundation Health Plan of the Mid-Atlantic States supported interns and residents through the GME program. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, ob/gyn, pediatrics, preventive medicine, and psychiatry. In addition to GME, we provide a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals.</p> <p>C Research Kaiser Permanente has a long history of conducting health research related to both prevention and treatment of disease that benefits its members, the communities it serves and the nation. Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Research activities are conducted at Kaiser Permanente's eight regional research centers and three national groups: Kaiser Permanente Research Bank, Kaiser Permanente Center for Effectiveness & Safety Research, and Utility for Care Data Analysis. In addition, the Kaiser Foundation Research Institute administers and supports research at the research centers. Kaiser Permanente researchers study critical health issues including cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente Research is broadly focused on three themes: understanding health risks, addressing patients' needs and improving health outcomes, and informing policy and practice to facilitate the use of evidence-based care. Kaiser Permanente is uniquely positioned to do research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data in detail to support primary, secondary and tertiary clinical care across inpatient, outpatient and emergency department settings for its geographically and demographically diverse members. In 2018, Kaiser Foundatio</p> |

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| Return Reference | Explanation |
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| F Environmental Stewardship | <p>n Health Plan of the Mid-Atlantic States engaged in 75 active studies including 33 clinical trials, and published 47 journal articles. The following is an example of a research project conducted in 2018 - Kaiser Foundation Health Plan of the Mid-Atlantic States' Research Center, Mid-Atlantic Permanente Research Institute, published "Increasing Hepatitis C Screening in a Large Integrated Health System: Science and Policy in Concert." This study evaluated whether the updated 2013 U.S. Preventive Services Task Force (USPSTF) hepatitis C virus (HCV) screening recommendations, related Affordable Care Act provisions, and the impending availability of efficacious therapies were associated with increased screening in an integrated health system. The authors concluded that HCV screening has been increasing in our healthcare system, more so since June 2013 and among the birth cohort. The availability of efficacious therapies and coverage policies coincident with the USPSTF recommendations may have facilitated access to screening and treatment in ways that were absent at the time of the 2012 CDC recommendations. Future research should inform a better understanding of incentives and barriers to screening and linkage to care from all stakeholder perspectives.</p> <p>D. Advancing Innovation: Despite our nation's best efforts at addressing the myriad of challenges facing the health of our communities, we see that social, economic and health disparities among people continue to grow. At Kaiser Permanente, we're trying to shift that paradigm by working to advance conditions for health through the spread of best practices, innovation and technology. Kaiser Permanente works in partnership with our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems. Using technology as the backbone of our efforts, we are exploring new approaches for accelerating and scaling community health solutions to create greater impact. Together, we are advancing health innovation and achieving greater and more equitable health outcomes. Specific examples of our efforts in 2018 include - Kaiser Permanente partnered with The Public Good Projects (PGP) to launch a strategy to reduce stigma and raise awareness around mental health conditions. PGP Mental Health campaign has three components which include Therapy Pets, Like One Another, and Mental Health Champions and each has its own audience.</p> |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF THE
MID-ATLANTIC STATES INC

Employer identification number

52-0954463

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) KAISER MANAGEMENT SERVICES LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 82-3908916 | HEALTH CARE | MD | 1,382,256,310 | 39,112,816 | NA |
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) NXT CAP SR FD ILLC 191 N Wacker Dr 1200 CHICAGO, IL 60606 37-1651297 | INVESTMENT | DE | NA | N/A | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) OAK TREE ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 03-0329760 | INSURANCE | VT | NA | C CORP | 0 | 0 | | Yes | |
| (2) KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3203402 | INSURANCE | CA | NA | C CORP | 0 | 0 | | Yes | |
| (3) KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3259432 | REAL ESTATE | CA | NA | C CORP | 0 | 0 | | Yes | |
| (4) KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3245176 | CONSULTING | CA | NA | C CORP | 0 | 0 | | Yes | |
| (5) GROUP HEALTH SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1392222 | INACTIVE | WA | NA | C CORP | 0 | 0 | | Yes | |
| (6) KFHP OF WASHINGTON OPTIONS INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1467158 | INSURANCE | WA | NA | C CORP | 0 | 0 | | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |

Additional Data

Software ID:

Software Version:

EIN: 52-0954463

Name: KAISER FOUNDATION HEALTH PLAN OF THE
MID-ATLANTIC STATES INC

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|----------------------------|--|----------------------------------|---|----|
| | | | | | | Yes | No |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-1105628 | HEALTH CARE | CA | 501(c)(3) | 3 | NA | | No |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-1340523 | HEALTH CARE | CA | 501(c)(3) | 10 | NA | | No |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 84-0591617 | HEALTH CARE | CO | 501(c)(3) | 10 | KFHP INC | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 58-1592076 | HEALTH CARE | GA | 501(c)(3) | 10 | KFHP INC | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0798039 | HEALTH CARE | OR | 501(c)(3) | 10 | KFHP INC | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-0511770 | HEALTH CARE | WA | 501(c)(3) | 3 | KFHPW HLDING | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299125 | ASSET MGMT | CA | 501(c)(3) | 12-I | KFH | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299124 | ASSET MGMT | CA | 501(c)(3) | 12-I | KFHP INC | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299123 | ADMIN | CA | 501(c)(3) | 12-I | KFHP INC | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-2171891 | WC PLACEMENT | HI | 501(c)(3) | 12-I | KFHP INC | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3317484 | FINANCING | CA | 501(c)(3) | 12-I | KFHP INC | Yes | |
| ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 31-1779500 | FINANCING | CA | 501(c)(3) | 12-I | KFH | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0954562 | HEALTH CARE | OR | 501(C)(3) | 10 | KFHP INC | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 81-4053028 | MEDICAL EDU | CA | 501(C)(3) | 2 | KFH | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0480268 | HEALTH CARE | WA | 501(C)(3) | 12-I | KFHP INC | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1216856 | INACTIVE | WA | 501(C)(3) | 12-I | KFHP OF WA | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 82-3819611 | ADVOCACY | CA | 501(C)(4) | N/A | KFHP INC | Yes | |
| ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1314907 | INACTIVE | WA | 501(c)(3) | 12-I | KFHP OF WA | Yes | |

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

| | (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-------------|--|-------------------------------------|-------------------------------|---|
| (1) | Kaiser Foundation Health Plan Inc | l | 4,675,324 | Per Agreement |
| (1) | Kaiser Foundation Health Plan Inc | m | 151,692,531 | Per Agreement |
| (2) | Kaiser Foundation Health Plan Inc | p | 131,038,531 | Per Agreement |
| (3) | Kaiser Foundation Health Plan Inc | q | 46,095,322 | Per Agreement |
| (4) | Kaiser Foundation Health Plan Inc | r | 5,825,163 | Per Agreement |
| (5) | Kaiser Foundation Health Plan Inc | s | 1,514,062,949 | Per Agreement |
| (6) | Kaiser Foundation Hospitals | e | 135,000,000 | Per Agreement |
| (7) | Kaiser Foundation Hospitals | l | 1,300,884 | Per Agreement |
| (8) | Kaiser Foundation Hospitals | m | 719,711,862 | Per Agreement |
| (9) | Kaiser Foundation Hospitals | p | 18,580,749 | Per Agreement |
| (10) | Kaiser Foundation Hospitals | q | 521,651,079 | Per Agreement |
| (11) | Camp Bowie Service Center | m | 33,160,934 | Per Agreement |
| (12) | Camp Bowie Service Center | q | 38,714,351 | Per Agreement |
| (13) | Kaiser Permanente Insurance Company | l | 3,233,946 | Per Agreement |
| (14) | Kaiser Permanente Insurance Company | m | 17,087,337 | Per Agreement |
| (15) | Kaiser Permanente Insurance Company | p | 164,400 | Per Agreement |
| (16) | Kaiser Permanente Insurance Company | q | 4,430,196 | Per Agreement |
| (17) | Lokahi Assurance LTD | m | 27,748,700 | Per Agreement |
| (18) | Lokahi Assurance LTD | q | 23,537,093 | Per Agreement |
| (19) | Lokahi Assurance LTD | s | 2,529,000 | Per Agreement |
| (20) | Kaiser FDN Health Plan of the Northwest | l | 322,539 | Per Agreement |
| (21) | Kaiser FDN Health Plan of the Northwest | m | 368,778 | Per Agreement |
| (22) | Kaiser FDN Health Plan of the Northwest | p | 334,031 | Per Agreement |
| (23) | Kaiser FDN Health Plan of the Northwest | q | 273,225 | Per Agreement |
| (24) | Kaiser FDN Health Plan of Colorado | l | 760,056 | Per Agreement |

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

| | (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-------------|--|-------------------------------------|-------------------------------|---|
| (26) | Kaiser FDN Health Plan of Colorado | m | 797,398 | Per Agreement |
| (1) | Kaiser FDN Health Plan of Colorado | p | 201,110 | Per Agreement |
| (2) | Kaiser FDN Health Plan of Colorado | q | 99,151 | Per Agreement |
| (3) | Kaiser FDN Health Plan of Colorado | r | 266,347 | Per Agreement |
| (4) | Kaiser FDN Health Plan of Georgia Inc | l | 1,935,704 | Per Agreement |
| (5) | Kaiser FDN Health Plan of Georgia Inc | m | 2,118,057 | Per Agreement |
| (6) | Kaiser FDN Health Plan of Georgia Inc | p | 476,515 | Per Agreement |
| (7) | Kaiser FDN Health Plan of Georgia Inc | q | 26,756,192 | Per Agreement |
| (8) | Oak Tree Assurance LTD | l | 5,251,500 | Per Agreement |
| (9) | Oak Tree Assurance LTD | m | 5,295,600 | Per Agreement |
| (10) | Oak Tree Assurance LTD | P | 122,224 | Per Agreement |
| (11) | Oak Tree Assurance LTD | Q | 72,894 | Per Agreement |