

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
2019
Open to Public Inspection

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

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

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

D Employer identification number
 52-0954463

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

E Telephone number
 (510) 271-6611

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

G Gross receipts \$ 5,050,883,412

F Name and address of principal officer:
 RUTH E WILLIAMS-BRINKLEY
 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)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	9,503
6 Total number of volunteers (estimate if necessary)	6	991
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,609,340
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	431,622
9 Program service revenue (Part VIII, line 2g)	4,340,220,756	4,671,044,334
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,776,345	15,091,173
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	616,147	687,868
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,350,613,248	4,687,254,997
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,792,900	1,609,982
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)	893,977,152	905,012,086
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)	3,414,400,698	3,727,321,521
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,310,170,750	4,633,943,589
19 Revenue less expenses. Subtract line 18 from line 12	40,442,498	53,311,408

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,876,306,551	2,211,516,129
21 Total liabilities (Part X, line 26)	2,114,845,884	2,532,776,975
22 Net assets or fund balances. Subtract line 21 from line 20	-238,539,333	-321,260,846

Part II Signature Block

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

Sign Here

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

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Firm's name ▶ PricewaterhouseCoopers LLP Firm's EIN ▶ _____
 Firm's address ▶ 2001 MARKET ST SUITE 1800 Phone no. (267) 330-3000
 PHILADELPHIA, PA 19103

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,748,564,457 including grants of \$ 165,000) (Revenue \$ 4,272,684,297)

See Additional Data

4b (Code:) (Expenses \$ 475,485,824 including grants of \$ 0) (Revenue \$ 398,360,037)

See Additional Data

4c (Code:) (Expenses \$ 80,810,286 including grants of \$ 0) (Revenue \$ 0)

See Additional Data

(Code:) (Expenses \$ 15,677,794 including grants of \$ 1,444,982) (Revenue \$ 0)

SEE COMMUNITY BENEFIT REPORT IN SCH O

4d Other program services (Describe in Schedule O.)
(Expenses \$ 15,677,794 including grants of \$ 1,444,982) (Revenue \$ 0)

4e Total program service expenses ▶ 4,320,538,361

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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	3,273
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

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

Form 990-TO with multiple sections (2a-16) for reporting employee counts, tax returns, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
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	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	b 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	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c 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	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2,485

Questions 3, 4, and 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like MID-ATLANTIC PERMANENTE MEDICAL GRO, HOLY CROSS HEALTH, etc.

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 310

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	135,761				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	295,861				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			431,622			
Program Service Revenue	2a MEMBERS' DUES	Business Code					
		900099	3,537,254,405	3,537,254,405			
	b MEDICARE REVENUE	900099	834,238,213	834,238,213			
	c SUPPLEMENTAL REVENUE	900099	165,720,109	165,720,109			
	d NON-PLAN & INDUSTRY	900099	3,583,351	1,974,011	1,609,340		
	e OTHER PROGRAM SVCS	900099	130,248,256	130,248,256			
	f All other program service revenue.						
g Total. Add lines 2a-2f.		4,671,044,334					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,496,735			14,496,735	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	687,868				
		(ii) Personal					
		b Less: rental expenses					
		6c Rental income or (loss)	687,868	0			
	d Net rental income or (loss)		687,868			687,868	
	7a Gross amount from sales of assets other than inventory	(i) Securities	364,115,868	106,985			
		(ii) Other					
		b Less: cost or other basis and sales expenses	362,668,701	959,714			
		7c Gain or (loss)	1,447,167	-852,729			
	d Net gain or (loss)		594,438			594,438	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		0				
		8b Less: direct expenses		0			
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities. See Part IV, line 19		0					
	9b Less: direct expenses		0				
	c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances		0					
	10b Less: cost of goods sold		0				
	c Net income or (loss) from sales of inventory		0				
11a Miscellaneous Revenue	Business Code						
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions			4,687,254,997	4,669,434,994	1,609,340	15,779,041	

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	1,609,982	1,609,982		
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, lines 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	644,096,160	604,843,679	39,252,481	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	89,306,532	89,306,532		
9 Other employee benefits	117,942,418	103,540,704	14,401,714	
10 Payroll taxes	53,656,976	53,656,976		
11 Fees for services (non-employees):				
a Management	0			
b Legal	49,500		49,500	
c Accounting	1,036,104		1,036,104	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	403,431		403,431	
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	21,241,589	688,645	20,552,944	
13 Office expenses	17,731,064	15,708,264	2,022,800	
14 Information technology	240,400,403	162,913,808	77,486,595	
15 Royalties	0			
16 Occupancy	58,778,786	58,762,540	16,246	
17 Travel	2,511,614	1,937,080	574,534	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,739,094		2,739,094	
20 Interest	29,330,966	29,330,966		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	88,023,775	88,023,775		
23 Insurance	25,598,430	25,598,430		
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	1,574,548,970	1,574,548,970		
b SUPPLIES	783,329,102	705,458,058	77,871,044	
c PURCHASED MEDICAL SERVICES	440,315,819	440,315,819		
d INTER-REGIONAL CHARGES	200,061,857	200,061,857		
e All other expenses	241,221,017	164,232,276	76,988,741	
25 Total functional expenses. Add lines 1 through 24e	4,633,943,589	4,320,538,361	313,405,228	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	45,679,543	2	52,974,763
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	154,360,027	4	241,194,495
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	40,150,900	8	35,307,222
	9 Prepaid expenses and deferred charges	6,394,907	9	7,832,129
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,927,879,746		
	b Less: accumulated depreciation	10b 817,141,087	916,431,510	10c 1,110,738,659
	11 Investments—publicly traded securities	573,198,776	11	509,103,800
	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	140,090,888	15	254,365,061
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,876,306,551	16	2,211,516,129	
Liabilities	17 Accounts payable and accrued expenses	527,697,718	17	439,798,998
	18 Grants payable	0	18	0
	19 Deferred revenue	48,429,431	19	55,757,343
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	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	1,538,718,735	25	2,037,220,634
	26 Total liabilities. Add lines 17 through 25	2,114,845,884	26	2,532,776,975
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	8,301,762	29	8,301,762
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	-246,841,095	31	-329,562,608
32 Total net assets or fund balances	-238,539,333	32	-321,260,846	
33 Total liabilities and net assets/fund balances	1,876,306,551	33	2,211,516,129	

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	4,687,254,997
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,633,943,589
3	Revenue less expenses. Subtract line 2 from line 1	3	53,311,408
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-238,539,333
5	Net unrealized gains (losses) on investments	5	4,290,259
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	-140,323,180
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-321,260,846

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 (2019)

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, INC. (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 2019, OVER 95,000 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, INC. (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 2019, THIS PROGRAM ASSISTED APPROXIMATELY 59,000 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 11,000 INDIVIDUALS WERE RECEIVING COMPREHENSIVE HEALTH CARE THROUGH THIS PROGRAM AT THE END OF 2019.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bernard Tyson Chairman & CEO	4.0 46.0	X		X				0	16,114,729	19,364,810
Kathryn Lancaster EVP & CFO	3.5 46.5			X				0	6,221,959	498,376
Gregory Adams Chairman & CEO	4.0 46.0	X		X				0	5,505,365	707,892
Arthur Southam EVP, Health Plan Operations	4.0 46.0			X				0	5,331,038	506,745
Kimberly Horn Regional President - MAS	45.0 5.0			X				0	1,607,411	1,896,063
Mark Zemelman SVP, General Counsel & Secy	2.0 48.0			X				0	2,074,271	328,680
Donald Orndoff SVP, NFS	4.0 46.0			X				0	1,556,215	176,921
Thomas Meier SVP, Corporate Treasurer	1.5 48.5			X				0	1,177,748	260,343
Alfonse Upshaw SVP, Corporate Controller & CAO	3.5 46.5			X				0	948,792	200,172
William Wiechmann Assistant Secretary	50.0 0.0			X				0	670,826	305,268

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			
Joseph Butz VP, COO - MAS	50.0 0.0				X			0	761,233	160,230
Joan Gelrud SVP, Hlth Plan & Hosp Quality	50.0 0.0					X		0	637,837	216,256
Delinda Washington VP, Human Resources - MAS	50.0 0.0					X		0	634,893	162,151
Frank Titus VP, HPSA - MAS	50.0 0.0				X			0	525,218	256,883
Mark Ruszczyk VP, MSBD - MAS	50.0 0.0				X			0	568,814	181,111
Jill Feldon Lanouette VP, Mktg Comm & Comnity Rltn's	50.0 0.0					X		0	461,803	223,456
Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy	3.5 46.5			X				0	383,934	286,903
Susan Spurlark Assistant Secretary	50.0 0.0						X	0	224,469	405,343
Jon Kunkle VP, CFO - Mid-Atlantic States	50.0 0.0				X			0	578,062	29,421
Kristin Bear Assistant Secretary	4.0 46.0			X				0	369,075	214,980

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Ricketts VP, CFO - MAS	50.0 0.0				X			0	367,150	176,409
Gracelyn Mcdermott MGT, Account Mgt IV	50.0 0.0					X		452,844	0	87,237
Hayley Park ED, Pharmacy Operations	50.0 0.0					X		0	448,721	27,482
Bernice Gould Assistant Secretary	1.0 49.0			X				0	234,945	198,256
Rochelle Roth Assistant Secretary	4.0 46.0						X	0	225,154	146,499
Margaret E Porfido J Director	0.5 5.5	X						10,000	291,762	-23,196
Edward YW Pei Director	0.25 7.25	X						0	252,531	19,000
Cynthia A Telles PHD Director	0.7 9.0	X						0	270,608	-6,498
Leslie S Heisz Director	0.25 4.75	X						0	253,287	8,494
Judith A Johansen JD Director	0.5 8.5	X						0	272,875	-13,027

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			
William Graber Director	0.0 0.0						X	0	10,284	0

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 instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HEALTH PLAN 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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,275	0	0	0	431,622	459,897
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,075,698,789	3,408,656,198	3,700,220,530	4,339,528,366	4,669,434,994	19,193,538,877
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	3,075,727,064	3,408,656,198	3,700,220,530	4,339,528,366	4,669,866,616	19,193,998,774
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.)						19,193,998,774

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	3,075,727,064	3,408,656,198	3,700,220,530	4,339,528,366	4,669,866,616	19,193,998,774
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,930,224	4,333,472	5,320,498	13,236,407	15,184,603	42,005,204
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	3,930,224	4,333,472	5,320,498	13,236,407	15,184,603	42,005,204
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	0	0	0	0	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	0	657,620
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,079,937,288	3,413,306,910	3,705,598,708	4,352,767,473	4,685,051,219	19,236,661,598

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.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.778 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.820 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.218 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.176 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

2019
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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>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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		80,918
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		622,289
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		251,837
j Total. Add lines 1c through 1i			955,044
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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
KAISER FOUNDATION HEALTH PLAN 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? Yes 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? Yes 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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		140,652,329		140,652,329
b Buildings		1,167,737,878	495,642,315	672,095,563
c Leasehold improvements		229,276,658	122,234,879	107,041,779
d Equipment		273,359,053	195,107,438	78,251,615
e Other		116,853,828	4,156,455	112,697,373
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,110,738,659

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) LT DUE FROM AFFILIATED ORG	142,802,700
(2) OPERATING LEASE ROU ASSETS	96,411,026
(3) BROKER RECEIVABLE	12,800,934
(4) OTHER LONG-TERM ASSETS	2,350,401
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 254,365,061

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 2,037,220,634

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization KAISER FOUNDATION HEALTH PLAN 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...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 28
3 Enter total number of other organizations listed in the line 1 table 0

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 At the end of their funding cycle, grantees are required to submit a final report which delineates accomplishments related to stated objectives. Larger grants (typically over \$100k) may require quarterly progress reports.

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
CASA DE MARYLAND INC 8151 15TH AVE HYATTSVILLE, MD 20783	52-1372972	501(c)(3)	14,222				PROJECT SUPPORT
CKAR CDC INC 6801 KENILWORTH AVE SUITE 203 RIVERDALE PARK, MD 20737	27-2647352	501(c)(3)	240,000				PROJECT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONHEALTH ACTION 1301 CT AVE N W 200 WASHINGTON, DC 20036	83-0398572	501(c)(3)	250,000				Sponsorships
END TIME HARVEST MINISTRIES INC 5808 HARLAND ST New Carrollton, MA 20784	52-1379809	501(c)(3)	9,500				Sponsorships

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 DR MS 1A3 FAIRFAX, VA 22030	54-1603842	501(c)(3)	7,500				Sponsorships
GREATER WASHINGTON COMMUNITY 1325 G ST NW 480 Washington, DC 20005	23-7343119	501(c)(3)	161,820				Sponsorships

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
HARBEL COMMUNITY ORGANIZATION INC 5807 HARFORD RD Baltimore, MD 21214	52-0905968	501(c)(3)	10,000				Sponsorships
HEALTH CARE FOR THE HOMELESS INC 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501(c)(3)	6,000				Sponsorships

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)	20,000				Senior Fit
INSTITUTE FOR PUBLIC HEALTH INNOVATION 1301 CT AVE NW 200 WASHINGTON, DC 20036	46-3039129	501(c)(3)	90,000				Sponsorships

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
LIGHT HEALTH AND WELLNESS COMPREHENSIVE 2200 N MONROE ST BALTIMORE, MD 21217	52-2140604	501(c)(3)	7,500				Sponsorships
LINKS FOUNDATION INCORPORATED 1200 MASSACHUSETTS AVE NW WASHINGTON, DC 20005	52-1170830	501(c)(3)	7,500				Sponsorships

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 AFRICAN AMERICAN MUSEUM 830 E PRATT ST BALTIMORE, MD 21202	52-2107879	501(c)(3)	15,000				Sponsorships
MARYLAND FARMERS MARKET ASSOCIATION PO Box 6355 Annapolis, MD 21401	80-0874086	501(c)(3)	20,000				PROJECT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL CARE FOR CHILDREN PARTNERSHIP 6699 SPRINGFIELD CTR DR 303 Springfield, VA 22150	26-1756738	501(c)(3)	52,600				Sponsorships
NATIONAL COUNCIL OF YOUNG MENS CHRISTIAN 101 N Wacker Drive Chicago, IL 60606	36-3258696	501(c)(3)	7,500				2018 Community Integrated Health Conference

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 WILLIAM COUNTY 1 COUNTY COMPLEXCT Prince William, VA 22192	54-6001531	Government	99,000				Sponsorships
PRINCE WILLIAM COUNTY PUBLIC SCHOOLS FDN PO BOX 389 MANASSAS, VA 20108	54-1498824	501(c)(3)	77,000				Sponsorships

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
SOWING EMPOWERMENT AND ECONOMIC 6201 RIVERDALE RD 200 Riverdale, MA 20737	52-2227244	501(c)(3)	50,000				DEVELOP SENIOR AND AFFODABLE HOUSING FOR LOWER INCOME RESIDENTS
STEPHEN C ROSE LEGACY FOUNDATION PO BOX 9070 OAKTON, VA 22124	47-4730275	501(c)(3)	10,000				PROJECT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSFORMING LIVES COMMUNITY DEVELOPMENT 6020 MARIAN DR WASHINGTON, DC 20017	32-0442788	501(c)(3)	20,000				PROJECT SUPPORT
UNIVERSITY OF MARYLAND COLLEGE PARK FDN 4603 CALVERT RD COLLEGE PARK, MD 20740	52-2197313	501(c)(3)	20,000				Sponsorships

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
VENTURE PHILANTHROPY PARTNERS 1201 15th St NW 510 Washington, DC 20005	31-1713618	501(c)(3)	50,000				VPP Signature Event
VIRGINIA HOSPITAL CENTER FOUNDATION 1701 N George Mason Dr Arlington, VA 22205	20-4129901	501(c)(3)	7,500				Music & Medicine 2019

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
VIRGINIA OPERA ASSOCIATION INC PO BOX 2580 NORFOLK, VA 23501	54-0985006	501(c)(3)	25,000				Sponsorships
WASHINGTON DISTRICT OF COLUMBIA METRO HBCU PO Box 9833 Washington, DC 20016	36-4734475	501(c)(3)	20,000				DC Metro HBCU Alliance Health Awareness Month

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
WINDWARD FUND 1201 Connecticut Ave Washington, DC 20036	47-3522162	501(c)(3)	15,000				Chesapeake Food Summit
WOMENS HOUSING COALITION INC 119 E 25TH ST BALTIMORE, MD 21218	52-1189812	501(c)(3)	8,600				Sponsorships

Schedule J
(Form 990)

Compensation Information

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
52-0954463

Part I Questions Regarding Compensation

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

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.
SCHEDULE J, PART I, LINE 4b	- SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT - Gregory Adams \$ 501,612 Jill Feldon Lanouette 70,316 Kathryn Lancaster 3,257,380 Thomas Meier 79,722 Donald Orndoff 605,306 Arthur Southam 2,350,243 Susan Spurlark 34,507 Bernard Tyson 1,079,066 Delinda Washington 83,919 Mark Zelman 239,768 SOME OF THE PARTICIPANTS LISTED IN SCHEDULE J, PART II PARTICIPATED IN NONQUALIFIED SUPPLEMENTAL RETIREMENT PLANS. UNDER THESE PLANS, THE ORGANIZATION MAKES ANNUAL CONTRIBUTIONS TO A NOTIONAL ACCOUNT ON BEHALF OF EACH PARTICIPANT. CONTRIBUTIONS VARY BY POSITION, LEVEL AND PAY, AND VEST OVER TIME BASED ON AGE AND/OR SERVICE. PARTICIPANT ACCOUNTS ARE CREDITED WITH A FIXED RATE OF INTEREST, INVESTED IN AVAILABLE MUTUAL FUNDS OR A COMBINATION OF BOTH. CERTAIN OFFICERS ACCRUE A BENEFIT THAT VESTS BASED ON AGE AND SERVICE AND TARGETS A PERCENTAGE OF FINAL AVERAGE PAY LESS PRIOR PLAN OFFSETS. UNVESTED AMOUNTS ARE SUBJECT TO RISK OF FORFEITURE.
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS: THE ORGANIZATION PROVIDED NON-FIXED PAYMENTS TO SOME OF THE PERSONS LISTED. PAYMENTS WERE MADE UNDER DISCRETIONARY BONUS PROGRAMS AND INCENTIVE PLANS, BASED ON ATTAINMENT OF ORGANIZATIONAL PERFORMANCE GOALS AND INDIVIDUAL PERFORMANCE, DESIGNED TO SUPPORT THE ORGANIZATION'S MISSION TO PROVIDE HIGH-QUALITY, AFFORDABLE CARE AND IMPROVE THE HEALTH OF ITS MEMBERS AND THE COMMUNITIES IT SERVES. THE PLANS ORGANIZATIONAL PERFORMANCE GOALS INCLUDED: QUALITY OF CARE AND SERVICE, MEMBERSHIP GROWTH, OPERATING INCOME, PER MEMBER EXPENSE TREND, AND COMMUNITY BENEFIT. PLAN DESIGNS, PERFORMANCE, AND PAYOUT LEVELS, AS WELL AS INDIVIDUAL PAYMENTS TO CERTAIN PERSONS, WERE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, COMPRISED OF INDEPENDENT DIRECTORS.
SCHEDULE J, PART II, COLUMN C	THE ACTUARIAL VALUE FOR SOME INDIVIDUALS' BENEFIT PLAN DECLINED IN 2019, RESULTING IN NEGATIVE VALUES IN COLUMN (C) IN SOME INSTANCES.
SCHEDULE J, PART II, COLUMN F	AMOUNTS INCLUDED IN SCHEDULE J, PART II, COLUMN F INCLUDE AMOUNTS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION, AS WELL AS, 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				
1Gregory Adams Chairman & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,311,861	3,637,446	556,058	681,386	26,506	6,213,257	1,174,224
1Ramon F Baez Director	(i)	0	0	0	0	0	0	0
	(ii)	236,500	0	13,530	1,555	0	251,585	0
2David J Barger Director	(i)	0	0	0	0	0	0	0
	(ii)	227,000	0	0	4,554	0	231,554	0
3Kristin Bear Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	238,589	117,747	12,739	195,193	19,787	584,055	0
4Regina M Benjamin MD MBA Director	(i)	0	0	0	0	0	0	0
	(ii)	210,500	0	8,668	36,843	0	256,011	0
5Maryann Bodayle Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	162,592	13,052	2,285	59,564	9,977	247,470	0
6Joseph Butz VP, COO - MAS	(i)	0	0	0	0	0	0	0
	(ii)	427,562	293,310	40,361	138,387	21,843	921,463	0
7Jeffrey E Epstein Director	(i)	0	0	0	0	0	0	0
	(ii)	243,000	0	8,395	-26,164	0	225,231	0
8Jill Feldon Lanouette VP, Mktg Comm & Comnity Rltn's	(i)	0	0	0	0	0	0	0
	(ii)	216,982	117,880	126,941	198,528	24,928	685,259	53,407
9Daniel Garcia SVP, Chief Compliance Officer	(i)	0	0	0	0	0	0	0
	(ii)	0	0	58,564	0	0	58,564	49,611
10Joan Gelrud SVP, Hlth Plan & Hosp Quality	(i)	0	0	0	0	0	0	0
	(ii)	321,842	276,115	39,880	146,416	69,840	854,093	0
11Bernice Gould Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	208,314	24,065	2,566	187,578	10,678	433,201	0
12William Graber Director	(i)	0	0	0	0	0	0	0
	(ii)	0	0	10,284	0	0	10,284	0
13Leslie S Heisz Director	(i)	0	0	0	0	0	0	0
	(ii)	235,500	0	17,787	8,494	0	261,781	0
14David F Hoffmeister Director	(i)	0	0	0	0	0	0	0
	(ii)	222,000	0	12,880	-3,793	0	231,087	0
15Kimberly Horn Regional President - MAS	(i)	0	0	0	0	0	0	0
	(ii)	759,542	817,506	30,363	1,861,441	34,622	3,503,474	0
16Judith A Johansen JD Director	(i)	0	0	0	0	0	0	0
	(ii)	263,500	0	9,375	-13,027	0	259,848	0
17Kim J Kaiser Director	(i)	0	0	0	0	0	0	0
	(ii)	26,300	0	13,160	0	0	39,460	0
18Jon Kunkle VP, CFO - Mid-Atlantic States	(i)	0	0	0	0	0	0	0
	(ii)	249,593	317,408	11,061	12,577	16,844	607,483	0
19Kathryn Lancaster EVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	1,110,792	1,801,204	3,309,963	482,339	16,037	6,720,335	2,480,584

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				
21Gracelyn Mcdermott MGT, Account Mgt IV	(i)	225,290	217,851	9,703	60,061	27,176	540,081	0
	(ii)	0	0	0	0	0	0	0
1Thomas Meier SVP, Corporate Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	488,751	565,117	123,880	226,729	33,614	1,438,091	0
2Donald Orndoff SVP, NFS	(i)	0	0	0	0	0	0	0
	(ii)	445,801	478,235	632,179	148,482	28,439	1,733,136	576,482
3Hayley Park ED, Pharmacy Operations	(i)	0	0	0	0	0	0	0
	(ii)	77,869	50,000	320,852	19,192	8,290	476,203	0
4Edward YW Pei Director	(i)	0	0	0	0	0	0	0
	(ii)	238,000	0	14,531	19,000	0	271,531	0
5Margaret E Porfido JD Director	(i)	10,000	0	0	0	0	10,000	0
	(ii)	271,500	0	20,262	-23,196	0	268,566	0
6Robert Ricketts VP, CFO - MAS	(i)	0	0	0	0	0	0	0
	(ii)	254,766	107,625	4,759	150,496	25,913	543,559	0
7Rochelle Roth Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	172,901	49,992	2,261	128,451	18,048	371,653	0
8Mark Ruszczyk VP, MSBD - MAS	(i)	0	0	0	0	0	0	0
	(ii)	308,381	224,255	36,178	153,095	28,016	749,925	0
9Richard P Shannon MD Director	(i)	0	0	0	0	0	0	0
	(ii)	235,500	0	0	8,391	0	243,891	0
10Arthur Southam EVP, Health Plan Operations	(i)	0	0	0	0	0	0	0
	(ii)	1,115,013	1,813,133	2,402,892	475,052	31,693	5,837,783	1,916,554
11Susan Spurlark Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	16,678	166,249	41,542	404,586	757	629,812	0
12Cynthia A Telles PHD Director	(i)	0	0	0	0	0	0	0
	(ii)	257,500	0	13,108	-6,498	0	264,110	0
13Frank Titus VP, HPSA - MAS	(i)	0	0	0	0	0	0	0
	(ii)	310,277	197,897	17,044	230,475	26,408	782,101	0
14Bernard Tyson Chairman & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,597,794	13,057,701	1,459,234	19,325,730	39,080	35,479,539	2,727,724
15Alfonse Upshaw SVP, Corporate Controller & CAO	(i)	0	0	0	0	0	0	0
	(ii)	463,195	446,852	38,745	179,095	21,077	1,148,964	0
16A Eugene Washington MD Director	(i)	0	0	0	0	0	0	0
	(ii)	229,500	0	2,545	-8,669	0	223,376	0
17Delinda Washington VP, Human Resources - MAS	(i)	0	0	0	0	0	0	0
	(ii)	311,458	203,075	120,360	142,669	19,482	797,044	63,372
18William Wiechmann Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	293,923	191,429	185,474	277,852	27,416	976,094	0
19Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy	(i)	0	0	0	0	0	0	0
	(ii)	264,788	101,619	17,527	260,726	26,177	670,837	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 Mark Zemelman SVP, General Counsel & Secy	(i)	0	0	0	0	0	0	
	(ii)	733,254	1,044,587	296,430	290,533	38,147	2,402,951	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

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. Form 990, Part VI, Line 2 Family or Business Relationships Board members Eugene Washington, MD and Richard Shannon, MD have a business relationship. Form 990, Part VI, Line 4 - Significant Changes to Governing Documents - On December 12, 2019, Article E, Section E-9 was amended to add that the Executive Vice President and Chief Financial Officer is designated to perform the duties of the Executive Vice President and Group President in his or her absence or disability.</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>- Ethics and Compliance Enforcement - A. REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - KAISER PERMANENTE REGULARLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY IN 3 KEY WAYS: A1. THE KAISER PERMANENTE COMPLIANCE HOTLINE IS AVAILABLE TO ALL EMPLOYEES AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. ALL CALLS ARE ANSWERED BY A THIRD PARTY AND PROVIDED TO KAISER PERMANENTE'S NATIONAL COMPLIANCE OFFICE FOR REVIEW AND APPROPRIATE ACTION. EMPLOYEES CAN REPORT ANONYMOUSLY. RETALIATION IS PROHIBITED. REPORTS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARE GENERATED AND INVESTIGATIONS ARE CONDUCTED AS REQUIRED AND INFORMATION IS TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL GUIDANCE IS REQUIRED TO AVOID OR MANAGE CONFLICTS OF INTEREST. COMPLIANCE HOTLINE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS OF DIRECTORS ANNUALLY. A2.a - ETHICS AND COMPLIANCE ANNUALLY REVIEWS THE DIRECTORS', OFFICERS', KEY EMPLOYEES', AND EXECUTIVES' ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE DISCLOSURES AND PROVIDES DIRECTION ON ANY INVESTIGATIONS REQUIRED. INVESTIGATIONS ARE DOCUMENTED, TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL CONTROLS OR EDUCATION IS REQUIRED. IN ADDITION, CONFLICTS OF INTEREST QUESTIONNAIRE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS OF DIRECTORS ANNUALLY; AND A2.b - ANNUALLY, EMPLOYEES IN ROLES WITH AN ELEVATED RISK OF CONFLICTS OF INTEREST COMPLETE A CONFLICTS OF INTEREST QUESTIONNAIRE. RESPONSES ARE REVIEWED AND ASSESSED. WHEN ACTION IS WARRANTED, THE SITUATION IS ADDRESSED IN ACCORDANCE WITH WRITTEN STANDARDS. DOCUMENTATION AND TRACKING IS MAINTAINED IN THE SAME WAY AS DIRECTORS, OFFICERS, AND KEY EMPLOYEES. A2.c - IN ADDITION TO THE CONFLICTS OF INTEREST QUESTIONNAIRE, ETHICS AND COMPLIANCE RECEIVES, CONSULTS, MONITORS, AND REPORTS ONGOING DISCLOSURES MADE BY EMPLOYEES THROUGHOUT THE YEAR. A3. ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, AN OUTSIDE CERTIFIED PUBLIC ACCOUNTING FIRM REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN AS A RESULT OF THE DISCLOSURES. THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS IN THIS AREA, ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS AUDIT AND COMPLIANCE COMMITTEE. B. REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE: B1. REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES. B2. KAISER PERMANENTE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO. 14. CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12C	NTATION AND IN ANNUAL COMPLIANCE TRAINING. B3. IN THE EVENT THAT IT IS NECESSARY TO DISCIPLINE ANY EMPLOYEE BECAUSE OF, BUT NOT LIMITED TO, FAILURE TO COMPLY WITH APPLICABLE LEGAL/ REGULATORY REQUIREMENTS, KAISER PERMANENTE POLICIES AND PROCEDURES, OR THE PRINCIPLES OF RESPONSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR MISCONDUCT, COACHING/COUNSELING AND/OR CORRECTIVE/DISCIPLINARY ACTION MAY INCLUDE, BUT IS NOT LIMITED TO: - ORAL DISCUSSION AND/ OR WARNING BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR HIGHER LEVEL MANAGER TO CORRECT THE PROBLEM; - WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING; - PAID OR UNPAID SUSPENSION, WITH OR WITHOUT FINAL WARNING; - TERMINATION OF EMPLOYMENT.

990 Schedule O, Supplemental Information

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	<p>- 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.</p>

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 \$ (141,473,072) OTHER THAN TEMPORARY IMPAIRMENTS (156,760) GAIN (LOSS) ON SALE OF INVESTMENTS - BOOK 2,753,819 GAIN (LOSS) ON SALE OF INVESTMENTS - TAX (1,447,167) ----- TOTAL \$ (140,323,180)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A-4D	<p>- EXEMPT PURPOSE ACHIEVEMENTS - I. Introduction A. About Kaiser Permanente Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of Americas leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of healthcare. Among the innovations Kaiser Permanente has brought to U.S. health care are: - Prep aid health plans, which spread the cost to make it more affordable - A focus on preventing illness and disease as much as on caring for the sick - An organized, coordinated system that puts as many services as possible under one roof - all connected by an electronic medical record Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan, Inc. (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12.2 million members in eight states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. Care for members and patients is focused on their total health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health. B. Kaiser Permanentes Approach to Community Health For 75 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctors office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities. Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas: - Ensuring health access by providing individuals served at Kaiser Permanente</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A-4D	<p>or by our safety-net partners with integrated clinical and social services; - Improving conditions for health and equity by engaging members, communities, and Kaiser Permanentes workforce and assets; and - Advancing the future of community health by innovating with technology and social solutions. C. Kaiser Permanentes Total Contribution Kaiser Permanente provided \$3.4 billion in community benefits in 2019. The amounts attributable to Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. is \$174.7 million as follows: - Financial Assistance at cost - \$81.9 million - Medicaid - \$44.1 million - Costs of other means-tested government programs - \$33 million - Community health improvement services and community benefit operation \$9.6 million - Health Professions Education - \$1.6 million - Research - \$3.0 million - Cash and in-kind contributions from community benefit - \$1.4 million In addition to our direct spend on community benefits, we also leverage assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This "Total Health" strategy includes our widely recognized activities around supplier diversity, socially responsible investing and environmental stewardship. II. Ensure Health Access A. Summary of The Strategy Ensuring health access means serving those most in need of health care through Medicaid, medical financial assistance, charitable health coverage, and other forms of subsidized care and coverage. It also means connecting people with wrap-around social services, healthy meals, affordable homes, safe playgrounds, and supportive schools. For many low-income people without access to health care coverage, or for those who lose their jobs and cant maintain health care coverage, an emergency room is often the only place they receive care. At Kaiser Permanente, were working to change that with programs that lower financial barriers by providing deeply subsidized health coverage and medical financial assistance for care. We also provide information about how to access and qualify for public programs such as Medicaid and financial assistance through the marketplace to individuals who may be eligible. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. supports the health access needs of our communities through a combination of coverage and care programs. We provide coverage to low income populations through two key vehicles: first, via our participation in government programs like Medicaid and the Childrens Health Insurance Programs (CHIP), and second, via our own Charitable Health Coverage (CHC) program, which provides a premium subsidy for Kaiser Permanente coverage for qualified low-income families and children who do not have access to public or private health coverage. Similarly, we provide care to low-income populations through two key vehicles: first, via our treatment of Medicaid and CHIP enrollees (not assigned to Kaiser Permanente), and second, via the Medical Financial A</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A-4D	<p>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 and care programs described above. In 2019, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. spent a total of \$159.1 million on our coverage and care programs (at cost, net of all related revenues). In addition, it provided \$85,000 in grants to help improve health access challenges, including but not limited to funding key safety-net partner organizations.</p> <p>B. Coverage Having health coverage means consistent access to comprehensive and continuous medical and preventative services for people to get and stay healthy, a much better alternative to episodic care at emergency departments. Coverage is good for the patient, good for Kaiser Permanente and good for the US overall because it helps people get and stay healthy and avoid costly hospital services.</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 for a significant portion of the US population. Kaiser Permanente has responded to this challenge by developing organizational strategies to enable low-income individuals to obtain and/or retain health coverage through Medicaid, CHIP or other government programs, even as their personal or financial circumstances may be changing. At the end of 2019, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. was providing coverage to over 95,000 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. CHC members also receive cost sharing support that eliminates out-of-pocket costs for most covered services provided at Kaiser Permanente facilities. CHC provides individuals/families who would otherwise not have access to coverage, consistent access through the "front door" of the health delivery system, including a medical home and preventive services, better alternatives than episodic care. At the end of 2019, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. was providing coverage to over 11,000 people through the CHC program.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
C. Care	<p>To get and/or stay healthy, people need access to high quality care by providers they trust. This care must include preventative services and required medications so that people can avoid ending up in the emergency room or requiring more extensive services down the line. Kaiser Permanente helps low income populations gain access to this type of care by leveraging the full scope of its integrated delivery system, including not only critical hospital-based services but also outpatient primary, specialty and pharmacy services.</p> <p>iii. Care provided through Medicaid, CHIP and other government programs Kaiser Permanente provides a wide range of health care services to individuals enrolled in Medicaid, CHIP and other government programs, regardless of whether they are assigned to Kaiser Permanente or not. In addition to the individuals who received health coverage in 2019 due to Kaiser Permanente's participation in these government programs, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. also subsidized care to people who are enrolled in these programs but not formally assigned to Kaiser Foundation Health Plan.</p> <p>iv. Care subsidized by MFA Medical Financial Assistance program (MFA) helps low-income, uninsured, and underserved patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured. The MFA program is one of the most generous in the health care industry and is available to those patients in greatest need. Eligibility is based on financial need. In general, patients whose household income is at or below 200 per cent, and in some regions up to 400 percent, of the federal poverty guidelines are eligible for the MFA program. Patients who are experiencing high medical expenses as compared to their income may be eligible under high medical expenses criteria, regardless of household income. The MFA program covers emergency and medically necessary health care services, pharmacy services and products, and medical supplies provided at Kaiser Permanente facilities (i.e. hospitals, medical centers, and medical office buildings), at Kaiser Permanente outpatient pharmacies, or by Kaiser Permanente providers. Over the course of 2019, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. subsidized care for approximately 59,000 people through the MFA program.</p> <p>D. Social Health: Thrive Local As an integrated health system committed to total health, Kaiser Permanente must not only provide excellent medical care and health services, it must also address social health for Kaiser Permanente members and in our communities. To help address unmet social needs, Kaiser Permanente is deploying Thrive Local in each of its regions. Thrive Local integrates clinical and social care and is supported by data integration and partnerships with community-based organizations. Thrive Local consists of thr</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
C. Care	<p>ee components: a resource directory that provides current, up-to-date and searchable information on community resources; geographically-based community partner networks of social service organizations; and a technology platform that allows for two-way referrals between health care providers and social care providers. By linking clinical and social care delivery and building social health networks for our members and the communities we serve, Kaiser Permanente is making a bold move to transform health.</p> <p>E. Safety-Net Partnerships Kaiser Permanente is committed to building partnerships with the institutions that serve on the front lines of health care for the uninsured and underserved, often referred to as the health care "safety net." Through grants, training, and technical assistance, we are working with safety-net hospitals and health centers to help these institutions reach people in our communities who are low-income, uninsured, or under-resourced. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. 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 2019, Community Ambassador Programs 12 Community Ambassadors provided a total of 23,927 encounters at 10 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.</p> <p>III. Improve Conditions for Health and Equity A. Summary of the Strategy Healthy individuals need healthy communities, and healthy communities need healthy people to thrive. At Kaiser Permanente, we are working to improve the conditions for health and equity in the community by addressing the root causes of health, such as economic opportunity, affordable housing, safe and supportive schools, and a healthy environment. These improvements grow from our collaboration with each community to co-design and co-create solutions that truly make a positive impact. By engaging members, communities, our sizeable workforce, and all of our organizations considerable assets, we are working to create communities that are among the healthiest in the nation, and inspiring greater health for America and the world. In 2019, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. spent a total of \$198,000 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, Inc. also provided \$1.2 million in charitable contributions for other Community Health activities and programs.</p> <p>B. Social Health: Food for Life Kaiser Permanente is tackling the most basic of human</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
C. Care	an needs - food - by helping at-risk members and communities access the food and nutrition they need to live a full and healthy life. We launched Food for Life to transform the economic, social and policy environments connected to food so that people across the nation have access to, and can afford, healthy food.

990 Schedule O, Supplemental Information

Return Reference	Explanation
C. Thriving Schools	<p>Our efforts to support health in schools are part of how we are advancing our vision for total health - a holistic approach that emphasizes the social, environmental, behavioral, and clinical aspects that shape ones well-being. Schools are passionate about ensuring that all students succeed. They need strong partners to help them address health as part of 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 example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. supported the RISE (Resilience in School Environments) initiative, an enterprise-wide effort with the Alliance for Healthier Generation. RISE is designed to empower schools and districts to create safe and supportive learning environments by cultivating practices that strengthen the social and emotional health of all students and staff, understand and integrate social and emotional well-being into all aspects of school life. 31 schools and 1 district were recruited in 2019 to participate in RISE onsite program. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. funded a \$100,000 grant to the Alliance for a Healthier Generation for the Healthy Schools Program also known as the Healthy Eating Active Living initiative. The Healthy Eating Active Living initiative empowers school and district leaders to create and sustain healthier learning environments for students, staff and teachers. School and districts receive a range of school health resources and information through onsite support and a virtual platform to help them choose smart snacks and healthier school breakfast and lunch programs, including movement in the classroom, support for health and physical education instruction, healthy food procurement, and adopting school and district wellness policies that guide positive, healthy practices. 36 schools made one or more improvements in physical activity, nutrition, or staff wellness meeting the guidelines of the Healthy Schools Program. D. Thriving Cities The places where we live, learn, work, and play -</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
C. Thriving Schools	<p>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.</p> <p>Specific example(s) of our efforts in 2019 include: Kaiser Permanente continued as a partner in CityHealth, an initiative of the de Beaumont Foundation and Kaiser Permanente that advances a package of evidence-based policy solutions that will help millions of people live longer, better lives in vibrant, prosperous communities. CityHealth recognized large cities across the country for specific policies related to health and quality of life, including Pre-K, Tobacco 21, complete streets, smoke-free indoor air, and healthy food procurement. In the policy areas assessed by CityHealth among the 40 largest cities, a total of 35 new policy advances occurred since 2018. Baltimore was recognized by CityHealth for a new Maryland policy that raises the age of sale of tobacco products to 21. This policy is projected to deter young people from initiating tobacco use and curb related health effects. Kaiser Permanente testified in support of this policy as an effort to lessen the health effects related to tobacco use. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. has funded the Healthy Eating, Active Living (HEAL) Cities Campaign since its initiation in 2008. Since 2008, a total of 373 cities, including 68 in the Mid-Atlantic States region, have committed to pass and implement policies addressing healthy eating and active living. These policies range from health in general or comprehensive plans to healthy food procurement to complete streets and worksite wellness, with the Institute for Public Health Innovation leading the work in the Mid-Atlantic States.</p> <p>E. 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 circumstances overtime. As a large, influential institution in our communities, Kaiser Permanente recognizes that the way we do business can support economic opportunity in local communities through how we hire, purchase, build our facilities and partner with communities. Some ways that were helping revitalize and grow our commu</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
C. Thriving Schools	<p>nities by strengthening economic opportunity include: - Providing good jobs to individuals facing barriers to employment through high-impact hiring and workforce pipeline efforts. - Pursuing a social impact investment strategy to support impact investments aimed at addressing key social issues that have a significant impact on health. - Purchasing goods and services from local minority- and women-owned businesses and encouraging good employment practices by our vendor partners. - Building new facilities with an emphasis on positive local community impact, including local construction hiring, local and diverse purchasing, healthy and sustainable design features, neighborhood revitalization, and deep community engagement. Specific examples of our efforts in 2019 include: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. partnered with the Inner-City Capital Connections program to support small, minority-owned and women-owned business in Baltimore and in Washington D.C. to build their capacity for sustainable growth in revenue, profitability, and employment through a combination of in-person executive education, webinars, coaching, and connections to capital. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. partnered with Baltimore YouthWorks Summer Youth Employment Program (SYEP), Prince Georges County Youth Works SYEP, Washington DCs Marion Barry SYEP and Montgomery Countys Summer Rise to provide healthcare exposure and experience via 6-week summer internships to 50 high school and college bound students from economically distressed communities. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. also launched its Graduate Fellowship Program through partnership with Virginia Commonwealth University to train 2 masters-level Health Administration students via a one-year rotational fellowship; partnered with NPower and YearUp to provide technical skills training to 5 students via 12-18-month apprenticeships as part of its Impact Hiring Initiative; and partnered with various local and national colleges and universities to provide clinical training to 396 medical students in the areas of Nursing, Radiology, Occupational Therapy, Lab, and Pharmacy. Kaiser Permanente continued its commitment to source goods and services from the minority, women, veteran, disabled, and LGBTQ-owned business community as a member of the Billion Dollar Roundtable. As part of this commitment, we encouraged our own suppliers to also increase their sourcing of goods and services from the minority, women, veteran, disabled, and LGBTQ-owned business community. Furthermore, we also began to measure job creation that resulted from our procurement spending and in 2019, found that our procurement spending led our supplier partners to create new jobs.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
F. Housing for Health	<p>Housing stability is a key factor in a persons 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 the increase in homeless throughout our country, the need for safe, stable and affordable housing has never been greater. Kaiser Permanente understands the connection between housing and health. Our impact investments aim to create more affordable housing, reduce the displacement of lower- and middle-income households, and end homelessness by ensuring access to supportive housing. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. partnered with Community Solutions in the District of Columbia, Baltimore, Montgomery County, Arlington County, and Fairfax County to drive reductions in the number of individuals experiencing homelessness. Community Solutions is Kaiser Permanentes national partner for ending veteran and chronic homelessness in Kaiser Permanente communities. Community Solutions is a nonprofit that leads Built for Zero, a movement of more than 80 cities and counties using data to radically change how they work and the impact they can achieve; and proving that it is possible to make homelessness rare and brief. In order to propel this movement to end homelessness up and over a tipping point, Community Solutions works with communities to solve the most persistent challenges that stand in the way. In the Mid-Atlantic States region, the service areas identified are in various stages of development depending on location, with Fairfax County, Arlington County, Montgomery County and the District of Columbia all working towards a reduction of 50% or reaching functional zero for either chronic, veteran or family homelessness by 2021. This partnership will provide investments that catalyze greater reductions. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. funded a \$50,000 grant to Sowing Empowerment & Economic Development, Inc. In partnership with Refreshing Spring Church of God in Christ, the grant will build capacity of the partnership to develop 200+ units of senior and affordable housing to meet the needs of lower income residents. The campus will also consist of a community building to attend to the basic health, services, supplemental education and recreational needs of the community. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. was selected as one of six U.S. hospitals and health systems to anchor an affordable housing initiative in the Purple Line Corridor as part of the Center for Community Investments Accelerating Investments for Healthy Communities initiative. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. is supporting the initiative to reach its goals of 1,000 homes in the pipeline by 2021 and by 2030, No Net Loss of 17,000 homes in Purple Line Corridor currently affordable to families at 60% of Area</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
F. Housing for Health	<p>Median Income or below. G. Environmental Stewardship We believe it is our obligation as a health care provider to minimize our environmental impact. We embed efforts to be environm entally responsible throughout our organization - in how we power our facilities, purchase foods 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 ambiti ous 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 f or all health care organizations. Kaiser Permanente pledges that by 2025 it will: - Become "carbon net positive" by buying enough clean energy and carbon offsets to remove more gre enhouse gases from the atmosphere than it emits. - Buy all of its food locally or from far ms 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 prod ucts and materials that meet environmental standards to 50 percent. - Meet international s tandards for environmental management at all its hospitals. - Pursue new collaborations to reduce environmental risks to the foodsheds, watersheds and air basins supplying its comm unities. Specific example(s) of our efforts in 2019 include: Kaiser Permanente finalized a n agreement for a major renewable energy purchase, enabling us to achieve our goal of beco ming carbon neutral in 2020. Kaiser Permanente dedicated 20% of overall spending on produc ts to items that met our Environmentally Preferable Purchasing standards and dedicated 42% of spending on food to items produced locally or from farms and producers that use sustai nable practices, including using antibiotics responsibly. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. dedicated 16% of its overall spending on products to items that met Kaiser Permanentes Environmentally Preferable Purchasing standards; responsibly r eused, recycled or composted over 1,212 tons of materials; and reduced the energy use inte nsity (kilowatt hours/rentable square foot) of its facilities by 7% compared to its 2010 b aseline. IV. Advance the Future of Community Health A. Summary of the Strategy Kaiser Perm anente works in partnership with our communities, using our collective knowledge to identi fy and implement creative solutions to difficult community health problems by: - Inspiring young people to pursue careers in health care - Conducting research to identify and elimi nate disparities in care - Advancing health innovation and achieving greater and more equi table health outcomes In 2019, Kaiser Foundation Health Plan of the Mid-Atlantic States, I nc. spent a total of \$4.6 mill</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
F. Housing for Health	<p>ion on programs to advance the future of community health (at cost, net of all related revenues). This included \$1.6 million in health professionals education and \$3 million in research. 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 2019, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
C. Research	<p>Kaiser Permanente has a long history of conducting health research related to both prevention and treatment of disease that benefits its members, the communities it serves and the nation. Kaiser 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 2019, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. engaged in approximately 100 active studies including over 25 clinical trials and published approximately 50 journal articles. Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.'s research program, the Mid-Atlantic Permanente Research Institute (MAPRI) was established in 2011 and is the research core for Mid-Atlantic Permanente Medical Group, a Professional Corporation, in collaboration with Kaiser Foundation Health Plan of the Mid-Atlantic States. The Institute's mission is to advance medical knowledge and improve the quality of care and health of our members and communities we serve by conducting innovative scientific and clinical research. The Institute's primary research continues to be patient-focused, with major areas of study in infectious diseases, cardiovascular and metabolic research, oncology, and health informatics, as well as clinical trials. Influenza results in an average of 41,400 deaths in the United States each year. Safe and effective influenza vaccines are widely available and have been used for more than 60 years. However, vaccination coverage in the U.S. is lower among Blacks than Whites. These racial/ethnic disparities in influenza vaccination rates remain an issue even among those with access to care and no out-of-pocket costs. A study published in 2019 by a team at the Mid-Atlantic Permanente Research Institute examined data for 185,000 individuals who identified</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
C. Research	<p>as White or Black, and found that Black members have 42% lower odds of vaccination than White members. The contributions to the total White-Black disparity in vaccination included : age (16%), neighborhood median income (11%), and online patient portal registration (13%). Improving patient portal registration may be a target component of an effective strategy to reduce racial disparities in vaccination.</p> <p>D. Advancing Innovation Despite our nations best efforts at addressing the myriad of challenges facing the health of our communities, we see that social, economic and health disparities among people continue to grow. At Kaiser Permanente, we are trying to shift that paradigm by working to advance conditions for health through the spread of best practices, innovation and technology. Kaiser Permanente works in partnership with our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems. Using technology as the backbone of our efforts, we are exploring new approaches for accelerating and scaling community health solutions to create greater impact. Together, we are advancing health innovation and achieving greater and more equitable health outcomes. Specific example(s) of our efforts in 2019 include: Kaiser Permanente partnered with The Public Good Projects (PGP) to reduce stigma and raise awareness around mental health conditions. PGP's Action Minded Mental Health campaign has four components which include Therapy Pets, Like One Another, Mental Health Champions, and Community Partners and each component tailors its evidence-based approach to reach a specific audience. PGP's disease surveillance system monitors all publicly available media sources for mentions of mental health topics, and PGP tailors its messaging to address trending mental health topics.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 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	1,485,391,150	39,112,816	NA

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NXT CAP SR FD ILLC 191 N Wacker Dr 1200 CHICAGO, IL 60606 37-1651297	INVESTMENT	DE	NA	N/A	0	0			0			0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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 PERMANENTE INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0		Yes	
(4) GROUP HEALTH SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1392222	INACTIVE	WA	NA	C CORP	0	0		Yes	
(5) 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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

See Additional Data Table

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

Part 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
Kaiser Foundation Health Plan Inc	L	2,913,461	Per Agreement
Kaiser Foundation Health Plan Inc	M	146,180,243	Per Agreement
Kaiser Foundation Health Plan Inc	P	190,183,519	Per Agreement
Kaiser Foundation Health Plan Inc	Q	74,526,188	Per Agreement
Kaiser Foundation Health Plan Inc	R	6,069,516	Per Agreement
Kaiser Foundation Health Plan Inc	S	341,464,027	Per Agreement
Kaiser Foundation Hospitals	L	1,382,503	Per Agreement
Kaiser Foundation Hospitals	M	261,785,242	Per Agreement
Kaiser Foundation Hospitals	P	10,641,199	Per Agreement
Kaiser Foundation Hospitals	Q	4,372,496	Per Agreement
Camp Bowie Service Center	L	260,845	Per Agreement
Camp Bowie Service Center	Q	41,901,691	Per Agreement
Kaiser Permanente Insurance Company	L	3,664,141	Per Agreement
Kaiser Permanente Insurance Company	M	24,906,062	Per Agreement
Kaiser Permanente Insurance Company	P	126,958	Per Agreement
Kaiser Permanente Insurance Company	Q	6,758,406	Per Agreement
Lokahi Assurance LTD	L	6,273,000	Per Agreement
Lokahi Assurance LTD	M	23,500,000	Per Agreement
Lokahi Assurance LTD	P	1,112,420	Per Agreement
Lokahi Assurance LTD	Q	26,854,841	Per Agreement
Lokahi Assurance LTD	R	2,564,564	Per Agreement
Kaiser FDN Health Plan of the Northwest	L	80,824	Per Agreement
Kaiser FDN Health Plan of the Northwest	M	76,395	Per Agreement
Kaiser FDN Health Plan of the Northwest	P	260,187	Per Agreement
Kaiser FDN Health Plan of the Northwest	Q	296,047	Per Agreement

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Kaiser FDN Health Plan of Colorado	L	642,290	Per Agreement
Kaiser FDN Health Plan of Colorado	M	632,866	Per Agreement
Kaiser FDN Health Plan of Colorado	P	228,542	Per Agreement
Kaiser FDN Health Plan of Colorado	Q	170,757	Per Agreement
Kaiser FDN Health Plan of Georgia Inc	L	4,153,737	Per Agreement
Kaiser FDN Health Plan of Georgia Inc	M	4,092,954	Per Agreement
Kaiser FDN Health Plan of Georgia Inc	P	326,780	Per Agreement
Kaiser FDN Health Plan of Georgia Inc	Q	28,517,872	Per Agreement
Oak Tree Assurance LTD	L	4,647,150	Per Agreement
Oak Tree Assurance LTD	M	4,645,350	Per Agreement
Oak Tree Assurance LTD	P	56,302	Per Agreement
Oak Tree Assurance LTD	Q	59,845	Per Agreement