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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

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 WASHINGTON  
% CHIEF ACCOUNTING OFFICER  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
ONE KAISER PLAZA SUITE 15L  
City or town, state or province, country, and ZIP or foreign postal code  
OAKLAND, CA 94612  
F Name and address of principal officer:  
SUSAN MULLANEY  
ONE KAISER PLAZA SUITE 15L  
OAKLAND, CA 94612

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

D Employer identification number  
91-0511770  
E Telephone number  
(510) 271-6611  
G Gross receipts \$ 6,974,928,676

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: 1945  
M State of legal domicile:  
WA

Part I Summary

Activities & Governance

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

2 Check this box ☐ 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) . . . . .39  
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .46  
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . .59,470  
6 Total number of volunteers (estimate if necessary) . . . . .6470  
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .7a14,179,024  
7b Net unrelated business taxable income from Form 990-T, line 39 . . . . .7b1,437,752

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .844,338,722  
9 Program service revenue (Part VIII, line 2g) . . . . .93,669,006,253  
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .1024,985,315  
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .1315,796,716  
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .140  
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .16a0  
b Total fundraising expenses (Part IX, column (D), line 25) ▶0  
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .173,131,723,141  
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  
19 Revenue less expenses. Subtract line 18 from line 12 . . . . .19-46,125,955

Expenses

20 Total assets (Part X, line 16) . . . . .202,606,228,792  
21 Total liabilities (Part X, line 26) . . . . .21853,255,263  
22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .221,752,973,529

Net Assets or Fund Balances

Prior YearCurrent Year

42,579,3443,826,029,46897,365,1542,172,6703,968,146,63619,532,1510784,077,29303,146,515,0993,950,124,54318,022,093

Beginning of Current YearEnd of Year

2,618,771,893989,017,0631,629,754,830

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  
MICHAEL P WALTON VICE PRESIDENT TAX  
Type or print name and title

2020-10-23  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name ▶ PricewaterhouseCoopers LLP  
Firm's address ▶ 2001 MARKET ST SUITE 1800  
PHILADELPHIA, PA 19103

Preparer's signature  
Date  
Check ☐ if self-employed  
PTIN P00438748  
Firm's EIN ▶  
Phone no. (267) 330-3000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**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 \$ 3,562,696,424 including grants of \$ 15,656,225 ) (Revenue \$ 3,748,993,801 )

See Additional Data

**4b** (Code: ) (Expenses \$ 61,823,894 including grants of \$ 0 ) (Revenue \$ 31,110,853 )

See Additional Data

**4c** (Code: ) (Expenses \$ 21,849,716 including grants of \$ 0 ) (Revenue \$ 0 )

See Additional Data

























(Code: ) (Expenses \$ 69,603,958 including grants of \$ 3,875,926 ) (Revenue \$ 45,924,814 )

SCH. O, COMMUNITY BENEFIT REPORT

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 69,603,958 including grants of \$ 3,875,926 ) (Revenue \$ 45,924,814 )

**4e** Total program service expenses **▶** 3,715,973,992

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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 	<b>4</b> Yes	
<b>5</b> 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 	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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 	<b>10</b>	No
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</b> 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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	<b>14b</b>	No
<b>15</b> 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 	<b>15</b> Yes	
<b>16</b> 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 	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	
<b>21</b> 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 	<b>21</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>22</b>	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? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	No
<b>23</b>	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? If "Yes," complete Schedule J . . . . .	<b>23</b>	Yes
<b>24a</b>	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	No
<b>b</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? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	No
<b>26</b>	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? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	No
<b>27</b>	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? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	Yes
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b>	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	No
<b>37</b>	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? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	5,920
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

Form **990** (2019)

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 9		
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.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 6		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	Yes	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</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?	<b>16b</b>	Yes

**Section C. Disclosure**

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

**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 15L OAKLAND, CA 94612 (510) 271-6611**

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	798,806	50,769,217	27,023,126

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 ▶ 1,968

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
WASHINGTON PERMANENTE MEDICAL GROUP, 320 WESTLAKE AVE N SEATTLE, WA 98109	MEDICAL PROFESSIONAL	465,223,785
MULTICARE HEALTH SYSTEM, PO BOX 5299 TACOMA, WA 98415	Hospital Services	145,072,920
OVERLAKE HOSPITAL MED CTR, 1035 116TH AVE NE BELLEVUE, WA 98004	HOSPITAL SERVICES	117,173,023
ST JOSEPH MEDICAL CENTER, 1717 S J ST TACOMA, WA 98405	Hospital Services	116,670,144
PEACEHEALTH MEDICAL GROUP, 1115 SE 164TH AVE VANCOUVER, WA 98683	HOSPITAL SERVICES	98,375,342

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 642</p>	
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Form 990 (2019)		Page 9							
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	34,655,121						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,924,223						
	g Noncash contributions included in lines 1a - 1f:\$	1g							
	h Total. Add lines 1a-1f	42,579,344							
Program Service Revenue	2a MEMBERS HEALTH DUES	Business Code 900099	2,113,288,965	2,113,288,965					
	b MEDICARE	900099	971,306,640	971,306,640					
	c COPAYS, DEDUCTIBLES, FEES	900099	347,099,291	347,099,291					
	d NON-PLAN & INDUSTRIAL	900099	66,375,353	52,233,081	14,142,272				
	e OTHER PROGRAM SERVICE	900099	327,959,219	327,941,219	18,000				
	f All other program service revenue.								
	g Total. Add lines 2a-2f	3,826,029,468							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		31,030,756		18,752	31,012,004			
	4 Income from investment of tax-exempt bond proceeds		0						
	5 Royalties		0						
	6a Gross rents	(i) Real	(ii) Personal	718,171			718,171		
		6a	718,171						
		b Less: rental expenses	6b						
		c Rental income or (loss)	6c					718,171	0
	d Net rental income or (loss)								
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	66,334,398			66,334,398		
		7a	3,073,047,754					68,684	
		b Less: cost or other basis and sales expenses	7b					3,006,703,710	78,330
		c Gain or (loss)	7c					66,344,044	-9,646
	d Net gain or (loss)								
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	0	0					
		b Less: direct expenses	8b					0	
		c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	9a	0	0					
		b Less: direct expenses	9b					0	
		c Net income or (loss) from gaming activities							
	10aGross sales of inventory, less returns and allowances	10a	0	0					
b Less: cost of goods sold		10b	0						
c Net income or (loss) from sales of inventory									
Miscellaneous Revenue		Business Code							
11aPARKING REVENUE		812930	1,454,499			1,454,499			
b									
c									
d All other revenue									
e Total. Add lines 11a-11d		1,454,499							
12 Total revenue. See instructions		3,968,146,636	3,811,869,196	14,179,024	99,519,072				

Form 990 (2019)

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	19,429,163	19,429,163		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	102,988	102,988		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	111,480		111,480	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	647,221,879	572,917,808	74,304,071	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	55,327,717	42,772,576	12,555,141	
<b>9</b> Other employee benefits . . . . .	34,512,651	26,680,931	7,831,720	
<b>10</b> Payroll taxes . . . . .	46,903,566	36,260,061	10,643,505	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	1,058,165		1,058,165	
<b>d</b> Lobbying . . . . .	199,875		199,875	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	1,219,960		1,219,960	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
<b>12</b> Advertising and promotion . . . . .	17,154,479	8,335,910	8,818,569	
<b>13</b> Office expenses . . . . .	20,973,990	20,675,058	298,932	
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	33,668,034	33,668,034		
<b>17</b> Travel . . . . .	5,028,835	4,255,131	773,704	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	2,132,578		2,132,578	
<b>20</b> Interest . . . . .	1,658,779	1,658,779		
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	109,028,742	109,028,484	258	
<b>23</b> Insurance . . . . .	17,110,246	17,110,246		
<b>24</b> 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.)				
<b>a</b> PURCHASED MEDICAL SVC	1,518,234,371	1,518,234,371		
<b>b</b> SUPPLIES - PHARMACY, OFFICE	634,162,417	605,343,499	28,818,918	
<b>c</b> BASIC CONTRACTUAL PAYMENTS	479,252,072	479,252,072		
<b>d</b> PURCHASED NON-MEDICAL SVC	162,883,699	114,304,839	48,578,860	
<b>e</b> All other expenses	142,748,857	105,944,042	36,804,815	
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,950,124,543	3,715,973,992	234,150,551	0
<b>26</b> 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	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		7,112,461	<b>1</b>	9,788,027	
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0	
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0	
	<b>4</b>	Accounts receivable, net . . . . .		121,061,531	<b>4</b>	131,390,976	
	<b>5</b>	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	<b>5</b>	0	
	<b>6</b>	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	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net . . . . .		911,498	<b>7</b>	0	
	<b>8</b>	Inventories for sale or use . . . . .		18,639,832	<b>8</b>	19,558,135	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		11,816,452	<b>9</b>	8,792,266	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,127,593,445			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	200,933,680	904,805,971	<b>10c</b>	926,659,765
	<b>11</b>	Investments—publicly traded securities . . . . .		815,025,097	<b>11</b>	820,097,772	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		75,570,416	<b>12</b>	22,245,862	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0	
	<b>14</b>	Intangible assets . . . . .		464,426,571	<b>14</b>	431,956,616	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		186,858,963	<b>15</b>	248,282,474	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		2,606,228,792	<b>16</b>	2,618,771,893		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		508,619,746	<b>17</b>	522,010,398	
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0	
	<b>19</b>	Deferred revenue . . . . .		36,401,199	<b>19</b>	31,166,642	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0	
	<b>22</b>	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	<b>22</b>	0	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0	
	<b>25</b>	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		308,234,318	<b>25</b>	435,840,023	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		853,255,263	<b>26</b>	989,017,063	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .			<b>27</b>		
	<b>28</b>	Net assets with donor restrictions . . . . .			<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .		0	<b>29</b>	0	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		1,862,900,717	<b>30</b>	1,862,900,717	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds		-109,927,188	<b>31</b>	-233,145,887	
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		1,752,973,529	<b>32</b>	1,629,754,830	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		2,606,228,792	<b>33</b>	2,618,771,893		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,968,146,636
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,950,124,543
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	18,022,093
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,752,973,529
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-13,165,869
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-128,074,923
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,629,754,830

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</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	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 91-0511770  
**Name:** KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Form 990 (2019)

**Form 990, Part III, Line 4a:**

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON, INC. (KFHP-WA) 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-WA 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:**

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON (KFHP-WA) IS COMMITTED TO IMPROVING MEDICAL CARE FOR BENEFICIARIES OF MEDICAID AND OTHER GOVERNMENT SPONSORED PROGRAMS, NOT ONLY FOR KFHP-WA MEMBERS, BUT ALSO, WITHIN THE COMMUNITIES WE SERVE. AT THE END OF 2019, MORE THAN 24,000 INDIVIDUALS WERE RECEIVING BENEFITS THROUGH KFHP-WA'S MEDICAID MANAGED CARE CONTRACTS.

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**Form 990, Part III, Line 4c:**

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON (KFHP-WA) PROVIDES CHARITY CARE TO LOW INCOME VULNERABLE PATIENTS THROUGH THE MEDICAL FINANCIAL ASSISTANCE (MFA) PROGRAM. KFHP-WA 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 18,000 PATIENTS THROUGH FINANCIAL ASSISTANCE.

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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	3.5 ..... 46.5			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	3.5 ..... 46.5			X				0	5,331,038	506,745
Patrick Courneya ..... EVP, Chief Medical Officer	2.5 ..... 47.5	X						0	1,751,323	1,238,244
Mark Zemelman ..... SVP, General Counsel & Secy	2.0 ..... 48.0			X				0	2,074,271	328,680
Susan Mullaney ..... Region President - WA	44.0 ..... 6.0			X				0	1,152,270	671,616
Donald Orndoff ..... SVP, NFS	3.5 ..... 46.5			X				0	1,556,215	176,921
Thomas Meier ..... SVP, Corporate Treasurer	1.5 ..... 48.5			X				0	1,177,748	260,343
Janet O'Hollaren ..... VP, COO	50.0 ..... 0.0				X			0	799,487	510,108



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Karen Schartman ..... VP, CFO & Strategy - WA	50.0 ..... 0.0			X				0	789,543	405,019
Alfonse Upshaw ..... SVP, Corporate Controller & CAO	3.0 ..... 47.0			X				0	948,792	200,172
Tami Lamp ..... SVP, Chief HR Officer	0.0 ..... 50.0						X	0	1,111,557	25,770
Sarah Yates ..... Assistant Secretary	50.0 ..... 0.0			X				0	781,947	220,561
Eric Larson ..... VP, Health Research	50.0 ..... 0.0					X		0	707,224	151,251
Joseph Smith ..... VP, MSBD - WA	50.0 ..... 0.0			X				0	572,678	260,801
Christine Lindsey ..... VP, Financial Planning	50.0 ..... 0.0					X		0	636,546	191,554
Kelly Stanford ..... VP, Clin Ops & Mkt Integration	50.0 ..... 0.0					X		0	607,252	203,584
Alicia Eng ..... VP, Clinical Operations	50.0 ..... 0.0					X		0	594,062	193,130
Todd Hesse ..... MGT, Account Mgt V	50.0 ..... 0.0					X		298,680	316,766	123,892

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			
Gerard Fischer ..... VP, Ancillary & Business Svcs	50.0 ..... 0.0				X			0	608,097	127,688
Scott Armstrong ..... President & CEO	0.0 ..... 0.0						X	500,126	0	191,853
Hong-Sze Yu ..... VP, Brd & Corp Gov & Asst Secy	3.0 ..... 47.0			X				0	383,934	286,903
Pamela Warren ..... VP, HP Services & Admin - WA	50.0 ..... 0.0			X				0	481,377	171,168
Erin Leff ..... VP, COO	0.0 ..... 0.0						X	0	545,037	6,045
Shawna Sweeney ..... Assistant Secretary	50.0 ..... 0.0			X				0	427,175	116,433
John Rodgers ..... VP, Business Info Officer - WA	50.0 ..... 0.0			X				0	366,183	170,252
Breton Myers ..... VP, Treasury	0.0 ..... 0.0						X	0	427,647	16,504
Barbara Trehearne ..... VP, Clinical Excellence & Int	0.0 ..... 0.0						X	0	284,073	0
Margaret E Porfido J ..... Director	0.5 ..... 5.5	X						14,500	287,262	-23,196

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			
Judith A Johansen JD ..... Director	0.0 ..... 9.0						X	0	272,875	-13,027
Ramon F Baez ..... Director	1.2 ..... 4.7	X						14,500	235,530	1,555
Maryann Bodayle ..... Assistant Secretary	1.0 ..... 49.0			X				0	177,929	69,541
Kim J Kaiser ..... Director	0.5 ..... 0.0	X						27,660	11,800	0
Constance W Rice ..... Director	2.0 ..... 0.0	X						20,660	0	0
Michael D Wilson ..... Director	1.25 ..... 0.0	X						19,660	0	0
Ruta E Fanning ..... Director	1.0 ..... 0.0	X						14,500	0	0

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Employer identification number  
91-0511770

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	<b>Total.</b> 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	<b>Public support.</b> 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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <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	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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	<b>Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> 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>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> 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>4a</b>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>4c</b>		
<b>5a</b> 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 <b>Part VI</b>, 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>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> 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>		
<b>7</b>		
<b>8</b> 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>		
<b>8</b>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</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 <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> 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>10a</b>		
<b>b</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>		
<b>10b</b>		

Part IV Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> 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: 91-0511770  
Name: KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

**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

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 WASHINGTON	Employer identification number 91-0511770
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>													

**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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000				1,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000
<b>c</b> Total lobbying expenditures	664,985				664,985
<b>d</b> Grassroots nontaxable amount	250,000				250,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					375,000
<b>f</b> 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
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....	Yes		13,606
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		235,222
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	Yes		17,500
<b>i</b>	Other activities? .....	Yes		235,762
<b>j</b>	Total. Add lines 1c through 1i .....			502,090
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....		No	

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

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

**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."**

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

**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 WASHINGTON" AKA "KFHP WA") 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 WA HAS A POLICY PROHIBITING ANY OF KFHP WA'S RESOURCES BEING USED IN ANY POLITICAL CAMPAIGNS. THIS POLICY IS CLOSELY MONITORED FOR COMPLIANCE. DURING THE YEAR THIS ORGANIZATION MADE COMMENTS OR STATEMENTS CONCERNING LEGISLATION AND BALLOT INITIATIVES WHICH MAY AFFECT THE HEALTH CARE INDUSTRY. KFHP WA 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 WA'S INTERESTS IN VARIOUS LEGISLATIVE AND REGULATORY BODIES AND FROM TIME-TO-TIME TO KEEP INFORMED ABOUT FEDERAL AND STATE LEGISLATION HAVING AN IMPACT ON 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 WA 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 WA. INDIVIDUALS APPEARING AT SUCH HEARINGS AND MEETINGS FOR AND ON BEHALF OF KFHP WA OFTEN ARE REPRESENTING THE INTERESTS OF COMMON INTEREST GROUPS AS WELL AS THE INTERESTS OF THE MEMBERS AND PATIENTS OF KFHP WA. 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.

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Employer identification number  
91-0511770

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 . . . . . ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2019

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 . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

Yes

No

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 . . . . .		177,416,288		177,416,288
b Buildings . . . . .		642,850,702	75,924,730	566,925,972
c Leasehold improvements		10,960,491	4,507,607	6,452,884
d Equipment . . . . .		197,439,674	91,555,021	105,884,653
e Other . . . . .		98,926,290	28,946,322	69,979,968
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				926,659,765

Schedule D (Form 990) 2019



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)BROKER RECEIVABLES	4,371
(2)OTHER CURRENT ASSETS	6,943,647
(3)EQUITY IN SUBS	133,022,346
(4)OTHER LONG-TERM ASSETS	11,129,345
(5)DUE FROM AFFILIATES	42,704,067
(6)OPERATING LEASE ROU ASSETS	54,478,698
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	248,282,474

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	435,840,023

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.

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

**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.

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

**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:** 91-0511770  
**Name:** KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part X, LINE 2	ASC 740 Footnote: THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE UNDER ASC 740.

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Employer identification number  
91-0511770

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3a Sub-total . . . . .					
b Total from continuation sheets to Part I . . . . .					
c Totals (add lines 3a and 3b)					

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			Europe (Including Iceland and Greenland)	Research	93,203				
			North America	Research	9,785				

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **0**
- 3 Enter total number of other organizations or entities . . . . . **2**

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

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☐ Yes ☒ No



**Part V** **Supplemental Information**

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

ReturnReference	Explanation

<b>SCHEDULE H</b> <b>(Form 990)</b>  Department of the Treasury <small>Internal Revenue Service</small>	<h1 style="margin:0;">Hospitals</h1> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b>                  ► <b>Attach to Form 990.</b>                  ► <b>Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.</b></p>	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2019</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     Open to Public Inspection                 </div>
Name of the organization KAISER FOUNDATION HEALTH PLAN OF WASHINGTON		Employer identification number 91-0511770

**Part I**

**Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.  <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300 %</u>	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>		No
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b>	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

**7**

**Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			21,849,716		21,849,716	0.550 %
b Medicaid (from Worksheet 3, column a) . . . . .			61,823,894	31,110,853	30,713,041	0.780 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			83,673,610	31,110,853	52,562,757	1.330 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4).			6,026,986	1,398,659	4,628,327	0.120 %
f Health professions education (from Worksheet 5) . . . . .			8,358,389	21,083	8,337,306	0.210 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .			51,342,657	44,505,073	6,837,584	0.170 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			3,875,927		3,875,927	0.100 %
j <b>Total.</b> Other Benefits . . . . .			69,603,959	45,924,815	23,679,144	0.600 %
k <b>Total.</b> Add lines 7d and 7j . . . . .			153,277,569	77,035,668	76,241,901	1.930 %

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

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

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>	407,628	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	419,186
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	405,409
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	13,777
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year?  
**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
KAISER PERMANENTE CENTRAL HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input type="checkbox"/> Hospital facility's website (list url): _____		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): HTTP://WWW.KP.ORG/CHNA		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): HTTP://WWW.KP.ORG/CHNA	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

KAISER PERMANENTE CENTRAL HOSPITAL					
Name of hospital facility or letter of facility reporting group					
Did the hospital facility have in place during the tax year a written financial assistance policy that:					
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____ % and FPG family income limit for eligibility for discounted care of 0. _____ %					
b <input type="checkbox"/> Income level other than FPG (describe in Section C)					
c <input type="checkbox"/> Asset level					
d <input type="checkbox"/> Medical indigency					
e <input type="checkbox"/> Insurance status					
f <input type="checkbox"/> Underinsurance discount					
g <input type="checkbox"/> Residency					
h <input checked="" type="checkbox"/> Other (describe in Section C)					
14	Explained the basis for calculating amounts charged to patients? . . . . .	14	Yes		
15	Explained the method for applying for financial assistance? . . . . .	15	Yes		
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):					
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application					
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application					
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process					
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications					
e <input type="checkbox"/> Other (describe in Section C)					
16	Was widely publicized within the community served by the hospital facility? . . . . .			16	Yes
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):					
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE SECTION C					
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE SECTION C					
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C					
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)					
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)					
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)					
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention					
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP					
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations					
j <input type="checkbox"/> Other (describe in Section C)					

**Part V Facility Information** (continued)**Billing and Collections**

KAISER PERMANENTE CENTRAL HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

KAISER PERMANENTE CENTRAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>		No



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 36

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7, PERCENT OF TOTAL EXPENSE	COST-TO CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO CHARGES, WAS USED TO REPORT THE FOLLOWING COMMUNITY BENEFIT EXPENSES: - Medical Financial Assistance (non-members only) - unreimbursed costs Kaiser Foundation Health Plan of Washington utilized the statutory line of business report and other internal reports that provide detailed revenue and expense by line of business using the income statement and cost management data (CMD) expense and utilization information. On a monthly basis, all GAAP general ledger expenses are loaded into the CMD costing system at the accounting unit (AU) and account level along with patient utilization information from various utilization systems. Each AU is categorized within CMD as one of three types of expenses: 1) care delivery system representing medical services provided to consumers; 2) health plan representing insurance services; or 3) overhead representing administrative support services to both care delivery system and health plan. Overhead is allocated to either care delivery system or health plan using a step-down process based on relevant statistics such as number of FTEs, labor cost, square feet, etc. The overhead allocation percentage between care delivery system and health plan are determined and maintained by the CMD costing and costing methodology review team. PART III, LINE 2, BAD DEBT EXPENSE METHODOLOGY DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 8, Medicare shortfall	<p>None of the amounts reported on Part III, line 7 has been treated as community benefit. The Medicare hospital cost reports are the source document to capture the Medicare revenue and Medicare allowable costs. To determine the direct costs, the cost report takes inputs from the general ledger by hospital location and applies a step-down methodology to allocate overhead costs. The costs are then passed through additional cost report computations to determine allowable Medicare costs. The total allowable Medicare cost is subtracted from the total revenue by region to determine the Medicare surplus or shortfall.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B, COLLECTION POLICY	When a patient/guarantor indicates an inability to pay (Charity Care), the patient/guarantor will be evaluated for charity care in accordance with established criteria outlined in the medical financial assistance (MFA) program. In addition, outside collection agencies will cancel and return on a retrospective basis any accounts that either would have qualified or now qualify for charity care according to the criteria outlined in the MFA program.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2, NEEDS ASSESSMENT	<p>In addition to the health care needs identified in the CHNA, Kaiser Foundation Health Plan of Washington also assesses community need through its leaders' participation and membership on a number of coalitions, collaboratives and boards. These include Challenge Seattle, Seattle Chamber, Washington Healthcare Forum, Washington Stem, Washington State Health Insurance Pool, the Puget Sound Health Alliance, King County Hospitals for a Healthier Community, the BREE Collaborative, U.S. Preventive Services Task Force, Community Health Advisory Committee, Boys and Girls Clubs, Alliance for Education, the King County Accountable Community of Health, the Washington Roundtable, the Washington State Hospital Association, and the Washington Health Alliance to name a few. Kaiser Foundation Health Plan of Washington participates in these policy, advocacy, and transformation efforts to ensure greater access to address the needs of the community and state populations, and to ensure equity and access for our low-income populations. Some of these groups bring together care delivery systems, state and city government, and hospitals and insurers to address entrenched issues that cannot be tackled by any one entity alone.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3, PATIENT EDUCATION FOR ELIGIBILITY FOR ASSISTANCE	<p>In Washington, information regarding assistance is widely available throughout the facilities to all patients which includes both health plan members and the general public. Information regarding the availability of Kaiser Foundation Health Plan of Washingtons medical financial assistance program (MFAP) is posted in all KFHP-WA medical facilities. The posted information contains contact information for further assistance. KFHP-WA clinical, customer service, resource line and patient billing staff are also a source of information for patients that express financial hardship or request medical financial assistance. This staff can provide a copy of the financial assistance policy summary or connect a patient with Patient Financial Services representatives and Community Resource Specialists in each clinic who can assist patients in determining eligibility for government programs or the MFAP. In addition, MFAP information, including the policy, policy plain language summary and application, can also be found on the publicly accessible KP financial assistance website. All patient billing statements include information that financial assistance is available as well as where to get additional information or assistance. The MFAP policy plain language summary is also included with the third hospital billing statement to all patients. The program policy, policy plain language summary and application are available without charge in English as well as all the languages that meet the limited English proficiency population criteria (lesser of 1,000 individuals or 5% of the community). Languages supported include, but are not limited to Spanish, Chinese, Japanese, Korean, Laotian, Tagalog, Russian, Farsi and Vietnamese.</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4, COMMUNITY INFORMATION	<p>Kaiser Foundation Health Plan of Washington's (KFHP-WA) service areas include all or part of 22 counties in Washington with facilities in Seattle, Bellevue, Olympia, Tacoma, Everett, Silverdale, Spokane, Federal Way, Puyallup, Lynnwood, Port Orchard, Renton, Redmond, Bothell, Kent, Poulsbo, Bremerton, Liberty Lake and Fairfield. Total population in area (mil)*; 6.3 Median Household Income****; \$74,992 % below 100% fpl*; 12.56% w/o public or private health ins*; 7.7% Limited English Proficiency*; 7.6% Unemployment Rate (%)***; 7.6% (SOURCE: US CENSUS 2010 AMERICAN COMMUNITY SURVEY). * WASHINGTON STATE OFFICE OF FINANCIAL MANAGEMENT US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY: 2012-16 *** EMPLOYMENT SECURITY DEPARTMENT OF WASHINGTON STATE **** WASHINGTON STATE OFFICE OF FINANCIAL MANAGEMENT</p>



Form and Line Reference	Explanation
PART VI, LINE 5, PROMOTION OF COMMUNITY HEALTH	<p>KFHP-WA commitment to the community and promotion of community health: Since our beginning s, we have been committed to helping shape the future of health care. KFHP-WA is dedicated to care innovations, clinical research, health education and the support of community health. KFHP-WA is committed to the belief that good health is a fundamental right shared by all, and we recognize that good health extends beyond the doctor's office and the hospital . Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant-making to leverage financial resources with medical research, physician expertise, and clinical practices. Historically, we have focused our investments in three areas-health access, healthy communities, and health knowledge-to address critical health issues in our communities. For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted community health needs assessments (CHNA) to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change-and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health. The KFHP/KFH board has a standing community benefit committee of the board of directors to oversee the program-wide community benefit program. Kaiser Permanente also has a national executive of KFHP and KFH to lead Kaiser Permanente's community benefit program as a full-time assignment. In 2019, Kaiser Foundation Health Plan of Washington (KFHP-WA) made significant contributions to the community, both financial and through staff volunteer efforts. KFHP-WA's primary exempt purpose is to provide comprehensive, prevention-oriented health care services. Beneficiaries of this purpose are KFHP-WA enrollees and non-enrolled patients. KFHP-WA also provides health improvement-related education and information, financial and other support to community-based organizations, with a focus on prevention and wellness, and conducts research activities that benefit the broader community. To fulfill its purpose, KFHP-WA clinicians provide outpatient primary and specialty care as well as some inpatient acute and sub-acute care through the services of salaried physicians, nurses, and other health care providers. The salaried physicians are employed by Washington Permanente Medical Group, P.C., which care exclusively for patients at KFHP-WA facilities. As of year-end 2019, KFHP-WA operated one hospital and 36 medical offices. KFHP-WA also contracts with community health care providers for services where KFHP-WA does not operate its own facilities and for medical services not provided at KFHP-WA care facilities. KFHP-WA conducts practical, public domain research to improve health and health care throughout the community and nation through the Kaiser Permanente Washington Health Research Institute (KPWHRI) with a grant and contract base of more than \$46M in 2019. Since inception in 1983, KPWHRI investigators have published more than 5,900 scientific papers and have made major contributions to effective care of chronic conditions such as diabetes, back pain, cardiovascular disease, and depression. For example, researchers develop and study ways to help the population make informed medical decisions, quit smoking, and fight obesity. KPWHRI also supports research that improves the safety and efficacy of medications, immunizations, medical imaging, and cancer screening. While research generally takes a long time to reach and influence health care systems (i.e. clinical practice), KPWHRI places a high priority on quickly disseminating and translating its findings within KFHP-WA and across our communities locally and nationally. KPWHRI is a globally recognized leader in preventive medicine, healthy aging, cancer control and implementation science--all using cutting-edge research methods, data analysis and health information technology. KPWHRI investigators are helping develop, evaluate and disseminate effective models of care. In addition, KPWHRI's Center for Community Health and evaluation leads evaluations of health-related programs and initiatives nationally, contributing to improvements in health outcomes for the myriad of communities it serves. Through a partnership with King County, KFHP-WA also supports 6 school-based health centers at middle and high schools in the Seattle Public School District. This includes hiring nurses and nurse practitioners and supporting their clinic and administrative needs. Through grants, we have also provided wrap around mental health care in 3 school-based health centers. The school-based centers served over 2,535 students during over 11,750 visits in 2019 and are a huge boost to the health</p>

Form and Line Reference	Explanation
PART VI, LINE 5, PROMOTION OF COMMUNITY HEALTH	<p>alth and wellness of the student community. KFHP-WA partners with Project Access, an organization which works with medical providers in health care communities across the county to provide medical care to individuals that meet county-specific medical and financial eligibility criteria. KFHP-WA coordinates with Project Access to provide care to these patients at designated medical centers and specialty departments. In 2019, 780 patients were referred to specialists in audiology, dermatology, gastrointestinal, gynecology, ophthalmology, orthopedics, physical therapy and urology. Throughout the year, KFHP-WA donated lab services to the Olympia Free Clinic and to YouthCares Orion Center in Seattle. KFHP-WA care providers are able to refer patients to the nearby KFHP-WA labs where samples are drawn and tested, and the results are returned to the Center providers.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6, AFFILIATED HEALTH CARE SYSTEM	<p>Kaiser Foundation Health Plan of Washington (KFHP-WA) is committed to helping shape the future of health care. We are recognized as one of Americas leading health care providers and not-for-profit health plans. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve more than 12 million members in eight states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group 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. KFHP-WA is dedicated to care innovations, clinical research, health education and the support of community health. KFHP-WA has an exclusive contract with Washington Permanente Medical Group (WPMG) a group practice with more than 1,400 physicians, physician assistants, optometrists, midwives and psychologists in Washington state. (WPMG) is not under common governance or control with KFHP-WA, but the two organizations collaborate to serve the community. Both KFHP-WA and WPMG staff participate as faculty and preceptors for residency and health professionals training programs. In addition to the operation of a family practice residency program (for which WPMG clinicians serve as faculty) and an optometry residency in 2 medical center locations, KFHP-WA and WPMG participate in the training of over a dozen medical specialties and an additional 20+ mid-level and non-physician training programs, including those for critical shortage professions such as nursing, physical therapy and pharmacy. The residency program includes clinical training and the provision of medical care for homeless youth as well as for some of the free clinics in King County. In addition to the above-mentioned programs in Washington state, in 2019, KFHP-WA and WPMG clinicians and staff volunteered medical services to homeless shelters, community clinics and other relief efforts in the U.S. and around the world. Physician and non-physician leaders at WPMG also contribute to the dissemination and community-wide practice of evidence-based medicine and outcomes improvement by sharing clinical guidelines, quality improvement efforts and protocols related to shared decision-making and other patient engagement tools, lean process improvements in clinical care, the medical home team-based care model, the chronic care model, and other care innovations.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, STATE FILING OF COMMUNITY BENEFIT REPORT	THIS QUESTION IS NOT APPLICABLE.



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 5	Community input was provided by a broad range of community members using key informant interviews, focus groups, and community events. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted.
Part V, Line 6a	Kaiser Foundation Health Plan of Washington (KPWA) conducted this CHNA independently. However, the report incorporates information from the King County Community Health Needs Assessment 2018/2019, published by King County Hospitals for a Healthier Community, a hospital/public health coalition of which KPWA is a member.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 6b	KPWA has participated in priority setting exercises with several collaboratives outside of King County, including The Edge of Amazing (Snohomish County). KPWA also considered priorities identified by other collaboratives in our region, such as Priority Spokane (Spokane County), Kitsap Community Health Priorities (Kitsap County), Thurston Thrives (Thurston County), Pierce County Community Health Improvement Plan (Pierce County), and the 2018 Washington State Health Assessment.
Part V, Line 11	Kaiser Foundation Health Plan of Washington (KPWA) has a comprehensive measurement strategy for Community Health. Our vision at KPWA is for our communities to be the healthiest in the nation. To that end, we are committed to pursuing a deep and rigorous understanding of the impact of our community health efforts. We monitor the health status of our communities and track the impact of our many initiatives on an ongoing basis. We use our measurement and evaluation data, and information gathered through our Community Health Needs Assessments, to improve the effectiveness of our work and demonstrate our impact. The Community Health Needs Assessments can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs. In addition, KPWA will monitor and evaluate the strategies listed above for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and metrics specific to KPWA leveraged assets. In addition, KPWA tracks outcomes, including behavior and health outcomes, as appropriate and where available. KPWA will address the following health needs identified in the Community Health Needs Assessment: 1) access to care; 2) economic security; 3) equitable access to healthy food and physical activity, and 4) mental health, where all community members: 1. have access to high-quality health care services in coordinated delivery system 2. experience improved economic security, including access to employment, education, and housing opportunities and other factors that influence health 3. eat better and move more as a part of daily life 4. experience social-emotional health and well-being and have access to high-quality mental health services Two health needs from the 2019 CHNA will not be addressed in this Implementation Strategy. These were not ranked as highly as the other four health needs in either the CHNA prioritization or stakeholder survey processes. Community conversations also did not emphasize these areas as ones where KPWA would have the most opportunity to make an impact. The needs that will not be addressed are: - Unhealthy substance use - Climate and health While these health needs are not the focus of this Implementation Strategy, KPWA may consider investing resources in these areas as appropriate, depending on opportunities for KPWA to leverage its assets in partnership with local communities. This report does not encompass a complete inventory of everything KPWA does to support the health of our communities, including our commitment to environmental stewardship.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 13a	KPWA PROVIDES A 100% DISCOUNT TO ALL CHARITY ELIGIBLE PATIENTS REGARDLESS OF WHETHER THEY ARE UNINSURED OR UNDERINSURED. THE DISCOUNT AMOUNT IS NOT ADJUSTED BASED ON INCOME LEVEL.
Part V, Line 13h	A PATIENT OF ANY HOUSEHOLD INCOME LEVEL WITH INCURRED OUT-OF-POCKET MEDICAL AND PHARMACY EXPENSES FOR ELIGIBLE SERVICES OVER A 12 MONTH PERIOD GREATER THAN OR EQUAL TO 10% OF THEIR ANNUAL HOUSEHOLD INCOME IS ELIGIBLE FOR CHARITY CARE.



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 16	THE FAP PROGRAM MATERIALS ARE AVAILABLE ON THE KP WEBSITE AT <a href="http://www.kp.org/mfa/wa">www.kp.org/mfa/wa</a>

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
<b>1</b> Seattle-Capitol Hill Medical Center 201 16th Ave E Seattle, WA 981125260	Medical Center
<b>1</b> Bellevue Medical Center 11511 NE 10th Street Bellevue, WA 98004	Medical Center
<b>2</b> Olympia Medical Center 700 Lilly Rd NE Olympia, WA 98506	Medical Center
<b>3</b> Tacoma Medical Center 209 Martin Luther King Jr Way Tacoma, WA 98405	Medical Center
<b>4</b> Everett Medical Center 2930 Maple St Everett, WA 98201	Medical Center
<b>5</b> Spokane - Riverfront Medical Center 322 W North River Drive Spokane, WA 99201	Medical Center
<b>6</b> Silverdale Medical Center 10452 Silverdale Way NW Silverdale, WA 98383	Medical Center
<b>7</b> Seattle - Northgate Medical Center 9800 4th Ave NE Seattle, WA 98115	Medical Center
<b>8</b> Federal Way Medical Center 301 S 320th St Federal Way, WA 98003	Medical Center
<b>9</b> Lynnwood Medical Center 20200 54th Ave W Lynnwood, WA 98036	Medical Center
<b>10</b> Bellevue - Factoria Medical Center 13451 SE 36th St Bellevue, WA 98006	Medical Center
<b>11</b> Puyallup Medical Center 1007 39th Ave SE Puyallup, WA 38374	Medical Center
<b>12</b> Port Orchard Medical Center 1400 Pottery Ave Port Orchard, WA 98366	Medical Center
<b>13</b> Burien Medical Center 140 SW 146th St Seattle, WA 98166	Medical Center
<b>14</b> Tacoma South Medical Center 9505 Steele St S Tacoma, WA 98444	Medical Center

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
<b>16</b> Renton Medical Center 275 Bronson Way NE Renton, WA 98056	Medical Center
<b>1</b> Spokane - Veradale Medical Center 14402 E Sprague Ave Spokane, WA 99216	Medical Center
<b>2</b> Spokane - Lidgerwood Medical Center 6002 N Liderwood Spokane, WA 99207	Medical Center
<b>3</b> Seattle - Northgate South Building 9720 4th Ave NE Seattle, WA 98115	Vision Center
<b>4</b> Redmond Medical Center 15809 Bear Creek Pkwy Ste 100 Redmond, WA 98052	Medical Center
<b>5</b> Kent Medical Center 26004 104th Ave SE Kent, WA 98031	Medical Center
<b>6</b> Bothell - Northshore Medical Center 11913 NE 195th St Bothell, WA 98011	Medical Center
<b>7</b> Seattle - Rainier Medical Center 5316 Rainier Ave S Seattle, WA 98118	Medical Center
<b>8</b> Tacoma Behavioral Health Services 4301 S Pine St Tacoma, WA 98409	Behavioral Health Clinic
<b>9</b> Seattle - Downtown Medical Center 1420 5th Ave Suite 375 Seattle, WA 98101	Medical Center
<b>10</b> Kendall Yards Medical Office 546 N Jefferson St Spokane, WA 99260	Medical Clinic
<b>11</b> Poulsbo Medical Center 19379 7th Ave NE Poulsbo, WA 98370	Medical Center
<b>12</b> Tacoma Hear Center & Eye Care 5821 S Sprague Court Tacoma, WA 98409	Audiology & Vision Center
<b>13</b> Lincoln Heights Medical Office 3010 S Southeast Blvd Ste A Spokane, WA 99223	Medical Clinic
<b>14</b> Silverdale Eye Care 10516 Silverdale Way NW Silverdale, WA 98383	Vision Center

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
<b>31</b> CMA - North Side Endocrinology 6120 N Mayfair St Spokane, WA 99208	Medical Clinic
<b>1</b> Spokane - South Hill Medical Center 4102 S Regal St Ste 101 Spokane, WA 99223	Medical Center
<b>2</b> Bremerton Behavioral Health Services 555 Pacific Ave Ste 202 Bremerton, WA 98337	Behavioral Health Clinic
<b>3</b> Gig Harbor 5216 Point Fosdick Dr Gig Harbor, WA 98335	Medical Clinic
<b>4</b> South Lake Union Medical Office 210 9th Ave N Seattle, WA 98109	Medical Clinic
<b>5</b> Seattle - Metropolitan Park East 1730 Minor Avenue Seattle, WA 98101	Research Facility

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

Schedule I  
(Form 990)

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for 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 WASHINGTON

Employer identification number

91-0511770

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 96

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

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANTS 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 \$100,000) MAY REQUIRE QUARTERLY PROGRESS REPORTS.

Additional Data

Software ID:  
Software Version:  
EIN: 91-0511770  
Name: KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

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
ALLIANCE FOR A HEALTHIER GENERATION PO Box 4800 PORTLAND, OR 97208	27-2028308	501(c)(3)	131,421				Project Support
ALLIANCE FOR EDUCATION 509 OLIVE WAY STE 500 Seattle, WA 98101	91-1508191	501(c)(3)	20,000				Event sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIVVA 618 N YAKIMA AVE TACOMA, WA 98403	81-4175391	501(c)(3)	47,000				Project Support
ASIAN COUNSELING AND REFERRAL SERVICE 3639 MLK JR WAY S Seattle, WA 98144	91-0916176	501(c)(3)	7,500				Event sponsorship



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ASSOCIATION OF WASHINGTON 8061 DENSMORE AVE N SEATTLE, WA 98103	51-0170717	501(c)(3)	20,000				Project Support
ASSOCIATION OF WASHINGTON CITIES 1076 Franklin St SE Olympia, WA 98501	91-6000045	501(c)(4)	6,000				Sponsorship of two conferences

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
BELLINGHAM SCHOOL DISTRICT 501 1306 DUPONT ST BELLINGHAM, WA 98225	91-6001648	Government or p	45,680				Project Support
BIKE WORKS SEATTLE 3709 S FERDINAND ST SEATTLE, WA 98118	91-1753062	501(c)(3)	24,999				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
BOSTON MEDICAL CENTER CORPORATION 660 HARRISON AVE FL 2 BOSTON, MA 02118	04-3314093	501(c)(3)	343,836				Research
BOYS & GIRLS CLUBS OF S PUGET SOUND 3875 S 66TH ST Tacoma, WA 98409	91-0759832	501(c)(3)	10,000				Event sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CareerWorks Inc 601 Union St Ste 3030 Seattle, WA 98101	82-2896556	501(c)(3)	50,000				CareerWorks Medical Program
CENTER FOR CHILDREN & YOUTH JUSTICE 615 2ND AVE STE 275 SEATTLE, WA 98104	20-4457248	501(c)(3)	34,750				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHILDRENS ALLIANCE 718 6TH AVE S Seattle, WA 98104	91-0982879	501(c)(3)	6,000				Event sponsorship
CITIZENS FOR BETTER TRANSPORTATION 603 STEWART ST STE 819 Seattle, WA 98101	20-2927862	501(c)(6)	20,000				Referendum support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMAGINE HEALTH 756 E WINCHESTER ST 200 SLC, UT 84107	91-1072875	501(c)(3)	155,060				Research
COMMUNITY HEALTH ASSOC OF SPOKANE 203 N Washington St 300 SPOKANE, WA 99201	91-1641797	501(c)(3)	320,480				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMUNITY HEALTH CARE 1148 BROADWAY STE 100 TACOMA, WA 98402	91-1349657	501(c)(3)	346,320				Project Support
COUNTRY DOCTOR COMMUNITY HEALTH CENTERS 500 19TH AVE E SEATTLE, WA 98112	23-7100868	501(c)(3)	67,203				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CRISIS CONNECTIONS 9725 3RD AVE NE STE 300 SEATTLE, WA 98115	91-0773187	501(c)(3)	90,000				Project Support
ESSENTIA INSTITUTE OF RURAL HEALTH 502 E SECOND St DULUTH, MN 55805	27-1291124	501(c)(3)	98,039				Research



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EVERETT SCHOOL DISTRICT NO 2 3900 Broadway EVERETT, WA 98201	91-6001542	Government or p	6,390				Project Support
FEDERAL WAY SCHOOL DISTRICT NO 210 33330 8TH AVE S FEDERAL WAY, WA 98003	91-6001624	Government or p	59,795				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FOOD LIFELINE 815 S 96TH ST SEATTLE, WA 98108	91-1090450	501(c)(3)	65,000				Project Support
FORTERRA NW 901 5TH AVE SEATTLE, WA 98164	94-3112461	501(c)(3)	63,314				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FOUNDATION FOR SEATTLE COLLEGES 1500 Harvard Ave Seattle, WA 98122	83-0551671	501(c)(3)	207,170				Scholarship fund
FRED HUTCHINSON CANCER RESEARCH CTR 1100 FAIRVIEW AVE N SEATTLE, WA 98109	23-7156071	501(c)(3)	251,791				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GEISINGER CLINIC 100 N ACADEMY AVE DANVILLE, PA 17822	23-6291113	501(c)(3)	725,250				Research
HARVARD PILGRIM HEALTH CARE INC 401 PARK DRIVE STE 401 BOSTON, MA 02215	04-2452600	501(c)(3)	542,531				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HARVARD UNIVERSITY 401 PARK DR NQSC 3RD FL E BOSTON, MA 02215	04-2103580	501(c)(3)	17,775				Research
HEALTHPARTNERS INSTITUTE PO BOX 1524 MINNEAPOLIS, MN 55440	41-1670163	501(c)(3)	731,381				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HENRY FORD HEALTH SYSTEM 1 FORD PL UNIT 3A DETROIT, MI 48202	38-1357020	501(c)(3)	1,407,519				Research
HIGHLINE SCHOOL DISTRICT 401 15675 AMBAUM BLVD SW BURIEN, WA 98166	91-6001631	Government or p	495,390				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INNOVIA FOUNDATION 421 W RIVERSIDE AVE 606 SPOKANE, WA 99201	91-0941053	501(c)(3)	10,000				Project Support
INSTITUTE FOR COMMUNITY LEADERSHIP 24833 180th Ave SE KENT, WA 98042	91-1679370	501(c)(3)	75,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENT SCHOOL DISTRICT 415 12033 SE 256TH ST KENT, WA 98030	91-6001646	Government or p	48,750				Project Support
KIDS FOR MOMS AND DADS SERVICE 7802 N Fox Point Dr SPOKANE, WA 99208	82-2676455	501(c)(3)	24,000				Project Support



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KING COUNTY PARKS FDN 1650 5th Ave 1900 SEATTLE, WA 98101	91-1998597	501(c)(3)	100,000				Project Support
MARCH OF DIMES PO Box 18819 Atlanta, GA 31126	13-1846366	501(c)(3)	20,000				Nurse of the Year - Presenting Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MARSHFIELD CLINIC RESEARCH 1000 N OAK Ave MARSHFIELD, WI 54449	39-0452970	501(c)(3)	128,638				Research
MARYS PLACE SEATTLE PO Box 1711 Seattle, WA 98111	27-2087950	501(c)(3)	200,000				No Child Sleeps Outside campaign

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MD ANDERSON CANCER CENTER PO BOX 4266 HOUSTON, TX 77210	74-6001118	Government or p	223,006				Research
MONTEFIORE MEDICAL CENTER PO BOX 29581 NEW YORK, NY 10087	13-1740114	501(c)(3)	337,158				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MULTICARE HEALTH SYSTEM PO BOX 5200 TACOMA, WA 98415	91-1352172	501(c)(3)	452,397				Research
NAMI WASHINGTON 1107 NE 45TH ST STE 230 SEATTLE, WA 98105	91-1689067	501(c)(3)	71,833				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTH THURSTON PUBLIC SCHOOLS 305 COLLEGE ST NE LACEY, WA 98516	91-6017626	Government or p	48,363				Project Support
NORTHEAST WASHINGTON EDUCATIONAL 4202 S Regal St SPOKANE, WA 99223	91-0948293	Government or p	99,947				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(c)(3)	20,895				Research
NORTHERN ARIZONA UNIVERSITY 601 S KNOLES DR FLAGSTAFF, AZ 86001	74-2579628	Government or p	9,060				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTHWEST EDUCATIONAL SERVICE District 189 1601 R AVE ANACORTES, WA 98221	91-0868056	Government or p	500,000				Project Support
NORTHWEST HEALTHCARE RESPONSE NETWORK 7100 Fort Dent Way 210 Tukwila, WA 98188	46-3002271	501(c)(3)	60,000				Project Support

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OCHIN INC 1881 SW NAITO PARKWAY PORTLAND, OR 97201	20-0195556	501(c)(3)	374,483				Research
OLYMPIC EDUCATIONAL SERVICE DISTRICT 114 105 National Ave N Bremerton, WA 98312	91-0919927	Government or p	28,112				Project Support



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OREGON HEALTH & SCIENCE UNIVERSITY 2720 SW MOODY AVE PORTLAND, OR 97201	93-1176109	Government or p	104,105				Research
PALO ALTO MEDICAL FOUNDATION 795 EL CAMINO REAL PALO ALTO, CA 94301	94-1156581	501(c)(3)	41,554				Research

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PHILANTHROPY NORTHWEST 2101 FOURTH Ave SEATTLE, WA 98121	91-1110995	501(c)(3)	99,500				Project Support
PIERCE COUNTY PROJECT ACCESS 223 Tacoma Ave S TACOMA, WA 98402	27-1185895	501(c)(3)	49,750				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PROJECT ACCESS NORTHWEST 1111 HARVARD AVE SEATTLE, WA 98122	20-4377921	501(c)(3)	410,000				Project Support
PROVIDENCE GENERAL FDN 916 PACIFIC AVE Everett, WA 98201	91-1041617	501(c)(3)	10,000				Edge of Amazing conference

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST 9000 ANN ARBOR, MI 48109	38-6006309	Government or p	60,549				Research
RESEARCH INSTITUTE AT NATIONWIDE PO BOX 781653 DETROIT, MI 48278	31-6056230	501(c)(3)	446,067				Research

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SCOTT & WHITE MEMORIAL HOSPITAL PO BOX 849947 DALLAS, TX 75284	74-1166904	501(c)(3)	57,048				Research
SEA-MAR COMMUNITY HEALTH CENTER 1040 S HENDERSON ST SEATTLE, WA 98108	91-1020139	501(c)(3)	5,200				Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SEATTLE BIOMEDICAL RESEARCH INSTITUTE PO BOX 356 MERCER ISLAND, WA 98040	91-0961784	501(c)(3)	616,711				Research
SEATTLE CENTER FOUNDATION 305 harrison SEATTLE, WA 98109	91-1003385	501(c)(3)	250,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SEATTLE CHILDRENS HOSPITAL 2001 8TH AVE MS CW8 6 SEATTLE, WA 98121	91-0564748	501(c)(3)	198,719				Research
SEATTLE COUNSELING SERVICE 1216 PINE ST STE 300 Seattle, WA 98101	23-7258439	501(c)(3)	10,000				Event sponsorship

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SEATTLE NEIGHBORHOOD GREENWAYS 220 2nd AVE 100 SEATTLE, WA 98104	46-4559223	501(c)(3)	20,000				Project Support
SEATTLE PARKS AND RECREATION 100 DEXTER AVE N SEATTLE, WA 98109	91-6001275	Government or p	15,000				Project Support



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SEATTLE SCHOOL DISTRICT 2445 3RD AVE S SEATTLE, WA 98134	91-6001541	Government or p	32,000				Project Support
SEATTLE-KING COUNTY DEPT OF PUBLIC HEALTH 401 5TH AVE 1000 SEATTLE, WA 98104	91-6001327	Government or p	79,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SENIOR SERVICES OF SNOHOMISH COUNTY 5026 196th St SW Lynnwood, WA 98036	91-0910680	501(c)(3)	10,000				Event sponsorship
SPOKANE REGIONAL HEALTH DISTRICT 1101 W COLLEGE AVE SPOKANE, WA 99201	91-1527532	Government or p	53,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SWEDISH HEALTH SERVICES PO BOX 84392 SEATTLE, WA 98124	91-0433740	501(c)(3)	40,708				Research
TACOMA PIERCE COUNTY EMPLOYMENT 3640 S Cedar St E TACOMA, WA 98409	91-1185418	Government or p	95,000				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TACOMA PIERCE COUNTY HEALTH 3629 South D St TACOMA, WA 98418	91-1488160	Government or p	429,206				Project Support
TACOMA SCHOOL DISTRICT NO 10 601 S 8TH ST TACOMA, WA 98405	91-6001553	Government or p	17,090				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TENINO SCHOOL DISTRICT 301 OLD HIGHWAY TENINO, WA 98589	91-1049177	Government or p	49,861				Project Support
THE ABIM FOUNDATION 510 WALNUT ST 1700 PHILADELPHIA, PA 19106	23-2585181	501(c)(3)	14,813				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THURSTON COUNTY CHAMBER OF COMMERCE PO BOX 1427 OLYMPIA, WA 98507	91-1543494	501(c)(6)	25,000				Project Support
TRUST FOR PUBLIC LAND 101 Montgomery St San Francisco, WA 94104	23-7222333	501(c)(3)	1,075,000				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
UC REGENTS 757 WESTWOOD PLZ LOS ANGELES, CA 90095	95-6006143	Government or p	6,814				Research
UNITED WAY OF KING COUNTY 720 2ND AVE SEATTLE, WA 98104	91-0565555	501(c)(3)	54,000				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
UNIVERSITY OF CA SAN DIEGO 200 W ARBOR DR MC8821 SAN DIEGO, CA 92103	33-0599494	Government or p	42,042				Research
UNIVERSITY OF COLORADO HEALTH SCIENCES 13001 E 17th Place AURORA, CO 80045	84-6000555	Government or p	9,164				Research



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
UNIVERSITY OF MASSACHUSETTS WORCESTER 215 WHITMORE ADMIN WORCESTER, MA 01655	04-3167352	Government or p	959,561				Research
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384	59-0624458	501(c)(3)	540,671				Research

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
UNIVERSITY OF PITTSBURGH 200 GARDNER STEEL PITTSBURGH, PA 15260	25-0965591	Government or p	33,512				Research
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	Government or p	3,193,971				Research

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
UW FOUNDATION Box 358045 SEATTLE, WA 98195	94-3079432	501(c)(3)	35,000				Sponsorships
WACMHC 101 Capitol Way N 200 OLYMPIA, WA 98501	91-1323282	501(c)(3)	229,280				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
WASHINGTON ALLIANCE FOR BETTER SCHOOLS 18560 1ST AVE NE SHORELINE, WA 98155	91-1698851	501(c)(3)	20,000				Project Support
WASHINGTON POISON CENTER 155 NE 100TH ST STE 100 SEATTLE, WA 98125	94-3214597	Government or p	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
WASHINGTON SCHOOL-BASED HEALTH ALLIANCE PO BOX 9565 SEATTLE, WA 98109	45-0937382	501(c)(3)	251,830				Project Support
WASHINGTON STATE Dept of Health 111 ISRAEL RD SE TUMWATER, WA 98501	91-1444603	Government or p	24,500				Project Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STEM CENTER 210 Hudson St Seattle, WA 98134	27-2133169	501(c)(3)	75,375				Scholarship fund
WEILL MEDICAL COLLEGE OF CORNELL 1300 YORK AVE NEW YORK, NY 10065	13-1623978	501(c)(3)	10,918				Research

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
WITHIN REACH 155 NE 100TH ST STE 500 SEATTLE, WA 98125	91-1443685	501(c)(3)	110,000				Project Support
Workforce Dev't Council of Seattle 2003 Western Ave 250 SEATTLE, WA 98121	91-2051978	501(c)(3)	185,000				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
YOUTHCARE 2500 NE 54th St Seattle, WA 98105	91-0917079	501(c)(3)	10,000				YouthCare's 34th Annual Luncheon



Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization KAISER FOUNDATION HEALTH PLAN OF WASHINGTON		Employer identification number 91-0511770

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> 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"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	
<b>2</b> 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	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		4a	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
<b>c</b> 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.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		5a	No
<b>b</b> Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		6a	No
<b>b</b> Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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
<b>8</b> 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
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

**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 4A	- Severance Payments - Scott Armstrong \$ 494,052 Tami Lamp 72,459 Erin Leff 422,583 Breton Myers 355,630 John Rodgers 31,154 Barbara Trehearne 216,000 LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO SEVERANCE BENEFITS IN THE EVENT OF TERMINATION BY THE ORGANIZATION WITHOUT CAUSE OR DUE TO JOB ELIMINATION. DEPENDING ON POSITION LEVEL, TENURE, AND TERMINATION REASON, SEVERANCE BENEFITS PAYABLE UNDER THESE ARRANGEMENTS PROVIDE FOR PAY AND HEALTH BENEFITS CONTINUATION PLUS PAYMENT OF ACCRUED OBLIGATIONS. IN ADDITION, FOR SOME OF THE LISTED PERSONS, SEVERANCE BENEFITS PAYABLE INCLUDE PRORATED INCENTIVE AWARDS FOR PERFORMANCE PERIODS NOT YET ENDED. NONE OF THE LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO CHANGE-OF-CONTROL PAYMENTS.
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT: Gregory Adams \$ 501,612 Patrick Courneya 391,885 Gerard Fischer 178,636 Kathryn Lancaster 3,257,380 Eric Larson 55,504 Thomas Meier 79,722 Donald Orndoff 605,306 Arthur Southam 2,350,243 Bernard Tyson 1,079,066 Mark Zemelman 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 ACCOUNTS 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: 91-0511770  
Name: KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

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
1Scott Armstrong President & CEO	(i)	0	0	500,126	191,853	0	691,979	0
	(ii)	0	0	0	0	0	0	0
2Ramon F Baez Director	(i)	14,500	0	0	0	0	14,500	0
	(ii)	222,000	0	13,530	1,555	0	237,085	0
3Maryann 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
4Patrick Courneya EVP, Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	594,720	716,678	439,925	1,214,561	23,683	2,989,567	282,719
5Alicia Eng VP, Clinical Operations	(i)	0	0	0	0	0	0	0
	(ii)	305,087	253,230	35,745	177,177	15,953	787,192	62,181
6Gerard Fischer VP, Ancillary & Business Svcs	(i)	0	0	0	0	0	0	0
	(ii)	211,555	156,412	240,130	116,554	11,134	735,785	85,154
7Todd Hesse MGT, Account Mgt V	(i)	135,356	48,330	114,994	14,606	5,763	319,049	0
	(ii)	97,637	196,504	22,625	98,725	4,798	420,289	0
8Judith A Johansen JD Director	(i)	0	0	0	0	0	0	0
	(ii)	263,500	0	9,375	-13,027	0	259,848	0
9Tami Lamp SVP, Chief HR Officer	(i)	0	0	0	0	0	0	0
	(ii)	291,211	550,000	270,346	14,000	11,770	1,137,327	0
10Kathryn 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
11Eric Larson VP, Health Research	(i)	0	0	0	0	0	0	0
	(ii)	395,456	200,306	111,462	126,188	25,063	858,475	0
12Erin Leff VP, COO	(i)	0	0	0	0	0	0	0
	(ii)	0	113,396	431,641	6,045	0	551,082	0
13Christine Lindsey VP, Financial Planning	(i)	0	0	0	0	0	0	0
	(ii)	269,907	127,403	239,236	161,014	30,540	828,100	0
14Thomas 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
15Susan Mullaney Region President - WA	(i)	0	0	0	0	0	0	0
	(ii)	674,750	453,055	24,465	643,008	28,608	1,823,886	0
16Breton Myers VP, Treasury	(i)	0	0	0	0	0	0	0
	(ii)	0	72,017	355,630	10,111	6,393	444,151	0
17Janet O'Hollaren VP, COO	(i)	0	0	0	0	0	0	0
	(ii)	460,177	260,425	78,885	485,368	24,740	1,309,595	0
18Donald 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
19Margaret E Porfido JD Director	(i)	14,500	0	0	0	0	14,500	0
	(ii)	267,000	0	20,262	-23,196	0	264,066	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				
<b>21</b> John Rodgers VP, Business Info Officer - WA	(i)	0	0	0	0	0	0	0
	(ii)	215,224	87,974	62,985	154,082	16,170	536,435	0
<b>1</b> Karen Schartman VP, CFO & Strategy - WA	(i)	0	0	0	0	0	0	0
	(ii)	456,885	307,214	25,444	386,420	18,599	1,194,562	0
<b>2</b> Joseph Smith VP, MSBD - WA	(i)	0	0	0	0	0	0	0
	(ii)	317,488	215,521	39,669	235,483	25,318	833,479	0
<b>3</b> Arthur 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
<b>4</b> Kelly Stanford VP, Clin Ops & Mkt Integration	(i)	0	0	0	0	0	0	0
	(ii)	290,768	266,142	50,342	180,838	22,746	810,836	36,537
<b>5</b> Shawna Sweeney Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	248,913	173,657	4,605	88,488	27,945	543,608	15,275
<b>6</b> Barbara Trehearne VP, Clinical Excellence & Int	(i)	0	0	0	0	0	0	0
	(ii)	0	46,079	237,994	0	0	284,073	0
<b>7</b> Bernard 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
<b>8</b> Alfonse 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
<b>9</b> Pamela Warren VP, HP Services & Admin - WA	(i)	0	0	0	0	0	0	0
	(ii)	313,490	147,337	20,550	153,716	17,452	652,545	0
<b>10</b> Sarah Yates Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	450,096	307,965	23,886	192,734	27,827	1,002,508	0
<b>11</b> Hong-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
<b>12</b> Mark Zemelman SVP, General Counsel & Secy	(i)	0	0	0	0	0	0	0
	(ii)	733,254	1,044,587	296,430	290,533	38,147	2,402,951	0

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

**Employer identification number**

91-0511770

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>- VOTING MEMBER AND GOVERNING BODY - THE EXECUTIVE COMMITTEE, CONSISTING OF THREE DIRECTORS, HAS AUTHORITY TO ACT FOR THE BOARD BETWEEN MEETINGS EXCEPT IT HAS NO AUTHORITY TO: 1. FILL VACANCIES ON THE BOARD OR THE COMMITTEE; 2. FIX THE COMPENSATION OF DIRECTORS FOR SERVING ON THE BOARD OR ANY COMMITTEE; 3. ADOPT, AMEND OR REPEAL BYLAWS; 4. AMEND OR REPEAL ANY RESOLUTION OF THE BOARD WHICH, BY ITS EXPRESS TERMS, CANNOT BE AMENDED OR REPEALED BY THE COMMITTEE; 5. APPOINT COMMITTEES OF THE BOARD OR APPOINT THE MEMBERS THEREOF; OR 6. 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 LAW. FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS - On December 12, 2019, Article 4, Officers, Sections 4.5 and 4.6 were amended so that the EVP &amp; CFO of the sole Member, KFHPW Holdings, is designated to perform the duties of the President and CEO in his/her absence or disability.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, PART VI, LINE 6	THE SOLE CORPORATE MEMBER OF THE CORPORATION IS KFHPW HOLDINGS, A WASHINGTON NONPROFIT CORPORATION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINE 7A	KFHPW HOLDINGS APPOINTS THE DIRECTORS (AND FILLS VACANCIES AND HAS AUTHORITY TO REMOVE DIRECTORS).



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINE 7B	DIRECTORS ARE ELECTED BY THE MEMBER. THE MERGER OR CONSOLIDATION OF THE CORPORATION WITH ANOTHER ENTITY, THE VOLUNTARY DISSOLUTION OF THE CORPORATION, OR THE SALE, LEASE, EXCHANGE, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE PROPERTY AND ASSETS OF THE CORPORATION MUST BE APPROVED BY THE MEMBER.

# 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 PROCESS COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN AS A RESULT OF THE DISCLOSURES. THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS IN THIS AREA, ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS AUDIT AND COMPLIANCE COMMITTEE. B. REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE: B1. REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES. B2. KAISER PERMANENTE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO. 14. CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION</p>

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Form 990, PART VI, LINE 12C	ION 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/REGU LATORY REQUIREMENTS, KAISER PERMANENTE POLICIES AND PROCEDURES, OR THE PRINCIPLES OF RESPO NSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR MISCONDUCT, COACHING/COUNSELING AND/OR COR RECTIVE/DISCIPLINARY ACTION MAY INCLUDE, BUT IS NOT LIMITED TO: - ORAL DISCUSSION AND/OR W ARNING BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR HIGHER LEVEL MANAGER TO CORRECT THE PROBL EM; - WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING; - PAID OR UNPAID SUSPENSION, WITH OR WITHOUT FINAL WARNING; - TERMINATION OF EMPLOYMENT.

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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 &amp; 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>

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Form 990, PART VI, LINE 18	Forms 990 are available on <a href="http://www.guidestar.org">www.guidestar.org</a> .

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Return Reference	Explanation
Form 990, PART VI, LINE 19	Public Inspection Copy: 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

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Return Reference	Explanation
Form 990, PART VII, SECTION A, COLUMN B:	HOURS FOR RELATED ORGANIZATION INDIVIDUALS WHO ARE BOTH OFFICERS AND MEMBERS OF BOARDS OF DIRECTORS WORK FULL TIME AS EMPLOYEES AS WELL AS FULFILL THEIR BOARD ASSIGNMENT. ALL OFFICERS WORK FULL TIME IN THEIR EMPLOYEE CAPACITY. FULL TIME WORK MAY REQUIRE IN EXCESS OF THE TRADITIONAL 40 HOUR WEEK. GIVEN THE INTEGRATED NATURE OF OUR ORGANIZATION, EMPLOYEES MAY PROVIDE SUPPORT FOR VARIOUS KAISER PERMANENTE COMPANIES. THE AVERAGE HOURS PER WEEK REPORTED FOR THE FILING ORGANIZATION AND RELATED ORGANIZATIONS WAS ESTIMATED.

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FORM 990, PART XI, LINE 9	- Other changes in net assets or fund balances - CHANGE IN RESTRICTED ASSETS \$ (111,354) CHANGE IN CUMULATIVE CHANGE IN ACCTG. PRINCIPLE 18,483,606 CHANGE IN PENSION & RETIREMENT LIABILITIES (115,309,464) GAIN(LOSS) ON SALE OF INVESTMENTS - TAX (66,344,044) GAIN(LOSS) ON SALE OF INVESTMENTS - BOOK 36,553,412 OTHER THAN TEMPORARY IMPAIRMENTS (1,347,079) ----- \$ (128,074,923)



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FORM 990, PART III, LINE 4A-4D	<p>I. Introduction A. About Kaiser Permanente Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of healthcare. Among the innovations Kaiser Permanente has brought to U.S. health care are: - Prepaid health plans, which spread the cost to make it more affordable - A focus on preventing illness and disease as much as on caring for the sick - An organized, coordinated system that puts as many services as possible under one roof-all connected by an electronic medical record Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (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 Permanente's 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 play grounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities. Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas : - Ensuring health access by providing individuals served at Kaiser Permanente or by our safety-net partners with integ</p>

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FORM 990, PART III, LINE 4A-4D	<p>rated 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 Washington is \$76.2 million as follows: - Financial Assistance at cost - \$21.9 million - Medicaid - \$30.7 million - Community health improvement services and community benefit operations \$4.6 million - Health Professions Education - \$8.3 million - Research - \$6.8 million - Cash and in-kind contributions from community benefit - \$3.9 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 can't maintain health care coverage, an emergency room is often the only place they receive care. At Kaiser Permanente, we're 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 Washington supports the health access needs of our communities through a combination of coverage and care programs. We provide coverage to low-income populations through two key vehicles: first, via our participation in government programs like Medicaid and the Children's Health Insurance Programs (CHIP), and second, via our own Charitable Health Coverage (CHC) program, which provides a premium subsidy for Kaiser Permanente coverage for qualified low-income families and children who do not have access to public or private health coverage. Similarly, we provide care to low-income populations through two key vehicles: first, via our treatment of Medicaid and CHIP enrollees (not assigned to Kaiser Permanente), and second, via the Medical Financial Assistance (MFA) program, which is Kaiser Permanentes traditional charity care or financial assistance program (FAP). For Kaiser Foundation Health</p>

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FORM 990, PART III, LINE 4A-4D	<p>th 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 Washington spent a total of \$52.6 million on our coverage and care programs (at cost, net of all related revenues). In addition, it provided \$1.2 million in grants to help improve health access challenges, including but not limited to funding key safety-net partner organizations.</p> <p><b>B. Coverage</b></p> <p>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><b>i. Coverage provided through Medicaid, CHIP and other government programs</b></p> <p>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 Washington was providing benefits to more than 24,000 people through its Medicaid Managed Care contracts with other health plans.</p>

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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>i. Care provided through Medicaid, CHIP and other government programs Kaiser Permanente provides a wide range of health care services to individuals enrolled in Medicaid, CHIP and other government programs, regardless of whether they are assigned to Kaiser Permanente or not. In addition to the individuals who received health coverage in 2019 due to Kaiser Permanente's participation in these government programs, Kaiser Foundation Health Plan of Washington also subsidized care to people who are enrolled in these programs but not formally assigned to Kaiser Foundation Health Plan.</p> <p>ii. 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 percent, 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 Washington subsidized care for approximately 18,000 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 three components: a resource directory that</p>

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C. CARE	<p>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. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan of Washington provided a \$200,000 grant to WithinReach for general operating support. WithinReach is a community-based organization that focuses on the needs of young children and their families, helping 285,000 families annually to gain access to health, child development and nutrition resources. This sustaining support will enable WithinReach to proactively learn about the needs of families and communities to grow cross-sector, coordinated systems and policies that address the root causes of poor health. To further support access to social and clinical services for vulnerable area residents, Kaiser Foundation Health Plan of Washington provided a grant of \$80,000 to Crisis Connections, the 211 information and referral agency for the Seattle metro area, to expand its texting services. Adding texting as a communication option to their program will allow more access to safety net services via text support and will help decrease health inequities in King County and ultimately across Washington State. Kaiser Foundation Health Plan of Washington provided a grant for \$226,000 to the Washington Association for Community Health, whose mission is to strengthen and advocate for Washington's community health centers as they build healthcare access, innovation, and value. This grant will support its social determinants of health learning collaborative and organizational strategy planning. It will build community health centers capacity to understand and address the social determinants of health that impact their patients and communities across the state and to apply resources strategically over a 3 to 5-year period through thoughtful and comprehensive strategic and engagement action plan. 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 were 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 Washington funded the final year of a 3-year \$600,000 grant, of which \$400,000 was paid in 2019 to Project Access Northwest. Project Access Northwest improves access to specialty health care for low-income</p>

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C. CARE	<p>e and uninsured patients. It matches volunteer specialty care providers and hospital partners with carefully pre-screened patients in need of care. Originally started in King County (Washington state), it has since expanded its service area to include Kitsap and Snohomish counties. This grant will specifically connect patients served by the safety-net with vital specialty care services. In addition to operational support for the organization, Kaiser Permanente Washington clinics accepted specialty care referrals and provided over 700 clinical service visits for low-income and uninsured patients in 2019.</p> <p>III. Improve Conditions for Health and Equity</p> <p>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 Washington spent \$2.7 million on charitable contributions designed to improve conditions for health and equity.</p> <p>B. Social Health: Food for Life Kaiser Permanente is tackling the most basic of human 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.</p>

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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 one's well-being. Schools are passionate about ensuring that all students succeed. They need strong partners to help them address health as part of their strategy. That's why Kaiser Permanente created Thriving Schools, our all-in engagement to improve health for students, staff, and teachers. Our vision is that every community can count on their school as a champion for good health that enables great learning. Kaiser Permanente Thriving Schools is intentional about coordinating our own knowledge and existing work in school health with the good work of others. Through our valued partnerships with some of the country's most innovative organizations, we are able to provide concrete resources and pathways to health in schools. To create lasting change, we use our voice to advance local, regional, and national policies and a movement to make healthy schools the norm for everyone. A distinguishing feature of Thriving Schools is our complementary focus: we support students, staff, and teachers, and we address their physical, emotional, and social wellness. This approach builds a culture of wellness across the entire school. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan of Washington 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. In Washington, 13 schools and 1 district were recruited in 2019 to participate in RISE onsite program. Kaiser Foundation Health Plan of Washington supported 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. In Washington region, 26 schools made one or more improvements in physical activity, nutrition, or staff wellness meeting the guidelines of the Healthy Schools Program. Kaiser Foundation Health Plan of Washington funded a grant for \$45,680 to the Bellingham</p>

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C. THRIVING SCHOOLS	<p>m Public School District #501 for the Multi-Tiered System of Support Bellingham RISE. The effort is designed to improve the mental health of 12,600 students and staff by facilitating a youth-led mental health awareness campaign at Options High School, increasing staff training on mental health, and creating and implementing a staff wellness plan.</p> <p>D. Thriving Cities The places where we live, learn, work, and play - our cities and towns, our schools, our homes, our neighborhoods - have an enormous impact on our health. And how we shape those places, through public policy and the support for healthy environments, has the potential to make real, lasting impacts on our surroundings and our everyday quality of life. Through Kaiser Permanente's ongoing partnerships with community organizations, municipal leaders, and public health champions, we are working to incorporate health, equity and sustainability considerations into public policy and the built environment in ways that influence how neighborhoods take shape and grow. Specific 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. Seattle was recognized by CityHealth for three new policies related to Tobacco 21, complete streets, and healthy food procurement, and the adoption of these three new policies helped to propel the city to an overall gold medal status for 2019. These policies are projected to deter young people from initiating tobacco use, make streets safer for all types of users, and improve access to healthy foods on city properties.</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 over time. 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 communities by strengthening economic opportunity include: - Providing good job</p>



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C. THRIVING SCHOOLS	<p>s 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 Washington approved \$444,000 of which \$232,000 was funded in 2019 for pre-apprenticeship programs with Arivva and Workforce Development Council of Seattle-King County. These organizations build pathways for achievement and self-sufficiency that enable economic and social progress for individuals and communities. The funding from Kaiser Foundation Health Plan of Washington will provide soft skill development and social/emotional learning to support success in apprenticeship programs being offered in the state of Washington. These programs will benefit approximately 400 at risk and disadvantaged youth. Kaiser Foundation Health Plan of Washington funded \$75,375 to the Washington State Opportunity Scholarship (WSOS) whose mission is to build pathways into high-demand Washington careers for Washington students. The grant supports 10 opportunity scholars pursuing STEM (Science, Technology, Engineering, and Mathematics) degrees. These students represent under-represented minorities in Washington state, and most are first generation students in their family. Similarly, Kaiser Foundation Health Plan of Washington also supported the Washington Alliance for Better Schools (WABS) to engage 40-50 teachers (grades 4-12) in the Accessing Career Connected Experiences for Student Success (ACCESS) STEM program. Teachers will gain direct exposure to industries such as healthcare, aerospace, and technology, learn about the multiple career pathways, and integrate that knowledge back into their classrooms to impact 5,700 students. 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>

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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 homelessness affecting more than 550,000 people every day throughout our country, the need for safe, stable and affordable housing has never been greater. Kaiser Permanente understands the connection between housing and health. Our impact investments aim to create more affordable housing, reduce the displacement of lower- and middle-income households, and end homelessness by ensuring access to supportive housing. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan of Washington partnered with Community Solutions in Spokane, Washington to drive reductions in chronic and veteran 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 Washington, Community Solutions is working with key stakeholders in the City and County of Spokane to establish quality By-Name-List data. This data will help inform Community Solutions and the community stakeholders to set bold targets and determine appropriate interventions. G. Environmental Stewardship We believe it is our obligation as a health care provider to minimize our environmental impact. We embed efforts to be environmentally responsible throughout our organizations - in how we power our facilities, purchase food and medical supplies and equipment, manage waste, and invest in our communities. We also prioritize partnerships with others to develop policies and systems that strengthen community health and protect our environment. In 2016, Kaiser Permanente adopted an ambitious set of environmental goals to guide the organization for the decade ahead. These goals have raised the bar on environmental responsibility, not just for Kaiser Permanente but for all health care organizations. Kaiser Permanente pledges that by 2025 it will: - Become "carbon net positive" by buying enough clean energy and carbon offsets to remove more greenhouse gases from the atmosphere than it emits. - Buy all of its food locally or from farms and producers that use sustainable practices, including using antibiotics responsibly. - Recycle, reuse or compost 100 percent of its non-hazardous waste. - Reduce the amount of water it uses by 25 percent per square foot of buildings. - Increase its purchase of products and materials that meet environmental standards</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
F. HOUSING FOR HEALTH	<p>ards to 50 percent. - Meet international standards for environmental management at all its hospitals. - Pursue new collaborations to reduce environmental risks to the foodsheds, wa tersheds and air basins supplying its communities Specific example(s) of our efforts in 20 19 include: Kaiser Permanente finalized an agreement for a major renewable energy purchase , enabling us to achieve our goal of becoming carbon neutral in 2020. Kaiser Permanente de dicated 20% of overall spending on products to items that met our Environmentally Preferab le Purchasing standards and dedicated 42% of spending on food to items produced locally or from farms and producers that use sustainable practices, including using antibiotics resp onsibly. Kaiser Foundation Health Plan of Washington dedicated 9% of its overall spending on products to items that met Kaiser Permanentes Environmentally Preferable Purchasing sta ndards and responsibly reused, recycled or composted over 952 tons of materials. Kaiser Fo undation Health Plan of Washington funded a grant for \$95,738, of which \$55,814 was paid i n 2019 to Forterra NW, an organization dedicated to regional sustainability (environmental , social and economic) by securing places across Washingtons landscape that are keystones of a positive future. The grant for Forterras Land for Food &amp; Land for Neighborhoods proje cts will support thriving people and places in Snohomish County through a multi-landscape initiative that engages stakeholders to transform the policy landscape in Snohomish County to foster a stronger and more equitable local food system. The project will also partner with local property owners, businesses, the City of Everett, and a diverse network of stak eholder groups to catalyze investments that improve public safety, enhance the natural env ironment, and strengthen active transportation options in the Everett Station District nei ghborhood. IV. Advance the Future of Community Health A. Summary of the Strategy Kaiser Pe rmanente works in partnership with our communities, using our collective knowledge to iden tify and implement creative solutions to difficult community health problems by: - Inspiri ng young people to pursue careers in health care - Conducting research to identify and eli minate disparities in care - Advancing health innovation and achieving greater and more eq uitable health outcomes In 2019, Kaiser Foundation Health Plan of Washington spent a total of \$15.2 million on programs to advance the future of community health (at cost, net of a ll related revenues). This included \$8.3 million in health professionals education and \$6. 8 million in research. B. Health Professionals Education Our Graduate Medical Education (G ME) program provides training and education for medical residents and interns in the inter est of educating the next generation of physicians. The nationally acclaimed program attra cts some of the top medical school graduates in the United States and serves as a national model by exposing future heal</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
F. HOUSING FOR HEALTH	<p>th 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 Washington supported 32 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 Permanentes research efforts are core to the organizations mission to improve population health, and its commitment to continued learning. Research activities are conducted at Kaiser Permanentes eight regional research centers and three national groups: Kaiser Permanente Research Bank, Kaiser Permanente Center for Effectiveness &amp; 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 Washington engaged in approximately 300 active studies including over 20 clinical trials and published over 300 journal articles. Kaiser Foundation Health Plan of Washingtons research program, the Kaiser Permanente Washington Health Research Institute (KPWHRI) has been conducting nonproprietary public-interest research on preventing, diagnosing and treating major health problems since 1983. Top research areas include, but are not limited to behavioral health, drug safety, chronic disease prevention and management, implementation science, aging, and cancer prevention and screening. KPWHRI partners with the Kaiser Foundation Health Plan of Washington and the Washington Permanente Medical Group to form a learning health system, discovering innovative approaches to care at its 25 medical centers and within major Washington hospitals. KPWHRI investigators partner effectively with researchers from the University of Washington, Fred Hutchinson Cancer Research Institute, other Kaiser Permanente regions, and other institutions nationwide and internationally. In the United States, more than 50% of cervical cancers are diagnosed in under-screened women. Cervical cancer screening guidelines now recommend testing for primary human papillomavirus (HPV) the virus that causes cervical cancer. Home-based HPV self-sampling is a viable option for increasing screening compliance and effectiveness. However, U.S. data are needed to inform health</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
C. RESEARCH	<p>care system implementation of this option. A study published in JAMA Network Open in 2019 by a team from the Kaiser Permanente Washington Health Research Institute, in collaboration with the Universities of Texas and Washington, found that mailing HPV kits increased screening uptake compared with usual care alone in women who are at the highest risk for cervical cancer. The team analyzed data from 16,600 women, and the results support feasibility of mailing HPV kits to women overdue for screening as an outreach strategy to increase screening uptake. They concluded that efforts to increase kit uptake and follow-up of positive results are warranted to maximize detection and treatment of cervical cancer.</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're trying to shift that paradigm by working to advance conditions for health through the spread of best practices, innovation and technology. Kaiser Permanente works in partnership with our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems. Using technology as the backbone of our efforts, we are exploring new approaches for accelerating and scaling community health solutions to create greater impact. Together, we are advancing health innovation and achieving greater and more equitable health outcomes. Specific 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)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Employer identification number  
91-0511770

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) RYAN-GHC ONE LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 47-4197735	REAL ESTATE	DE	0	0	KFHPW
(2) COLUMBIA MEDICAL ASSOCIATES LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 20-0986848	COMP MED CARE	WA	0	0	KFHPW
(3) COLUMBIA CLINIC LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612	INACTIVE	WA	0	0	CMA LLC

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	
<b>(1)</b> NXT CAP SR FD ILLC 191 N Wacker Dr 1200 chicago, IL 60606 37-1651297	investment	DE	NA	NONE	0	0			0			
<b>(2)</b> RYAN-GHC TWO LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 81-0725477	REAL ESTATE	DE	KFHPW	NONE	-2,950	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
<b>(1)</b> OAK TREE ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP	0	0		Yes	
<b>(2)</b> KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP	0	0		Yes	
<b>(3)</b> KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0		Yes	
<b>(4)</b> GROUP HEALTH OF SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1392222	INACTIVE	WA	NA	C CORP	0	0	100.000 %	Yes	
<b>(5)</b> KFHP OF WASHINGTON OPTIONS INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1467158	INSURANCE	WA	NA	C CORP	953,187,732	296,677,146	100.000 %	Yes	



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2019

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

[illegible]

**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: 91-0511770  
Name: KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

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 52-0954463	HEALTH CARE	MD	501(C)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0798039	HEALTH CARE	OR	501(C)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 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 OAKALAND, CA 94612 94-3299123	ADMIN	CA	513(C)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-2171891	WC PLACEMENT	HI	501(C)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(C)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501(C)(3)	12-I	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(C)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 81-4053028	MEDICAL EDU	CA	501(C)(3)	2	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0480268	HEALTH CARE	WA	501(C)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1216856	INACTIVE	WA	501(C)(3)	12-I	KFHP OF WA	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 82-3819611	ADVOCACY	CA	501(C)(4)	N/A	KFHP INC	Yes	
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	206,000	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	M	43,289,468	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	P	11,085,533	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	Q	58,410,485	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	R	7,042,996	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	S	359,088,149	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	M	290,278	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	P	24,053,506	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	Q	9,048,908	PER AGREEMENT
LOKAHI ASSURANCE LTD	L	2,137,000	PER AGREEMENT
LOKAHI ASSURANCE LTD	M	14,300,000	PER AGREEMENT
LOKAHI ASSURANCE LTD	P	1,277,225	PER AGREEMENT
LOKAHI ASSURANCE LTD	Q	2,743,246	PER AGREEMENT
LOKAHI ASSURANCE LTD	R	4,106,640	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE NW	P	317,618	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE NW	Q	214,363	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF THE NW	S	5,232,027	PER AGREEMENT
KAISER FDN HEALTH PLAN OF WA OPTIONS INC	J	63,461	PER AGREEMENT
KAISER FDN HEALTH PLAN OF WA OPTIONS INC	L	147,485,284	PER AGREEMENT
KAISER FDN HEALTH PLAN OF WA OPTIONS INC	P	9,521,463	PER AGREEMENT
KAISER FDN HEALTH PLAN OF WA OPTIONS INC	Q	1,688,745	PER AGREEMENT
KAISER FDN HEALTH PLAN OF WA OPTIONS INC	R	834,779,075	PER AGREEMENT
KAISER FDN HEALTH PLAN OF WA OPTIONS INC	S	92,324,433	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF COLORADO	P	84,939	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN OF COLORADO	Q	332,049	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 FOUNDATION HEALTH PLAN OF COLORADO	S	354,258	PER AGREEMENT