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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
KAISER FOUNDATION HOSPITALS
% SVP CC AND CAO
Doing business as

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

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

D Employer identification number
94-1105628

E Telephone number
(510) 271-6611

G Gross receipts $ 34,612,956,981

F Name and address of principal officer
Bernard J Tyson
ONE KAISER PLAZA 15L
OAKLAND, CA 94612

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www kp org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1948

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
to provide high-quality, affordable health care services to improve the health of our members and the communities we serve

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	68,656
6	Total number of volunteers (estimate if necessary)	6	9,522
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-9,430,618
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	124,049,341	129,052,546
9	Program service revenue (Part VIII, line 2g)	19,263,269,123	21,069,505,713
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,298,634,050	1,289,506,426
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110,596,500	101,096,097
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,796,549,014	22,589,160,782
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	86,042,471	51,024,853
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,495,394,650	7,915,102,701
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,494,409,899	12,211,010,026
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,075,847,020	20,177,137,580
19	Revenue less expenses Subtract line 18 from line 12	2,720,701,994	2,412,023,202

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	42,837,008,991	43,991,189,809
21	Total liabilities (Part X, line 26)	26,427,878,874	24,717,068,061
22	Net assets or fund balances Subtract line 21 from line 20	16,409,130,117	19,274,121,748

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, my knowledge and belief, it is true, correct, and complete Declaration preparer has any knowledge

Sign Here

Signature of officer

ALFONSE L UPSHAW SVP, CC AND CAO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name ROBERT W FRIZ | Preparer's signature ROBERT W FRIZ

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's address ▶ 2001 MARKET ST SUITE 1800
PHILADELPHIA, PA 19103

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 17,091,695,614 including grants of $ 21,360,020) (Revenue $ 19,714,998,647)

Provides Hospital and Medical Care, Training and charity care Kaiser Foundation Hospitals (KFH) provides hospital, medical and surgical care, including emergency services, extended care and home health care without regards to age, sex, race, religion or national origin or the ability to pay KFH educates and trains medical students, physicians and other health care professionals and promotes scientific research and medical and nursing education in order to improve care for our members and our community KFH directly invests in improvements in community health by working to increase access for the underserved, disseminating care improvements, altering the social determinants of health and educating to improve health

4b (Code) (Expenses $ 166,951,538 including grants of $ 0) (Revenue $ 2,589,613)

Charity Care (Medical Financial Assistance and Charitable Health Coverage) Kaiser Foundation Hospitals (KFH) provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs KFH offers financial assistance through the MFA program to help families and individuals with a demonstrated financial need pay for all or part of the cost of emergency or medically necessary care provided in Kaiser Permanente facilities and/or by Kaiser Permanente providers In 2015, this program assisted approximately 154,000 qualifying applicants, including more than 27,000 patients who were not covered by a product offered by Kaiser Foundation Health Plan, Inc The CHC programs offer regular Kaiser Foundation Health Plan membership at minimal cost to low income families who are not eligible for other public or privately sponsored coverage Nearly 75,000 patients were receiving access to comprehensive health care through these programs at the end of 2015

4c (Code) (Expenses $ 1,831,056,083 including grants of $ 0) (Revenue $ 1,212,472,314)

Medicaid and Other Government Sponsored Programs Kaiser Foundation Hospitals (KFH) is committed to improving medical care for beneficiaries of Medicaid and other government sponsored programs, not only for Kaiser Foundation Health Plan, Inc members, but also within the communities we serve At the end of 2015, over 559,000 individuals were receiving access to inpatient and emergency care at KFHs facilities under Medicaid managed care programs in the states of California, Hawaii, Oregon, and Washington Approximately 159,000 more individuals were receiving treatment under the Childrens Health Insurance Program (CHIP) In addition, KFH provided health care on a fee-for-service basis for Medicaid beneficiaries who were not enrolled as Kaiser Foundation Health Plan, Inc members

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 336,517,765 including grants of $ 29,664,833) (Revenue $ 139,445,138)

4e **Total program service expenses ▶** 19,426,221,000

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	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*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2,748		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	68,656		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ BR , CI , CO , EZ , DA , GH , IN , ID , IS , KE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	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	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , GA , OR

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ 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 ▶SVP CC AND CAO ONE KAISER PLAZA 15L OAKLAND, CA 94612 (510) 271-6385

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								0	76,859,765	10,173,187

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 ▶ 27,093

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BARTECH GROUP INC, 27777 FRANKLIN RD SUITE 300 SOUTHFIELD, MI 48034	WORKFORCE MANAGEMENT	302,240,847
WORLD WIDE TECHNOLOGY INC, 60 WELDON PKWY MARYLAND HEIGHTS, MO 63043	IT data mgmt svcs	123,768,272
UCSF MEDICAL CENTER, PO BOX 39000 DEPT 3-9157 SAN FRANCISCO, CA 94137	MEDICAL SERVICES	121,145,977
BLACKSTONE CONSULTING INC, 11726 SAN VICENTE BLVD SUITE 550 LOS ANGELES, CA 90049	CONSULTANCY SVCS	100,799,638
HENSEL PHELPS CONSTRUCTION CO, 18850 VON KARMAN AVE SUITE 100 IRVINE, CA 92612	CONSTRUCTION SVCS	100,173,930

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 410

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	104,786			
	e Government grants (contributions)	1e	85,730,465			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	43,217,295			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		129,052,546			
Program Service Revenue		Business Code				
	2a HOSPITAL SERV REV	622110	18,343,646,864	18,343,646,864		
	b NON-PLAN & IND REV	622110	424,337,189	424,337,189		
	c OTHR PRGM SERV REV	622110	2,212,034,201	2,209,274,887	2,759,314	
	d MEDICARE PAYMENTS	622110	89,487,459	89,487,459		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		21,069,505,713			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		777,564,134		-14,485,033	792,049,167
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents	2,169,290				
	b Less rental expenses					
	c Rental income or (loss)	2,169,290	0			
	d Net rental income or (loss)		2,169,290			2,169,290
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	12,528,681,262	7,057,229			
	b Less cost or other basis and sales expenses	11,988,891,915	34,904,284			
	c Gain or (loss)	539,789,347	-27,847,055			
	d Net gain or (loss)		511,942,292			511,942,292
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA	722310	19,995,668			19,995,668
	b PARKING GARAGES	812930	10,368,049		279,855	10,088,194
	c KP ONCALL	622110	43,540,145		15,246	43,524,899
	d All other revenue		25,022,945		2,000,000	23,022,945
	e **Total.** Add lines 11a–11d		98,926,807			
	12 **Total revenue.** See Instructions		22,589,160,782	21,066,746,399	-9,430,618	1,402,792,455

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	49,726,650	49,726,650		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,115,500	1,115,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	182,703	182,703		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	473,100	450,144	22,956	
7 Other salaries and wages	5,392,268,787	5,130,618,826	261,649,961	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	958,578,741	912,065,464	46,513,277	
9 Other employee benefits	1,193,373,263	1,135,467,012	57,906,251	
10 Payroll taxes	370,408,810	352,435,401	17,973,409	
11 Fees for services (non-employees)				
a Management	0			
b Legal	536,220		536,220	
c Accounting	4,251,963		4,251,963	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	83,907,902		83,907,902	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	3,429,433		3,429,433	
13 Office expenses	2,133,134,541	2,029,628,096	103,506,445	
14 Information technology	486,625,768	463,013,144	23,612,624	
15 Royalties	0			
16 Occupancy	265,944,128	253,039,677	12,904,451	
17 Travel	16,458,283	15,659,675	798,608	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	12,299,889	11,703,059	596,830	
20 Interest	381,034,762	362,545,748	18,489,014	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	938,205,461	892,680,760	45,524,701	
23 Insurance	68,657,855	65,326,358	3,331,497	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CONTRACTUAL PAYMENTS	2,889,960,736	2,889,960,736		
b PURCHASED MEDICAL SERVICES	3,567,190,987	3,567,190,987		
c PURCHASED NON-MEDICAL SVC	457,057,530	434,879,651	22,177,879	
d EMPLOYEE DEVELOPMENT	5,349,135	5,089,578	259,557	
e All other expenses	896,965,433	853,441,831	43,523,602	
25 **Total functional expenses.** Add lines 1 through 24e	20,177,137,580	19,426,221,000	750,916,580	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		73,883,134	1	46,368,584
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		333,250,704	4	552,569,179
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		278,961,365	7	2,377,644,432
	8	Inventories for sale or use		488,939,104	8	482,564,328
	9	Prepaid expenses and deferred charges		223,828,854	9	383,779,393
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 32,315,781,371			
	b	Less accumulated depreciation	10b 15,138,990,306	17,119,878,704	10c	17,176,791,065
	11	Investments—publicly traded securities		18,363,951,477	11	15,636,401,919
	12	Investments—other securities See Part IV, line 11		4,912,501,313	12	6,240,562,228
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		1,041,814,336	15	1,094,508,681
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		42,837,008,991	16	43,991,189,809
Liabilities	17	Accounts payable and accrued expenses		3,410,387,618	17	3,028,076,389
	18	Grants payable		0	18	0
	19	Deferred revenue		2,941,770	19	2,678,507
	20	Tax-exempt bond liabilities		6,948,848,641	20	6,820,311,357
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		16,065,700,845	25	14,866,001,808
	26	**Total liabilities.** Add lines 17 through 25		26,427,878,874	26	24,717,068,061
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		65,587,702	31	51,598,437
	32	Retained earnings, endowment, accumulated income, or other funds		16,343,542,415	32	19,222,523,311
	33	Total net assets or fund balances		16,409,130,117	33	19,274,121,748
	34	Total liabilities and net assets/fund balances		42,837,008,991	34	43,991,189,809

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,589,160,782
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,177,137,580
3	Revenue less expenses Subtract line 2 from line 1	3	2,412,023,202
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,409,130,117
5	Net unrealized gains (losses) on investments	5	-508,005,325
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	960,973,754
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,274,121,748

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	336,517,765	including grants of $	29,664,833) (Revenue $	139,445,138)		

SEE part III, line 4a-d description

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			
Regina M Benjamin MD Director	3 0 8 0	X						0	111,068	
Thomas W Chapman EdD Director	3 5 11 5	X						0	227,466	18,000
Jeffrey E Epstein Director	3 0 4 5	X						0	214,672	
Daniel Garcia SVP, Chief Compliance Officer	21 0 29 0	X		X				0	1,530,525	100,746
William R Graber Director	2 5 5 0	X						0	255,742	
J Eugene Grigsby III PhD Director	2 5 5 5	X						0	226,900	
Leslie S Heisz Director	2 0 6 0	X						0	214,281	
David Hoffmeister Director	3 0 4 25	X						0	205,066	
Judith Johansen Director	3 0 5 5	X						0	242,558	
Kim J Kaiser Director	2 5 5 0	X						0	226,996	

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			
Philip A Marineau Director	2 3 4 14	X						0	226,213	
Edward Y W Pei Director	3 0 4 0	X						0	230,964	18,000
Margaret E Porfido Director	2 0 4 5	X						0	255,935	
Richard Shannon Director	2 0 3 5	X						0	226,500	
Cynthia A Telles PhD Director	3 0 4 5	X						0	251,566	
Bernard Tyson Chairman & CEO	12 0 38 0	X		X				0	5,863,794	176,225
Gregory Adams EVP, GP & Region Pres NCAL	22 0 28 0			X				0	2,244,288	316,73
Mary Ann Barnes Region President - Hawaii	50 0 0 0			X				0	739,672	63,70
Anthony Barrueta SVP, Government Relations	25 0 25 0			X				0	1,016,202	219,05
Raymond Baxter SVP, CB Research & Hlth Policy	25 0 25 0			X				0	1,577,088	97,58

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			
Vanessa Benavides SVP, Chief Comp & Priv Officer	10 0 40 0			X				0	415,215	46,53
Charles Bevilacqua SVP,KFHP Products, Svc & Admin	0 0 50 0			X				0	1,107,087	197,25
Maryann Bodayle assistant secretary	22 0 28 0			X				0	168,202	19,33
Benjamin Chu EVP,GP & Region President SCAL	25 0 25 0			X				0	5,976,647	87,71
Charles Columbus SVP, Chief HR Officer	25 0 25 0			X				0	2,018,941	317,68
Patrick Courneya EVP, CMO	25 0 25 0			X				0	704,618	332,55
Richard Daniels EVP, CIO	2 0 48 0			X				0	1,503,771	262,05
Sandra Golze assistant secretary, ncal	25 0 25 0			X				0	518,038	117,96
Kimberly Horn Region President - MAS	0 0 50 0			X				0	1,059,278	450,95
Kerry Kohnen Region President - Georgia	10 0 40 0			X				0	1,213,999	61,50

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			
Kathryn Lancaster EVP & CFO	14 0 36 0			X				0	2,591,094	217,75
Donna Lynne EVP, GP & Region Pres - CO	18 0 32 0			X				0	1,560,663	965,78
Andrew McCulloch Region President - Northwest	25 0 25 0			X				0	1,168,149	438,83
Thomas Meier SVP, Corporate Treasurer	17 0 33 0			X				0	1,016,347	73,59
Julie Miller-Phipps Region President - GA	0 0 50 0			X				0	891,046	59,59
Donald Orndoff SVP, NFS	15 0 35 0			X				0	1,197,707	190,25
Wade Overgaard SVP, Health Plan Ops - CA	1 0 49 0			X				0	1,134,730	75,69
Frank Richardson assistant secretary, hawaii	25 0 25 0			X				0	360,882	69,85
Rochelle Roth assistant secretary	10 0 40 0			X				0	287,101	56,05
Jacqueline Sellers assistant secretary	25 0 25 0			X				0	277,974	50,09

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			
Arthur Southam EVP, Health Plan Operations	5 0 45 0			X				0	2,839,616	98,49
Deborah Stokes SVP, Controller & CAO	16 5 33 5			X				0	862,251	64,24
Paul Swenson SVP & Chief Strategy Officer	0 0 50 0			X				0	1,160,660	207,61
Cesar Villalpando SVP, Enterprise Shared Svcs	25 0 25 0			X				0	1,102,703	178,34
Nancy Wollen SVP, Chief Operating Officer	0 0 50 0			X				0	588,139	133,77
Carlos Zaragoza assistant secretary, scal	25 0 25 0			X				0	546,602	103,19
Victoria Zatkin VP, Off of Brd & Corp Gov Svcs	14 0 36 0			X				0	457,349	83,73
Mark Zemelman SVP, General Counsel & Secy	20 0 30 0			X				0	1,599,287	159,41
Derrick Billings SVP, Hosp & Area Ops - NCAL	50 0 0 0				X			0	989,289	298,93
Odette Bolano SVP & Area Manager - East Bay	50 0 0 0				X			0	562,603	232,02

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			
Christopher Boyd SVP & Area Mgr - Santa Clara	50 0 0 0				X			0	726,621	127,69
Michael Brady SVP, Infrastructure Mgmt Group	50 0 0 0				X			0	659,907	32,05
William Caswell SVP, Operations	50 0 0 0				X			0	866,657	157,83
Greg Christian SVP, Area Manager - Fontana	50 0 0 0				X			0	572,158	115,93
Judith Coffey SVP & Area Mgr - Marin/Sonoma	50 0 0 0				X			0	580,401	77,61
Jeffrey Collins SVP & Area Manager - Roseville	50 0 0 0				X			0	707,925	117,33
Mark Costa SVP, Area Mgr - Orange County	50 0 0 0				X			0	651,541	133,40
Elizabeth Finley SVP, Area Manager - San Diego	50 0 0 0				X			0	892,244	61,56
Deborah Friberg SVP, Area Mgr - Central Valley	50 0 0 0				X			0	476,514	57,49
Corwin Harper SVP & Area Mgr - Napa/Solano	50 0 0 0				X			0	557,934	121,68

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			
Janet Liang SVP & COO - NCAL	25 0 25 0				X			0	1,754,988	167,28
Gerald McCall SVP Operations	50 0 0 0				X			0	953,563	69,58
Colleen McKeown SVP & Area Mgr - Diablo	50 0 0 0				X			0	578,573	193,14
Christine Robisch SVP, CAO - NCAL	50 0 0 0				X			0	588,104	119,66
Nirav Shah SVP, COO Clinical Operations	50 0 0 0				X			0	673,613	89,01
Max Villalobos COO - North County	50 0 0 0				X			0	612,706	77,84
George DiSalvo SVP-CFO, SCAL	20 0 30 0				X			0	1,139,487	226,45
Michael Rowe SVP, CFO - NCAL	20 0 30 0				X			0	1,452,698	176,32
Claudio F Abreu SVP, Regional IT Operations	50 0 0 0					X		0	1,093,878	158,77
Lisa L Caplan SVP, Bus Info Off - Care Del	50 0 0 0					X		0	796,930	170,20

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			
Diane Comer SVP, Buss Info Officer - KFHP	50 0 0 0					X		0	889,537	184,40
Angela Yee Fong Staff Charge Nurse IV	50 0 0 0					X		0	750,670	56,97
Kathleen Marie Scheirman SVP, Application Svcs Group	50 0 0 0					X		0	1,078,362	194,85
Erin Downing Special Assistant to the Board	0 0 50 0						X	0	134,369	17,57
Jerry C Fleming SVP, Health Reform Implementat	12 0 18 0						X	0	709,814	315,21
Diane Gage-Lofgren SVP, Brand Mgmt & Comm	0 0 0 0						X	0	346,833	22,89
Mitchell Goodstein SVP, Actuarial, U/W & Pricing	0 0 0 0						X	0	621,696	
Marilyn Kawamura Region President - MAS	0 0 0 0						X	0	100,855	
Patricia Kennedy-Scott Region President - Ohio	0 0 0 0						X	0	157,724	23,40
Jed Weissberg SVP, Quality & Care Del Excel	0 0 0 0						X	0	378,198	-24,80

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			
Steven Zatkin SVP, General Counsel & Secy	0.0 0.0						X	0	261,259	0
Frank Beirne SVP & Area Mgr - San Mateo	50.0 0.0						X	0	508,748	-70,21
Virginia Campbell SVP & Area Mgr - Diablo	0.0 0.0						X	0	121,493	32,37
Thomas Hanenburg SVP & Area Mgr - GSAA	50.0 0.0						X	0	561,507	118,95
Nathaniel Oubre VP, CA MediCal, CHIP & CHC	50.0 0.0						X	0	573,324	67,14
Sandra Small SVP, Hospital & Area Ops	0.0 0.0						X	0	330,573	0
Vita Willett SVP, Area Manager - Riverside	50.0 0.0						X	0	633,223	118,89
Edward Glavis SVP & Area Mgr - Roseville	50.0 0.0						X	0	397,654	3,72

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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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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)*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

		Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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*	2a		
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? *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*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Return Reference	Explanation

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		962,875,748		962,875,748
b Buildings		21,966,386,760	9,313,171,372	12,653,215,388
c Leasehold improvements		238,314,836	178,206,083	60,108,753
d Equipment		3,431,847,441	2,508,465,613	923,381,828
e Other		5,716,356,586	3,139,147,238	2,577,209,348
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				17,176,791,065

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) ABSOLUTE RETURN FUNDS	2,235,526,503	F
(B) PRIVATE EQUITY FUNDS	3,197,881,243	F
(C) RISK PARITY FUNDS	807,154,482	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	6,240,562,228	

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
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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO RELATED ENTITIES	6,282,657,451
RESERVE FOR WORKERS COMP RISKS	457,894,122
RESERVE FOR PROF/PUBLIC LIAB	224,555,840
RESERVE FOR SELF-INS RISK AUTO	125,000
POST RETIREMENT LIABILITIES	6,483,137,372
OTHER LONG-TERM LIABILITIES	417,031,275
OTHER CURRENT LIABILITIES	835,655,478
BROKER PAYABLES	164,945,270
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	14,866,001,808

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X	ASC 740 Footnote The organization's financial statements do not include a footnote under ASC 740

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
DUE TO RELATED ENTITIES	6,282,657,451
RESERVE FOR WORKERS COMP RISKS	457,894,122
RESERVE FOR PROF/PUBLIC LIAB	224,555,840
RESERVE FOR SELF-INS RISK AUTO	125,000
POST RETIREMENT LIABILITIES	6,483,137,372
OTHER LONG-TERM LIABILITIES	417,031,275
OTHER CURRENT LIABILITIES	835,655,478
BROKER PAYABLES	164,945,270

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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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					6,214,755,000
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					6,214,755,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)			Europe (Including Iceland and Greenland)	Research Grant	90,303				
(2)			North America	Research Grant	26,990				
(3)			East Asia and the Pacific	Research Grant	65,410				
(4)									

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

3 Enter total number of other organizations or entities . . . . . ▶

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Additional Data

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

Part V **Supplemental Information**

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America			Investments		88,896,000
East Asia and the Pacific			Investments		155,899,000
Europe (Including Iceland and Greenland)			Investments		327,253,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Investments		5,740,000
South Asia			Investments		4,115,000
Sub-Saharan Africa			Investments		3,432,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		5,629,420,000

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	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			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☐ Other 350 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ____ %			
c	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			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	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)			166,951,540	2,589,614	164,361,926	0 810 %
b Medicaid (from Worksheet 3, column a)			1,781,308,400	1,165,164,716	616,143,684	3 050 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			49,747,683	47,307,598	2,440,085	0 010 %
d **Total** Financial Assistance and Means-Tested Government Programs			1,998,007,623	1,215,061,928	782,945,695	3 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			42,241,096		42,241,096	0 210 %
f Health professions education (from Worksheet 5)			114,885,028	19,458,777	95,426,251	0 470 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			120,860,695	91,120,247	29,740,448	0 150 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			29,664,833		29,664,833	0 150 %
j **Total.** Other Benefits			307,651,652	110,579,024	197,072,628	0 980 %
k **Total.** Add lines 7d and 7j			2,305,659,275	1,325,640,952	980,018,323	4 850 %

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
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	140,053,895		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	214,695,725		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	314,010,826		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-99,315,101		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **38**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group KFH - ANTIOCH

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 31

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //WWW KP ORG/CHNA			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - ANTIOCH

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - ANTIOCH

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - FRESNO

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 30

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - FRESNO

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - FRESNO

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - ANAHEIM

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 10

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - ANAHEIM

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - ANAHEIM

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - BALDWIN PARK

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 21

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - BALDWIN PARK

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - BALDWIN PARK

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - DOWNEY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - DOWNEY

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - DOWNEY

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - FONTANA

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - FONTANA

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - FONTANA

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - IRVINE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 18

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - IRVINE

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - IRVINE

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - LOS ANGELES

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - LOS ANGELES

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - LOS ANGELES

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - MANTECA

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 38

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - MANTECA

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - MANTECA

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - MORENO VALLEY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 36

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - MORENO VALLEY

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - MORENO VALLEY

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - ONTARIO

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 23

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - ONTARIO

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - ONTARIO

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - PANORAMA CITY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 27

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - PANORAMA CITY

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - PANORAMA CITY

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - REDWOOD CITY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 26

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - REDWOOD CITY

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - REDWOOD CITY

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - RIVERSIDE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 15

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - RIVERSIDE

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - RIVERSIDE

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - ROSEVILLE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 9

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - ROSEVILLE

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - ROSEVILLE

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SACRAMENTO

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 16

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - SACRAMENTO

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SACRAMENTO

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SAN DIEGO

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - SAN DIEGO

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SAN DIEGO

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SAN FRANCISCO

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 13

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - SAN FRANCISCO

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SAN FRANCISCO

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SAN JOSE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 20

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - SAN JOSE

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SAN JOSE

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SAN RAFAEL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 34

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - SAN RAFAEL

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SAN RAFAEL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SANTA CLARA

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - SANTA CLARA

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SANTA CLARA

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SANTA ROSA

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 25

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - SANTA ROSA

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SANTA ROSA

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SOUTH BAY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 17

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - SOUTH BAY

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SOUTH BAY

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SOUTH SACRAMENTO

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 14

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - SOUTH SACRAMENTO

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SOUTH SACRAMENTO

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SOUTH SAN FRANCISCO

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 33

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - SOUTH SAN FRANCISCO

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SOUTH SAN FRANCISCO

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - VACAVILLE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 32

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - VACAVILLE

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - VACAVILLE

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - VALLEJO

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - VALLEJO

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - VALLEJO

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - WALNUT CREEK

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 11

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - WALNUT CREEK

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - WALNUT CREEK

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - WEST LOS ANGELES

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 22

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - WEST LOS ANGELES

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - WEST LOS ANGELES

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - WOODLAND HILLS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 19

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - WOODLAND HILLS

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/scal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/scal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/scal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - WOODLAND HILLS

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - FREMONT

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 35

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - FREMONT

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - FREMONT

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - MODESTO

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 28

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
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	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - MODESTO

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - MODESTO

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - OAKLAND

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
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	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - OAKLAND

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - OAKLAND

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - RICHMOND

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 37

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - RICHMOND

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - RICHMOND

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SUNNYSIDE Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - SUNNYSIDE Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) kp org/mfa/nw			
b	☐ The FAP application form was widely available on a website (list url) kp org/mfa/nw			
c	☐ A plain language summary of the FAP was widely available on a website (list url) kp org/mfa/nw			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SUNNYSIDE Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KAISER WESTSIDE MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 29

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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 WESTSIDE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) kp org/mfa/nw			
b	☐ The FAP application form was widely available on a website (list url) kp org/mfa/nw			
c	☐ A plain language summary of the FAP was widely available on a website (list url) kp org/mfa/nw			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KAISER WESTSIDE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - HONOLULU

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

			Yes	No
Community Health Needs Assessment				
1	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?	**1**		No
2	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	**2**		No
3	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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) http //www kp org/chna			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) http //www kp org/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	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			
12a	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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

KFH - HONOLULU

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) www kp org/mfa/hawaii			
b	☐ The FAP application form was widely available on a website (list url) www kp org/mfa/hawaii			
c	☐ A plain language summary of the FAP was widely available on a website (list url) www kp org/mfa/hawaii			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - HONOLULU

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group KFH - SAN LEANDRO

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 24

			Yes	No
Community Health Needs Assessment				
1	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?	1	Yes	
2	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	2		No
3	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url) HTTP //WWW KP ORG/CHNA			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //WWW KP ORG/CHNA			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	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			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

KFH - SAN LEANDRO

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy 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	☐ The FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
b	☐ The FAP application form was widely available on a website (list url) http //www kp org/mfa/ncal			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www kp org/mfa/ncal			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

KFH - SAN LEANDRO

Name of hospital facility or letter of facility reporting group

			Yes	No
19	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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	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)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21	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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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

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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

Form and Line Reference	Explanation

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? **8**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
1 - Part I Line 3c	********** There are three distinct eligibility criterion for free care under KPs medical financial assistance policy, (1) means tested (income-based), (2) high medical expenses and (3) situations where the patient has been prequalified Means-tested A patient of a household income less than or equal to KFHs means testing criteria as a percentage of the Federal Poverty Guidelines (FPG) is eligible for financial assistance Note Assets are not used in income-based criteria High Medical Expenses 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 KFHs high medical expense criteria as a percentage of annual household income is eligible for financial assistance Prequalification A patient is presumed to meet the program eligibility criteria and is not required to provide personal, financial and other information to verify financial status when he or she is 1 Is enrolled in a Community MFA (CMFA) program to which patients have been referred and prequalified through (1) federal, state or local government, (2) a partnering community-based organization, or (3) at a KFH sponsored community health event, or 2 Is enrolled in a KP Community Benefit program designed to support access to care for low-income patients and prequalified by designated KFH/HP personnel, or 3 Is enrolled in a credible means-tested health coverage program (e g , Medicare Low Income Subsidy Program), or 4 Was granted a prior medical financial assistance award within the last 30 days 1 - Part I Line 7 ********** The losses attributed to providing charity care (medical financial assistance and charitable health coverage) and participation in select government or community sponsored health coverage programs are calculated using a cost-based methodology for patients in those programs The cost-based loss is generated through the standard systems used to report on market segments for KFHP/KFH's commercial business lines In order to calculate the percentages reported in column (f) bad debt was excluded

Form and Line Reference	Explanation
1 - Part III Line 4	********** The financial statements do not include a footnote related to bad debt expense However, on the financial statements, the bad debt expense is included in the patient service revenue Patient services revenue is included in copays, deductibles, fees, and other revenue in the statement of operations and is recognized as services are rendered Bad debt expense related to patient services revenue is calculated based on historical bad debt experience and recorded as an offset to patient services revenue (net of contractual allowances, charity care, and discounts)

Form and Line Reference	Explanation
1 - Part III Line 8	********** 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

Form and Line Reference	Explanation
1 - Part III Line 9b	********** When a patient/guarantor indicates an inability to pay (charity care), the patient/guarantor will be evaluated for charity care in accordance with established criteria outlined in the Medical Financial Assistance (MFA) Program In addition, outside collection agencies will cancel and return on a retrospective basis any accounts that either would have qualified or now qualify for charity care according to the criteria outlined in the MFA Program

Form and Line Reference	Explanation
2 - needs assessment	********** IN CALIFORNIA, OREGON AND HAWAII, EACH KFH MEDICAL CENTER IS REQUIRED TO CONDUCT A COMMUNITY NEEDS ASSESSMENT EVERY THREE YEARS THE ASSESSMENTS MAY BE CONDUCTED INDIVIDUALLY BY EACH HOSPITAL OR IN COLLABORATION WITH OTHER HOSPITALS, COMMUNITY-BASED AGENCIES AND PUBLIC SERVICE ORGANIZATIONS EACH NEEDS ASSESSMENT PROVIDES A SUMMARY OF THE NEEDS ASSESSMENT PROCESS UNDERTAKEN INCLUDING THE METHODOLOGIES AND DATA SOURCES UTILIZED, INDIVIDUALS AND ORGANIZATIONS CONSULTED, A COMPLETE LISTING OF THE NEEDS IDENTIFIED AND DESCRIPTION OF THE METHOD USED TO PRIORITIZE NEEDS FOR INCLUSION IN THE INDIVIDUAL COMMUNITY BENEFIT PLANS THE MOST RECENT NEEDS ASSESSMENTS WERE COMPLETED IN 2013

Form and Line Reference	Explanation
3 - patient education of eligibility for assistance	********** IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON, INFORMATION REGARDING ASSISTANCE IS WIDELY AVAILABLE TO PATIENTS AND THE GENERAL PUBLIC AS WELL AS HEALTH PLAN MEMBERS THROUGHOUT THE FACILITY THE AVAILABILITY AND CONTACT INFORMATION ABOUT KAISER PERMANENTE'S MEDICAL FINANCIAL ASSISTANCE PROGRAM (MFAP) ARE POSTED IN THE EMERGENCY DEPARTMENTS, BILLING AND ADMITTING OFFICES AND HOSPITAL-BASED OUTPATIENT DEPARTMENTS KAISER PERMANENTE PHYSICIANS AND STAFF ARE ALSO A SOURCE OF INFORMATION FOR PATIENTS REQUESTING MEDICAL FINANCIAL ASSISTANCE INFORMATION IS ALSO PUBLICLY POSTED ON OUR WEBSITES AND IN PUBLIC ENTRANCES OF HOSPITALS, MEDICAL OFFICE BUILDINGS, URGENT CARE AND OUTPATIENT PHARMACIES IN ADDITION, MFAP INFORMATION CAN ALSO BE FOUND ON THE PUBLICLY ACCESSIBLE KP WEB SITE ALL PATIENTS IDENTIFIED AS "SELF PAYWHO HAVE RECEIVED CARE IN A KAISER PERMANENTE EMERGENCY DEPARTMENT OR HOSPITAL-BASED OUTPATIENT DEPARTMENT ARE REQUIRED TO RECEIVE A MEDICAL FINANCIAL ASSISTANCE BROCHURE WHICH CONTAINS ELIGIBILITY INFORMATION ON THE CHARITY CARE PROGRAMS THE PROGRAM POLICY, BROCHURE (PLAIN LANGUAGE SUMMARY) AND APPLICATION ARE AVAILABLE WITHOUT CHARGE IN ENGLSIH AS WELL AS ALL THE LANGUAGES THAT MEET THE LIMITED ENGLISH PROFICIENCY POPULATON 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

Form and Line Reference	Explanation
4 - community information	********** KFH SERVES COMMUNITIES IN CALIFORNIA, HAWAII, AND OREGON THE COMMUNITIES WE SERVE ARE DIVERSE AND INCLUDE BOTH LESS POPULOUS AND DENSELY POPULATED CITIES AND COUNTIES OUR COMMUNITIES ARE DIVERSE IN MANY WAYS INCLUDING INCOME, RATE OF UNINSURED, HIGH SCHOOL GRADUATION AND LIMITED ENGLISH PROFICIENCY OUR FACILITIES AND THE PEOPLE WHO WORK WITHIN THEM ARE LOCATED WITHIN, AND ARE PART OF OUR COMMUNITIES KFH owns and operates 38 licensed hospitals, including five licensed hospitals with multiple campuses in California, Hawaii and Oregon In California, KFH medical centers are located in the cities of Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Harbor City, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Rafael, Santa Clara, Santa Rosa, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills In Hawaii, the Moanalua Medical Center is located in the City of Honolulu on the island of Oahu In Oregon, the Sunnyside Medical Center is located in the City of Clackamas and Kaiser westside medical center in Hillsboro Ncal scal Hawaii nw ---- ---- ------ -- Total population in area (mil)* 11 7 21 6 1 3 3 3 Median Household Income**** $76,802 $60,998 $72,019 $61,291 % below 200% FPL***** 31 29 37 96 25 94 34 6% below 100% fpl* 14 4 16 9 11 4 15 7% w/o public or private health ins* 12 52 18 88 6 57 13 51% Population Age 5+ with limited English Proficiency* 16 65 21 84 12 62 6 84 High School Graduation Rate** 82 83** 82 61** 82**^ 85 9**^ Unemployment Rate (%)*** 6 6 7 6 5 6 4 (SOURCE US CENSUS 2010 AMERICAN COMMUNITY SURVEY S2701, CPO3, AND DP03 LIMITED TO APPROXIMATE KAISER SERVICE AREAS (MSA) IN EACH OF THE 4 REGIONS (INCLUDES THE ENTIRE STATE OF HAWAII) * US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 2010-14 ** CALIFORNIA DEPARTMENT OF EDUCATION 2013 **^ US Department of Education, EDFacts Accessed via DATA GOV Additional data analysis by CARES 2013-14 *** US DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS 2016 - JUNE **** KAISER PERMANENTE UTILITY FOR CARE DATA ANALYSIS, GEMS MEMBER & POPULATION DEMOGRAPHICS REPORT, Q1 2016 ***** US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 2010-14 KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY AND PROMOTION OF COMMUNITY HEALTH Since our beginnings, we have been committed to helping shape the future of health care Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health KFH is committed to the belief that good health is a fundamental right shared by all, and we recognize that good health extends beyond the doctor's office and the hospital Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach We go beyond traditional corporate philanthropy or grant-making to leverage financial resources with medical research, physician expertise, and clinical practices Historically, we have focused our investments in three areas-Health Access, Healthy Communities, and Health Knowledge-to address critical health issues in our communities For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence We have conducted Community Health Needs Assessments (CHNA) to better understand each community's unique needs and resources The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change-and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health THE KFHP/KFH BOARD HAS A STANDING COMMUNITY BENEFIT COMMITTEE OF THE BOARD OF DIRECTORS TO OVERSEE THE PROGRAM-WIDE COMMUNITY BENEFIT PROGRAM KAISER PERMANENTE ALSO HAS A NATIONAL EXECUTIVE OF KFHP AND KFH TO LEAD KAISER PERMANENTE'S COMMUNITY BENEFIT PROGRAM AS A FULL-TIME ASSIGNMENT RAYMOND J BAXTER, PHD IS THE SENIOR VICE PRESIDENT FOR COMMUNITY BENEFIT, RESEARCH AND HEALTH CARE POLICY REPORTING TO THE CEO AND CHAIRMAN OF THE BOARD

Form and Line Reference	Explanation
5 - promotion of community health	********** KFH's principal purpose is to provide hospital, medical, and surgical care, including emergency services, extended care and home health care to members of the public without regard to age, sex, race, religion or national origin, or to the individual's ability to pay KFH SHARES THE KAISER PERMANENTE MISSION, OF PROVIDING AFFORDABLE HIGH QUALITY HEALTH CARE TO OUR MEMBERS, AND IMPROVING THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE KFH's general community benefits include Emergency departments - KFH operates full-time emergency departments in each of its 38 licensed hospitals, including five licensed hospitals with multiple campuses in California, Hawaii and Oregon Emergency medical services are available to all individuals regardless of their ability to pay Care provided to all patients - Hospital care is provided to individuals with health care coverage from any private or government-sponsored health plan, insured and uninsured referrals from safety net and other public health partnerships, and uninsured patients admitted through the emergency department Open Medical Staff Privileges - Staff privileges in the hospitals are available to community practitioners who are not affiliated with a Permanente Medical Group Reinvestment of Surplus Revenues - KFHP pays KFH for hospital services and surplus revenues are reinvested IN THE furtherance OF THE EXEMPT PURPOSE, for capital replacement or expansion of facilities and equipment, debt amortization, improvement in patient care and services, and other community benefit services including charity care, medical education and research In addition, KFH is committed to operating to intentionally protect and preserve the environment and scarce resources Poor environmental quality contributes to disease and economic insecurity Kaiser Foundation Hospitals has therefore committed itself to protecting and improving the natural environment as a key component of our mission to improve healthcare quality and affordability To fulfill this commitment, Kaiser Foundation Hospitals maintains a structure for environmental stewardship that enables the organization to continuously improve its environmental performance This structure includes clearly defined roles, responsibilities, plans and routines, and has resulted in five organization-wide focus areas that have been selected based on their ability to have the most impact on the environmental forces that shape environmental- and human-health 1 Finding safe alternatives to harmful industrial chemicals 2 Responding to climate change 3 Promoting sustainable farming and food choices 4 Reducing, reusing, and recycling to eliminate waste 5 Conserving water In each of these focus areas, Kaiser Foundation Hospitals has established ambitious goals, implemented initiatives, achieved measurable improvements, and regularly reported progress to our Board of Directors, our staff, and the communities we serve

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

Form and Line Reference	Explanation
7 - state filing of community benefit report	********** KFH annually prepares and submits a Consolidated Community Benefit Plan to the California Office of Statewide Health Planning and Development in compliance with Health and Safety Code Section 127340 et seq The consolidated plan includes a hospital-specific community benefit plan for each individual medical center campus in California KFH also annually prepares and submits a comprehensive Community benefit report to the Department of Human Services, Office for Oregon Health Policy and Research for the Sunnyside Medical Center located in the City of Clackamas

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
38

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	KAISER FDN HOSPITAL - LOS ANGELES 4867 SUNSET BLVD LOS ANGELES,CA 90027 http //www kp org 9300077	X	X		X		X	X			
2	KAISER FOUNDATION HOSPITAL- SAN DIEGO 4647 ZION AVE SAN DIEGO,CA 92120 http //www kp org 800062	X	X		X		X	X			
3	KAISER FOUNDATION HOSPITAL - FONTANA 9961 SIERRA AVE FONTANA,CA 92335 http //www kp org 2400159	X	X		X		X	X			
4	KAISER FDN HOSP - SUNNYSIDE MED CTR 10180 SOUTHEAST SUNNYSIDE RD CLACKAMAS,OR 97105 http //www kp org 1073	X	X		X			X			
5	KAISER FOUNDATION HOSPITAL - HONOLULU 3288 MOANALUA RD HONOLULU,HI 96819 http //www kp org OHCA#31-H	X	X		X			X			
6	KAISER FDN HOSPITAL - SANTA CLARA 700 LAWRENCE EXPRESSWAY SANTA CLARA,CA 95051 http //www kp org 70000661	X	X		X		X	X			
7	KAISER FOUNDATION HOSPITAL - OAKLAND 275 W MACARTHUR BLVD OAKLAND,CA 94611 http //www kp org 140000052	X	X		X		X	X			
8	KAISER FOUNDATION HOSPITAL - DOWNEY 9333 IMPERIAL HIGHWAY DOWNEY,CA 90242 http //www kp org 930000078	X	X		X		X	X			
9	KAISER FOUNDATION HOSPITAL- ROSEVILLE 1600 EUREKA RD ROSEVILLE,CA 95661 http //www kp org 30000052	X	X		X		X	X			
10	KAISER FOUNDATION HOSPITAL - ANAHEIM 441 N LAKEVIEW AVE ANAHEIM,CA 92807 http //www kp org 600091	X	X		X		X	X			

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
38

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
11	KAISER FDN HOSPITAL - WALNUT CREEK 1425 S MAIN ST WALNUT CREEK,CA 94596 http //www kp org 140000290	X	X		X		X	X			
12	KAISER FOUNDATION HOSPITAL - VALLEJO 975 SERENO DR VALLEJO,CA 94589 http //www kp org 110000026	X	X		X		X	X			
13	KAISER FDN HOSPITAL - SAN FRANCISCO 2425 GEARY BLVD SAN FRANCISCO,CA 94115 http //www kp org 220000188	X	X		X		X	X			
14	KAISER FDN HOSPITAL- SOUTH SACRAMENTO 6600 BRUCEVILLE RD SOUTH SACRAMENTO,CA 95823 http //www kp org 30000228	X	X		X		X	X			
15	KAISER FOUNDATION HOSPITAL-RIVERSIDE 10800 MAGNOLIA AVE RIVERSIDE,CA 92505 http //www kp org 2500327	X	X		X		X	X			
16	KAISER FDN HOSPITAL - SACRAMENTO 2025 MORSE AVE SACRAMENTO,CA 95825 http //www kp org 30000052	X	X		X		X	X			
17	KAISER FDN HOSPITAL - HARBOR CITY 25825 S VERMONT AVE HARBOR CITY,CA 90710 http //www kp org 9300079	X	X		X		X	X			
18	KAISER FOUNDATION HOSPITAL - IRVINE 6640 ALTON PARKWAY IRVINE,CA 92618 http //www kp org 600091	X	X		X		X	X			
19	KAISER FDN HOSPITAL - WOODLAND HILLS 5601 DE SOTO AVE WOODLAND HILLS,CA 91367 http //www kp org 9300358	X	X		X		X	X			
20	KAISER FOUNDATION HOSPITAL - SAN JOSE 250 HOSPITAL PARKWAY SAN JOSE,CA 95119 http //www kp org 70000117	X	X		X		X	X			

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
38

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
21	KAISER FDN HOSPITAL - BALDWIN PARK 1011 BALDWIN PARK BLVD BALDWIN PARK,CA 91706 http //www kp org 9300920	X	X		X		X	X			
22	KAISER FDN HOSPITAL - W LOS ANGELES 6041 CADILLAC AVE LOS ANGELES,CA 90034 http //www kp org 9300081	X	X		X		X	X			
23	KAISER FOUNDATION HOSPITAL - ONTARIO 2295 S VINEYARD AVE ONTARIO,CA 91761 http //www kp org 240000159	X	X		X			X			
24	KAISER FDN HOSPITAL - SAN LEANDRO 2500 MERCED ST SAN LEANDRO,CA 94577 http //www kp org 550002678	X	X		X		X	X			
25	KAISER FDN HOSPITAL - SANTA ROSA 401 BICENTENNIAL WAY SANTA ROSA,CA 95403 http //www kp org 110000213	X	X		X		X	X			
26	KAISER FDN HOSPITAL - REDWOOD CITY 1100 VETERANS BLVD REDWOOD CITY,CA 94063 http //www kp org 220000021	X	X		X		X	X			
27	KAISER FDN HOSPITAL - PANORAMA CITY 13652 CANTARA ST PANORAMA CITY,CA 91402 http //www kp org 9300080	X	X		X		X	X			
28	KAISER FOUNDATION HOSPITAL - MODESTO 4601 DALE RD MODESTO,CA 95356 http //www kp org 030000393	X	X		X			X			
29	KAISER WESTSIDE MEDICAL CENTER 2875 NW STUCKI ROAD HILLSBORO,OR 97124 http //www kp org 14-1472	X	X		X			X			
30	KAISER FOUNDATION HOSPITAL - FRESNO 7300 N FRESNO ST FRESNO,CA 93720 http //www kp org 040000384	X	X		X		X	X			

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
38

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
31	KAISER FOUNDATION HOSPITAL - ANTIOCH 4501 SAND CREEK RD ANTIOCH,CA 94531 http //www kp org 550000614	X	X		X		X	X			
32	KAISER FOUNDATION HOSPITAL-VACAVILLE 1 QUALITY DR VACAVILLE,CA 95688 http //www kp org 550001207	X	X		X		X	X			
33	KAISER FDN HOSP - SOUTH SAN FRANCISCO 1200 EL CAMINO REAL SOUTH SAN FRANCISCO,CA 94080 http //www kp org 220000022	X	X		X		X	X			
34	KAISER FDN HOSPITAL - SAN RAFAEL 99 MONTECILLO RD SAN RAFAEL,CA 94903 http //www kp org 110000357	X	X		X		X	X			
35	KAISER FOUNDATION HOSPITAL - FREMONT 39400 PASEO PADRE PARKWAY FREMONT,CA 94538 http //www kp org 140000053	X	X		X		X	X			
36	KAISER FDN HOSPITAL - MORENO VALLEY 27300 IRIS AVE MORENO VALLEY,CA 92555 http //www kp org 550000810	X	X		X		X	X			
37	KAISER FOUNDATION HOSPITAL - RICHMOND 901 NEVIN ST RICHMOND,CA 94801 http //www kp org 140000052	X	X		X		X	X			
38	KAISER FOUNDATION HOSPITAL - MANTECA 1777 W YOSEMITE AVE MANTECA,CA 95336 http //www kp org 030000393	X	X		X			X			

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
KFH - LOS ANGELES EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was g athered through focus groups and key informant interviews LINE 6A KFH-Baldwin Park, KFH- West Los Angeles, Citrus Valley Medical Center Line 6b 211 Los Angeles County, A Window Between Worlds, AIDS Project Los Angeles, Alexandria House, Alliance for Housing and Heali ng, Alzheimer's Association, California Southland Chapter, American Heart Association, Ang elus Plaza, Ascencia, Asian Pacific Health Care Venture, Aviva Family and Children's Servi ces, Bienvenidos Children's Center, Inc , Boys and Girls Club of Hollywood, Boys and Girls Club of Pasadena, California Children's Medical Services, CASA of Los Angeles, Center for Oral Health, Center for the Pacific Asian Family, Children's Hospital Los Angeles, Chinat own Service Center, CoachArt, Coalition for Humane Immigrant Rights of Los Angeles, Commun ity Clinic Association of Los Angeles County, Community Health Alliance of Pasadena, Commu nity Health Councils, Inc , CONTRA-TIEMPO, Covenant House California-Los Angeles, Didi Hir sh Mental Health Services, Early Identification and Intervention Collaborative for Los Ang eles County, East Los Angeles Women's Center, Eisner Pediatric and Family Medical Center, El Centro del Pueblo, Esperanza Community Housing Corporation (Promotoras), Familia Unida Living with Multiple Sclerosis, Filipino American Service Group Inc (FASGI), Gay Lesbian Elder Housing, Hamburger Home, dba Aviva Family and Children's Services, Hathaway-Sycamore s Child and Family Services, Healthy City, HEAR Center, Heart of Los Angeles Youth, Inc (HOLA), Hollywood Community Housing Corporation, Hollywood Sunset Free Clinic, Hollywood Wi lshire YMCA, JWCH Institute, Inc , Kids' Community Clinic of Burbank, Korean American Fami ly Service Center, Korean Health Education Information & Research Center, LA Conservation Corps, LACER After-School Programs, Latino Diabetes Association, LAUSD/Student Health and Human Services, Living Advantage, Los Angeles Child Guidance Clinic, Los Angeles County De partment of Health Services, Los Angeles County Department of Mental Health (DMH), Los Ang eles County Department of Public Health, Maternal, Child and Adolescent Health Programs, L os Angeles County Emergency Medical Services (EMS), Los Angeles Neighborhood Land Trust, L os Angeles Unified School District (LAUSD), Los Angeles Youth Network, Maternal and Child Health Access, P F Bresee Foundation, Pacific Clinics, Planned Parenthood Los Angeles, PRO TOTYPES Centers for Innovation in Health, Mental Health and Social Services, Proyecto Past oral at Dolores Mission, Socrates Opportunity Scholarship Foundation, SOS Mentor Shape Up, St Anne's, St Francis Medical Center, Saint John's Well Child and Family Center, Inc , St Vincent Medical Center, The Harmony Project, The Laurel Foundation, The Village Family Services, The Wall-Las Memorias Project, UMMA (University Muslim Medical Association) Com munity Clinic, University of Southern California (USC) and USC School of Dentistry, USC Tr oy Camp, VIP Community Mental Health Center, Inc , Worksite Wellness LA, YMCA-Weingart Eas t Los Angeles Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strateg y (IS) The IS also describes the needs we prioritized and did not, and the reasons why su ch needs are not being addressed We prioritized a number of community health needs to foc us our efforts and increase the impact of our investments We applied criteria to prioriti ze the needs and did not select those that did not rank as highly in terms of scale or sev erity of the problem, the ability to leverage existing Kaiser Permanente or community asse ts, lacked evidence of promising approaches, or failed to demonstrate the presence of heal th disparities The full CHNA as well as the IS reports can be found at www kp org/chna T he remaining prioritized health needs for Los Angeles will not be addressed by KFH-Los Ang eles because, using a set of criteria, they were not ranked as highly (in terms of high ne ed and high feasibility) as were access to care, prevention of youth obesity/overweight an d diabetes, prevention and management of cardiovascular disease and mental health KFH-Los Angeles has particular resources and capacity to dedicate to the chosen priority areas an d related health needs In addition, there are other community partners/stakeholders who a re currently addressing the needs below The needs that will not be addressed are Allergi es, Alzheimer's disease, Arthritis, Asthma, Breast cancer, cancer (in general Cervical can cer, Colorectal cancer), Disability, Hepatitis, HIV/AIDS, Infant mortality, Intentional in jury, Oral health, Unintentional injury Though not selected as a priority need in the Imp lementation Strategy process, some of the above noted needs will be indirectly addressed t hrough enhancing access to health care KFH-Los An

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
KFH - LOS ANGELES EXPLANATIONS PART V, SECTION B	geles will look for collaboration opportunities that address needs not selected where it c an appropriately contribute to addressing those needs line 13a KP provides a 100% discou nt to all charity eligible patients regardless of whether they are uninsured or underinsur ed The discount amount is not adjusted based on income level line 13h High Medical Expe nses over 10% of annual income may apply for specific products / benefits

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

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
KFH - SAN DIEGO EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a Palomar Health, Rady Childrens Hospital San Diego, Scripps Health, Sharp HealthCare, Tri-City Medical Center, and UC San Diego Medical Center Line 6b Institute for Public Health at San Diego State University, Healthy City, Hospital Association of San Diego and Imperial Counties (HASD&IC) East Side Collaborative, Family Health Centers of San Diego Community Core Group and San Ysidro Health Center Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The remaining prioritized health needs for San Diego will not be addressed by KFH-San Diego because, using a set of criteria, they were not ranked as highly as Access to Care, Diabetes (Type 2), Mental and Behavioral Health and Obesity KFH-San Diego has particular resources and capacity to dedicate to the chosen priority areas and related health needs The needs that will not be addressed are 1 Unintentional Injury, 2 High Risk Pregnancy, 3 Asthma, 4 Dementia & Alzheimers Disease, 5 Breast Cancer, 6 Acute Respiratory Infections/Pneumonia, 7 Back Pain, 8 Colorectal Cancer, 9 Lung Cancer, 10 Prostate Cancer, 11 Skin Cancer Cervical Cancer, Chlamydia and HIV, were added for KFH San Diegos consideration of possible indicators to include in their intervention/implementation process These issues were not selected either, due to the reasons stated above Though not selected as a priority need in the Implementation Strategy process, some of the above noted needs will be indirectly addressed through enhancing access to health care KFH-San Diego will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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

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Form and Line Reference	Explanation
KFH - SANTA CLARA EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a El Camino Hospital, Kaiser Permanente San Jose, Lucile Packard Children's Hospital at Stanford, O'Connor Hospital, Saint Louise Regional Hospital, Stanford Hospital and Clinics line 6b Hospital Council of Northern & Southern California, Santa Clara County Public Health Department, and United Way Silicon Valley Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The following health needs will not be addressed by KFH Santa Clara Rationale for why they won't be addressed is also provided A Birth outcomes Magnitude of the problem is small since overall indicators meet targets African- Americans are a small percentage of the population, and the Santa Clara County Public Health Department has an effective, existing Black Infant Health Program addressing this need B Cancers The spectrum of the problem is so broad that Community Benefit investments could not impact it Kaiser Permanente already has significant investment in research around this health need Santa Clara County Public Health Department has an initiative to reduce smoking rates that could prevent lung cancer C Cardiovascular disease, heart disease, stroke Explanation why not chosen The ability to make an impact with limited Community Benefit funds is low KFH is already addressing this need through Public Affairs sponsorships There is the potential to affect this need with obesity prevention efforts (one of the chosen needs) D Alzheimer's disease No prevention opportunity/promising approaches exist Need more data on the population affected E Diabetes Type 2 (majority of cases) can be addressed through same strategies as obesity (which is a chosen need) F Oral/dental health Not many internal assets (resources nor expertise) Needs to be addressed at a systems-level, including increasing numbers of dentists who accept Denti-Cal Specific, effective approaches could be incorporated under Access to Care (which is a chosen need) G Respiratory conditions Need is not as great as others Currently being addressed by health care systems directly H Sexually Transmitted Diseases, including HIV-AIDS County as a whole meeting targets The Santa Clara County Public Health Department addresses this issue, they have a specific new campaign underway While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH SANTA CLARA will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - FONTANA EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a KFH-Ontario line 6b Academy for Grassroots Organizations, Asian American Resource Center, Assistance League of Redlands, Assistance League of San Bernardino, Barstow Desert Sanctuary, Bloomington Community Health Center, Boys and Girls Clubs of Redlands, Building A Generation, Catholic Charities, San Bernardino County, Childrens Fund, City of Fontana, Community Services Department, City of San Bernardino, Parks, Recreation, and Community Services Department, City of Victorville, Colton Joint Unified School District, Community Action Partnership of San Bernardino County, Community Clinic Association of San Bernardino County, Community Health Action Network, Community Hospital of San Bernardino, County of San Bernardino Department of Behavioral Health, County of San Bernardino Department of Public Health, County of San Bernardino Economic Development Agency, Crest Forest Senior Citizens' Club Inc , Desert Communities United Way, DOVES of Big Bear Valley, El Sol Neighborhood Educational Center, Family Assistance Program, Family Service Association of Redlands, Hearts and Lives, High Desert Homeless Services, Inland Behavioral and Health Services, Inland Congregations United for Change, Inland Empire United Way, Latino Health Collaborative, Loma Linda University, Institute for Community Partnerships, Lutheran Social Services, Mary's Mercy Center, Inc , Mountain Community Boys & Girls Club, Mountain Counseling and Training, Inc , Mountain Grants, Mountains Community Hospital Network for a Healthy California-African American Campaign, New Hope Free Clinic, New Hope Village Inc , Our House Rim Family Services, Riverside-San Bernardino County Indian Health, San Bernardino City Police Department, San Bernardino City Unified School District, San Bernardino County Medical Association, St Bernardine Medical Center, St John of God Health Care Services, St Mary Medical Center, The Lord's Table, Victor Valley Community Hospital, Victor Valley Community Services Council, Visin y Compromiso, We Win For Health Medical Clinic Inc Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The health needs that were not selected for KFH Fontana, in alphabetical order - include 1 Asthma, 2 Cancer, 3 Community Violence, 4 Hepatitis, 5 HIV/AIDS and Other STDs, 6 Prenatal/Perinatal Health, 7 Teen Pregnancy These health needs were not selected because they did not simultaneously meet the high need and high feasibility criteria In other words, each of the health needs in some fashion did not demonstrate a combination of high magnitude and severity, large health disparities, a high number of Kaiser Foundation Hospital (KFH) assets, or a high ability to leverage internal and external KFH assets It also made more sense to select health needs that impacted several other health needs and/or were the underlying causes of poor health outcomes KFH-Fontana will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - DOWNEY EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews line 6b Bellflower Unified School District, California Center for Public Health Advocacy, Cerritos College Student Health Services, City of South Gate Sports Center, Crystal Stairs, Downey Unified School District, TLC Family Resource Center, Family Health Care Centers of Greater Los Angeles (FHCCGLA), INMED Partnerships for Children, Kaiser Permanente Watts Counseling & Learning Center, Los Angeles County Department of Public Health SPA 7 Community Health Services, Montebello/Commerce YMCA, Norwalk La Mirada Unified School District, Health on Wheels, Pathways Volunteer Hospice, South Central Family Health Center, Whittier Rio Hondo AIDS Project (WRHAP), Worksite Wellness LA Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The health needs that Kaiser Foundation Hospital Downey does not intend to directly address are asthma, cardiovascular disease, dental health, diabetes, and teen births These needs were deemed to be of relatively lower need based on the defined criteria Taking existing community resources into consideration, KFH Downey has selected to concentrate on those health needs that we can most effectively address given our areas of focus Moreover, KFH Downey strategies addressES obesity and preventive health impact behaviors that impact cardiovascular disease and diabetes KFH - Downey will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - ROSEVILLE EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a Sutter Health Sacramento Sierra Region, UC Davis Health System, Dignity Health, Kaiser Foundation Hospital - Sacramento and Kaiser Foundation Hospital - South Sacramento Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The following prioritized health needs, and their rationale, will not be addressed by KHF Roseville While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Roseville will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs 1 Limited and/or no access to dental care - Relatively low priority assigned to need, Lack of expertise and competencies to effectively address the need, Resource constraints, Other facilities or organizations in the community addressing the need 2 Lack of health literacy - Relatively low priority assigned to need, Lack of identified effective interventions to address the need, Resource constraints 3 Difficulty coping with aging issues - Relatively low priority assigned to need, Resource constraints 4 Shifting economic status (from middle income to lower income) - Relatively low priority assigned to need, Resource constraints line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - OAKLAND EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna KFH Oakland will not address the following health needs because they were not ranked as highly as access to care, healthy eating and active living and violence prevention Economic security, Affordable community-based mental health services, Affordable community-based substance abuse services, Asthma prevention and management, and Local specialty care for low-income populations Specifically, asthma was determined to disproportionately impact African Americans in a specific section of Oakland, but not the broader service area With few promising approaches and KPs limited capacity and assets to support non-KP members in a significant way, asthma prevention was not selected Local specialty care for low-income populations was also not selected primarily due to KPs limited capacity and assets, and low severity of impact Instead, asthma prevention and local specialty care for low-income populations will be addressed to some extent in KFH Oaklands access to care strategies Affordable community-based mental health services was determined to be both of high magnitude and severity for the general public as it undergirds many other health needs Ultimately, it was not selected because of KFH OAKLAND'S Limited capacity and assets to service county-wide needs Affordable community-based substance abuse services was determined to be of high magnitude, but was also not selected due to KFH OAKLAND'S limited capacity and assets to employ current promising or existing practices to the broader county While economic security was determined to be both severe in impact and widespread, it was determined that the needed strategies are beyond the scope of KFH OAKLAND's work, resources and assets While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Oakland will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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KAISER SUNNYSIDE MED CTR EXPLANATIONS PART V, SECTION B	********** Line 5 Community input from across the primary and secondary service areas was incorporated into the CHNA process to identify and prioritize health needs KPNW staff accounted for community input as part of the CHNA process in the following ways - Identifying existing sources of primary data/community input (within 3 years prior to CHNA) - Conducting stakeholder interviews to assess local community health system capacity - Facilitating community listening sessions and surveys - Participating in three (3) regional collaborative groups community health assessment process - Community input informed the CHNA process across the KPNW region, but the sources and methodology varied across the primary and secondary hospital service areas *Stakeholder list can be provided upon request Line 6a KFH Sunnyside' CHNA was conducted with KFH Westside Both KFH hospitals share the same primary service area Line 6b KFH Hospitals helped found and has participated in the development of Healthy Columbia Willamette, a collaborative effort including 15 area hospitals and health systems as well as four county health departments and two Coordinated Care Organizations (CCOs) Healthy Columbia Willamette was formed to support member organizations in responding to the new ACA federal requirements and to catalyze the collective efforts of health and public health leaders in the Portland metropolitan area to have coordinated and meaningful impact on the health of the region KPNW Community Benefit staff contributes to the on-going assessment efforts of Healthy Columbia Willamette and participates in other regional groups in KFHs secondary service areas to expand Kaiser Permanentes community partnerships and improve community health in the Northwest region Metro Area (members of Healthy Columbia Willamette collaborative) Adventist Medical Center Legacy Health System (5 hospitals) Oregon Health & Science University PeaceHealth Southwest Medical Center Providence Health (4 hospitals) Tuality Community Hospital Health Share of Oregon (CCO) Familycare (CCO) Clackamas County Public Health Division Clark County Public Health Department Multnomah County Health Department Washington County Public Health Division SW Washington Area Peace Health St Johns Medical Center Cowlitz County Health Department Longview School District Pathways 2020 Mid- Valley Area Salem Hospital Marion County Health Department Polk County Health Department Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna KFH hospitals prioritized and selected five health needs to address throughout our service area Listed below are the five selected needs followed by a high-level description of the strategies we are currently implementing For a full description of all of KFH hospitals health improvement strategies, please refer to the Implementation Strategy report Access to care KFH Hospitals are primarily addressing access to care through Medicaid, Medical Financial Assistance, Charitable Health Coverage, and Community Access programs, as well as through grant funding to Safety Net clinics and contracted hospitals Nutrition and physical activity related chronic disease KFH Hospitals are primarily addressing chronic disease through regional collaborations promoting healthy eating active living (HEAL) policies and behaviors, and a healthy food access grant initiative, and by awarding grants to community organizations that promote HEAL clinical and community activities Oral health KFH Hospitals are primarily addressing oral health through Dental Medicaid, Dental Financial Assistance, and Charitable Health Coverage programs, as well as the through participation in an oral health funders collaborative and an oral health grant initiative providing supporting local organizations that provide oral health prevention and treatment services Mental health KFH Hospitals are primarily addressing mental health through behavioral health grants and grant initiatives that support both prevention and treatment efforts in adult and school-aged children as well as partnering with Oregon Childrens theater to deliver Kaiser Permanentes Educational Theatre Program which serves children grad

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KAISER SUNNYSIDE MED CTR EXPLANATIONS PART V, SECTION B	es K-12 with programming to support health and well-being Maternal and infant health KFH Hospitals are primarily addressing maternal and infant health through providing perinatal care through community access programs, awarding grants to programs that improve perinatal health or provide teen pregnancy prevention, and through collaborations to support and pr omote breastfeeding and address the developmental origins of health and disease The remai ning prioritized health needs will not be addressed because using the criteria described p reviously, they were not ranked as highly as Nutrition and Physical Activity-related Chron ic Disease, Maternal and Infant Health, Access to Health Care, Oral Health, and Mental Hea lth The region has a unique set of resources and capacity to dedicate to the five selecte d health needs In addition, there are other strong community partners and networks who ar e currently addressing the needs below The needs that will not be addressed are - Econom ic security - Cancer - Tobacco use - Sexually transmitted disease - Injury line 13a KP pr ovides a 100% discount to all charity eligible patients regardless of whether they are uni nsured or underinsured The discount amount is not adjusted based on income level Line 13 b Special Circumstance = 10% of income spent on Medical Care in 12 month period

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KFH - HONOLULU EXPLANATIONS PART V, SECTION B	********** Line 5 Key Informants were chosen by the HAH Advisory Committee through a structured nomination and selectio n process, which followed a thorough review of the preliminary core indicator data Key in formant interviews were conducted by local consultants, Storyline Consulting Following is a list of the key informants - Norm Baker, Chief Operation Officer, Aloha United Way - M ichael Broderick, President & CEO, YMCA of Honolulu - Jennifer Dang, State Director, Hawai i Nutrition and Physical Activity Coalition, Department of Education - Dr David Derauf, E xecutive Director, Kokua Kalihi Valley Comprehensive Family Services - Loretta Fuddy, Dire ctor, Hawaii State Department of Health - Beth Giesting, Healthcare Transformation Officer , Office of the Governor - Marya Grambs, Executive Director, Mental Health America of Hawa ii - Dr Josh Green, State Senator, Executive Medical Director, Hawaii Independent Physici ans Association - Robert Hirokawa, CEO, Hawaii Primary Care Association - Dr Jim Ireland, Director, Emergency Services, City and County of Honolulu - Lola Irvin, Healthy Initiativ e, Tobacco Settlement Project Manager, Hawaii State Department of Health - Dr Bliss Kanes hiro, Professor of Obstetrics/Gynecology, Director of Familly Planning, John A Burns Scho ol of Medicine, University of Hawaii - Poka Laenui, Executive Director, Hale Na'au Pono - Leslie Lam, Executive Director, American Diabetes Association Hawaii - Bernie Ledesma, Adm inistrator, Pearl City Nursing Home - Dr Andy Lee, Chief of Medicine, Pali Momi Medical C enter - Dee Jay Mailer, CEO Kamehameha Schools - Dr Kenneth Nakamura, Professor and Chair of Pediatrics, John A Burns School of Medicine, UH, Medical Director, KMCWC - Dr Gary O kamoto, Chief Medical Officer, Aloha Care - Dr May Okihiro, Director, Hawaii Initiative f or Childhood Obesity Research and Education, John A Burns School of Medicine, UH - Dr Bi ll Osheroff, Chief Medical Officer, Hawaii Medical Service Association - Leolinda Parlin, Director, Hilopa'a Family to Family Health Information Center - Dr Linda Rosen, Chief, Em ergency Med Services and Injury Prevention Systems Branch, Hawaii State Department of Heal th - Emilie Smith, Administrator, CareResource Hawaii - Corrine Suzuka, Executive Director , St Francis Home Health Care Services - JoAnn Tsark, Research Director, Papa Ola Lokahi Line 6a - Castle Medical Center - Kahi Mohala Behavioral Health - Kahuku Medical Center - Kapiolani Medical Center for Women and Children - Kuakini Medical Center - Leahi Hospital - Pali Momi Medical Center - Rehabilitation Hospital of the Pacific - Shriners Hospitals for Children - Straub Clinic & Hospital - The Queen's Medical Center - Wahiawa General Hos pital Line 6b The Healthcare Association of Hawaii led the statewide effort Line 11 We are addressing the significant health needs prioritized through the CHNA process through t he development and implementation of our Implementation Strategy (IS) The IS also describ es the needs we prioritized and did not, and the reasons why such needs are not being addr essed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not se lect those that did not rank as highly in terms of scale or severity of the problem, the a bility to leverage existing Kaiser Permanente or community assets, lacked evidence of prom ising approaches, or failed to demonstrate the presence of health disparities The full CH NA as well as the IS reports can be found at www kp org/chna The list below summarizes th e health needs identified for the KFH Honolulu service area through the 2013 Community Hea lth Needs Assessment process - Exercise, Nutrition, Weight & Diabetes - Respiratory Disea ses - Heart Disease & Stroke - Access to Health Services - Maternal, Fetal & Infant Health - Cancer - Substance Abuse & Lifestyle - Injury Prevention & Safety - Family Planning - I mmunizations & Infectious Diseases - Mental Health & Disorders - Oral Health KFH Honolulu will monitor and evaluate the health needs listed above for the purpose of tracking the Im plementation of those strategies as well as to document the anticipated impact Plans to m onitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, number of people reached/served, number and role of volunteers, and volunteer hours In addition, KFH Honolulu will require grantees to propose, track and report outcomes, including behav ior and health outcomes as appropriate For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh loca lly grown fruits and vegetables at schools, or num

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KFH - HONOLULU EXPLANATIONS PART V, SECTION B	ber of weekly physical activity minutes referred to below The remaining prioritized healt h needs for Honolulu will not be addressed by KFH Honolulu because, using the criteria des cribed previously, they were not ranked as highly as Exercise, Nutrition, Weight and Diabe tes, and Equitable Access to Health Services KFH Honolulu has unique resources and capaci ty to dedicate to the two chosen health needs, and a number of the strategies developed to address the chosen health needs will impact the other health needs that were not selected in this Implementation Strategy Additionally, many of the specific health needs identifi ed through the CHNA can be addressed by the selected need "Equitable Access to Health Serv ices " In addition, there are other strong community partners who are currently addressing the needs below The needs that will not be addressed through this Implementation Strateg y are - Oral Health - Respiratory Diseases - Injury Prevention & Safety - Heart Disease a nd Stroke - Maternal, Fetal and Infant Health - Cancer - Family Planning - Substance Abuse and Lifestyle - Immunizations and Infectious Diseases - Mental Health and Mental Disorder s While this Implementation Strategy Report responds to the CHNA and Implementation Strate gy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everyt hing we do to enhance the health of our communities KFH Honolulu will look for collaborat ion opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP provides a 100% discount to all charity eligible pat ients regardless of whether they are uninsured or underinsured The discount amount is not adjusted based on income level line 13b FPL is not taken into consideration if an appli cant's medical expenses incurred are 15% of annual income (it is requested from the applic ant if FPL is over the regional threshold of 400%) LINE 13H EXPERIAN SCREENING (FORMERLY SEARCHAMERICA) IS AN OUTSIDE VENDOR USED TO SIMPLIFY FINANCIAL SCREENING PROCESS, IMPROVE SCREENING ACCURACY AND PROVIDE MEDICAID CONVERSION STRATEGIES THIS OUTSIDE VENDOR PROVID ES GUARANTOR DEMOGRAPHICS, HOUSEHOLD SIZE, ANNUAL INCOME AND AN FPL (FEDERAL POVERTY LEVEL THAT IS MAINTAINED BASED OFF OF CURRENT YEAR FROM U S DEPARTMENT OF HEALTH & HUMAN SERVI CES (FPG) FEDERAL POVERTY GUIDELINES) KP REVIEWS THE FPL PERCENTAGE AS THE PRIMARY INDICA TOR OF INCOME LEVEL WHICH DETERMINES A PATIENT'S POTENTIAL ELIGIBILITY FOR HAWAII MEDICAID /QUEST AND/OR KP MEDICAL FINANCIAL ASSISTANCE PROGRAMS line 16i Information included in admission packets, in emergency department and in all billing statements

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KFH - WALNUT CREEK EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a John Muir Health, ValleyCare Health System Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna Although nine significant community health needs were identified through the CHNA process, the Diablo Contributions Committee made the decision to address no more than four community health needs in order to enhance the impact of our investment and effort The Contributions Committee decided not to address the following five needs directly as they did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing KP or community assets, the existence of promising approaches or the presence of health disparities In addition, there are other strong community partners who are currently addressing the needs below While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Walnut Creek will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs The needs that will not be addressed are Economic Security, Affordable, Local Mental Health Services, Affordable, Local Substance Abuse Treatment Services, Local Specialty Care for Low-Income Populations, and Parenting Skills and Support line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
KFH - ANAHEIM EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a KFH-Irvine line 6b Acacia Adult Day Services, Access California Services, American Red Cross, AIDS Services Foundation Orange County, Asian American Senior Citizens Service Center, Cal-Islanders Humanitarian Association, The Cambodian Family, Caregiver Resource Center, Children and Families Commission of Orange County, Community Action Partnership of Orange County, Council on Aging, Court Appointed Special Advocates of Orange County, Dr Riba's Health Club, Grandmas House of Hope, Guam Communications Network, Healthy Smiles for Kids of Orange County, Hurtt Family Health Clinic, Illumination Foundation, Institute for Healthcare Advancement, Interval House, KidWorks Community Development Corporation, Korean Community Services, La Habra Community Collaborative, Latino Health Access, Lestonnac Free Clinic, Mariposa Women & Family Center, MOMS Orange County, NAMI Orange County, Oak View Renewal Partnership, OC Food Access Coalition, Orange County Affiliate of Susan G Komen for the Cure, Orange County Asian and Pacific Islander Community Alliance, Orange County Health Care Agency, Orange County Korean American Health Information and Education Center, Pacific Islander Health Partnership, The Raise Foundation, Senior Serv, St Jude Medical Center, Tiger Woods Learning Center, United Way of Orange County, Vietnamese American Cancer Foundation, Anaheim Family YMCA Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna Some health needs for the Anaheim service area will not be addressed by KFH-Anaheim because they demonstrated lower 'Need,'Feasibility' than the selected health needs The selected health needs (Access to Care, Economic Instability, Mental Health, and Obesity/Overweight) demonstrate relatively higher levels of magnitude, severity, and disproportionate impact among vulnerable populations There are strong community partners mobilizing around these issues and KFH-Anaheim has unique resources and capacity to dedicate to work focused on these health needs the needs that will not be addressed are 1 Asthma, 2 Breast Cancer, 3 Cardiovascular Disease, 4 Community Violence, 5 Diabetes, 6 Domestic Violence, 7 HIV/AIDS and other STDs, 8 Oral Health, 9 Prenatal Care, 10 Teen Pregnancy Note that issues related to Substance Abuse were incorporated in the Mental Health workplan KFH-Anaheim will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - SAN FRANCISCO EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a California Pacific Medical Center, Chinese Hospital, Saint Francis Memorial Hospital, St Mary's Medical Center line 6b Anthem Blue Cross, California Pacific Medical Center, Chinese Hospital, Hospital Council of Northern and Central California, McKesson Foundation, Mount Zion Health Fund, NICOS Chinese Health Coalition, San Francisco Community Clinic Consortium, San Francisco Department of Human Services, San Francisco Department of Public Health, San Francisco Foundation, San Francisco Medical Society, San Francisco Unified School, United Way of the Bay Area Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The remaining prioritized health needs for San Francisco will not be addressed by KFH San Francisco because they were not ranked as highly as access to quality health care and services, healthy eating and physical activity, and safe and healthy living environments These community health needs reached top priority status because they more closely matched the criterion "there are promising evidence based interventions" which includes known actions that are intended to improve that health need The lower ranking health needs did not match that criterion or the overall criteria as well KFH San Francisco also recognizes that there are existing efforts underway for some of the health needs not selected as priorities, or some of the strategies selected in this plan may have multiple effects that touch on the lower priorities While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH San Francisco will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs The needs that KFH San Francisco will not address are - Behavioral health - Spread of infectious disease - Early childhood development - Seniors and persons with disabilities' access to care and services line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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

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Form and Line Reference	Explanation
KFH - VALLEJO EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a Sutter Solano Medical Center, Vallejo, North Bay Medical Center, Fairfield, La Clinica, Queen of the Valley Medical Center, St Helena Medical Center Line 6b Solano County Public Health Department, Solano Coalition for Better Health, Solano County Public Health Department, Community Clinic Consortium, La Clinica de la Raza, Queen of the Valley Medical Center, St Helena Medical Center, Napa County Public Health Department and Napa Valley Coalition of Nonprofit Agencies Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The following prioritized health needs for KFH Vallejo service area - Transportation limitations, Lack of or limited access to dental care, Limited places and social space for civic engagement, Unstable housing and homelessness, Lack of substance abuse treatment and rehabilitation, and Exposure to unclean air, environmental toxins and pesticides - will not be addressed by KFH Vallejo because, using criteria such as the severity of the problem or the ability to leverage resources, they did not rank as high as other needs In addressing access to culturally appropriate, affordable health care services, access to affordable healthy food, lack of safe places to walk, bike, exercise, or play, and lack of employment and vocational training, KFH Vallejo has unique resources, expertise, and capacity to dedicate to the four chosen health needs Lastly, a number of community partners have undertaken initiatives to address the needs not selected While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Vallejo will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - RIVERSIDE EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a KFH-Moreno Valley Line 6b Borrego Community Health Foundation, California State University, San Bernardino, Carolyn E Wylie Center, Clinicas de Salud del Pueblo Inc , Coachella Valley Volunteers in Medicine, Community Action Partnership, Riverside County, County Executive Office, Riverside County, Desert AIDS Project, Desert Samaritans for Seniors, El Sol Neighborhood Education Center, Esperanza Youth and Family Center, FIND Food Bank, First 5 Riverside, Healthy Family Foundation, Healthy Heritage Movement, Inland Agency-The Pink Ribbon Place, Inland Empire Health Plan, Latino Health Access, Lestonnac Free Clinic, Lowe and Associates, Martha's Village and Kitchen, MFI Recovery Center, Michelle's Place, Moreno Valley Chamber of Commerce, Moreno Valley Unified School District, Murrieta Valley Unified School District, Music Changing Lives, Neighborhood Healthcare, Nonprofit Resource Center, Oak Grove Center for Education Training & the Arts, Path of Life Ministries, Project KIND, Provident Bank, Quinn Community Outreach Corp , Regional Access Project (RAP) Foundation, Riverside Community College Dental Program, Riverside Community Health Foundation, Riverside County Department of Mental Health, Riverside County Department of Public Health, Riverside County Public Health Nursing, Riverside County Regional Medical Center, Riverside-San Bernardino County Indian, Health, Inc , Safe Alternatives for Everyone, Southern California Permanente Medical Group (SCPMG), Southwest California Legal Council, Southwest Healthcare, St Patrick Church, Student Run Health Clinic, The California Endowment, THINK Together, United States Veterans, United Way of the Inland Valleys, University of California, Riverside School of Medicine, Urban Community Action Project, Whiteside Manor Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The remaining prioritized health needs will not be addressed by KFH-Riverside because, using a set of criteria, they were not ranked as high as Access to Care, which includes Mental Health, Oral Health, and Service Infrastructure, Obesity and Overweight, and Diabetes, which also includes Service Infrastructure KFH-Riverside has unique resources and capacity to dedicate to the three chosen health needs In addition, there are other strong community partners who are currently addressing the needs below The needs that will not be addressed are 1 Asthma, 2 Cancer 3 Cardiovascular Disease (including hypertension, heart disease, and stroke), 4 Community Violence, 5 Economic Instability, 6 STDs and HIV KFH-Riverside will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - SOUTH SACRAMENTO EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a Sutter Health Sacramento Sierra Region, UC Davis Health System, Dignity Health, Kaiser Foundation Hospital - Sacramento, and Kaiser Foundation Hospital - Roseville Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The following prioritized health needs for South Sacramento will not be addressed by KHF South Sacramento While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH South Sacramento will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs The justification for not addressing each need is provided below 1 Stress of living in poverty KP and community resource constraints, Relative lack of expertise or competencies to effectively address the need, Lack of identified effective interventions to address the need 2 Lack of access to mental health and prevention services Resource constraints, Other facilities or organizations in the community addressing the need 3 Lack of alcohol/drug abuse treatment programs and prevention programs Resource constraints, Lack of identified effective interventions to address the need 4 Limited access to health prevention programs and screening Relatively low priority assigned to the need, Resource constraints 5 Lack of access to dental screenings and dental care services Relatively low priority, Resource constraints, Other facilities or organizations in the community addressing the need, Relative lack of expertise or competencies to effectively address the need line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - IRVINE EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a KFH-Anaheim line 6b Access California Services, AIDS Services Foundation Orange County, Alzheimers Association Orange County Chapter, Asian American Senior Citizens Service Center, Boys & Girls Club of Laguna Beach, Cal-Islanders Humanitarian Association, The Cambodian Family, Children and Families Commission of Orange County, Childrens Health Initiative of Orange County, City of San Clemente, Clinic in the Park, Council on Aging, Court Appointed Special Advocates of Orange County, Fibromyalgia and Chronic Pain Center at California State University Fullerton, Friendship Shelter, Grandmas House of Hope, Guam Communications Network, Healthy Smiles for Kids of Orange County, Help Me Grow Orange County, Human Options, Hurtt Family Health Clinic, Illumination Foundation, Irvine Public Schools Foundation, Korean Community Services, Laguna Beach Community Clinic, Latino Health Access, Lestonnac Free Clinic, Madison Park Neighborhood Association, Miracles for Families, Mission Hospital, MOMS Orange County, NAMI Orange County, Oak View Renewal Partnership, OC Food Access Coalition, Orange County Affiliate of Susan G Komen for the Cure, Orange County Department of Education, Orange County Health Care Agency, Puente a la Salud St Joseph Hospital, The Raise Foundation, Saddleback Memorial Medical Center, Senior Serv, Shanti Orange County, UC Irvine Community Outreach Partnership Center, UC Irvine Department of Family Medicine, Geriatrics, United Way of Orange County, Vietnamese American Cancer Foundation, Working Wardrobe Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna Some health needs for the Irvine service area will not be addressed by KFH-Irvine because they demonstrated lower 'Need,'Feasibility' than the selected health needs The selected health needs (Access to Care, Economic Instability, Mental Health, and Obesity/Overweight) demonstrate relatively higher levels of magnitude, severity, and disproportionate impact among vulnerable populations There are strong community partners mobilizing around these issues and KFH-Irvine has unique resources and capacity to dedicate to work focused on these health needs The needs that will not be addressed are 1 Asthma, 2 Breast Cancer, 3 Cardiovascular Disease, 4 Community Violence, 5 Diabetes, 6 Domestic Violence, 7 HIV/AIDS and other STDs, 8 Oral Health, 9 Prenatal Care, 10 Teen Pregnancy Note that issues related to Substance Abuse were incorporated in the Mental Health workplan KFH-Irvine will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - BALDWIN PARK EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a KFH-Los Angeles, KFH-West Los Angeles, Citrus Valley Medical Center line 6b 211 Los Angeles County, Alliance for Housing and Healing, AltaMed Health Services Corporation, American Heart Association, American Red Cross, Asian Pacific Community Fund, Asian Pacific Womens Center, Asian Youth Center, Azusa Pacific University, Baldwin Park Unified School District, Bassett Unified School District, Bike San Gabriel Valley, Boys & Girls Club of the Foothills, Boys & Girls Club of West San Gabriel Valley, Boys & Girls Club San Gabriel Valley, Buddhist Tzu Chi Free Clinic, Cal Poly Pomona, Department of Agriculture, California Center for Public Health Advocacy, California State Senate, 24th Senate District, Chinatown Service Center, Citrus Valley Health Foundation, Citrus Valley Health Partners, City of Baldwin Park, City of Covina, City of Pasadena Public Health Department, Community Health Alliance of Pasadena, Drexel Smith Consulting, Early Identification and Intervention Collaborative for Los Angeles County, East San Gabriel Valley Coalition for the Homeless,East San Gabriel Valley Regional Occupational Program and Technical Center, East Valley Community Health Center, El Monte City School District, El Monte Comprehensive Community Health Center, Ettie Lee Youth and Family Services, Foothill Family Service, Foothill Unity Center, Girl Scouts of Greater Los Angeles, Greater West Covina Business Association, Herald Christian Health Center, John Wesley Community Health Institute, La Casa de San Gabriel Community Center, Latino Diabetes Association, Lincoln Training Center, Los Angeles County Department of Mental Health, Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs, Los Angeles County Emergency Medical Services, Majestic Realty Corporation, Montebello Unified School District, Neighborhood Homework House, New Horizons Caregivers Group, Options, Our Saviour Center/Cleaver Family Wellness Center, Planned Parenthood of Pasadena, Pueblo que Camina, Rowland Unified School District, San Gabriel Children's Center, San Gabriel Valley Conservation Corps, San Gabriel Valley Consortium on Homelessness, San Gabriel Valley Council of Governments, San Gabriel Valley Economic Partnership, San Gabriel Valley Foundation for Dental Health, San Gabriel Valley YMCA, Service Planning Area 3 - Health Planning Group, Services Center for Independent Living, THINK Together, West Covina Unified School District, YWCA San Gabriel Valley Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna Some health needs for Baldwin Park will not be addressed by KFH-Baldwin Park because, based on a set of criteria, they were not ranked as highly as the selected health needs (access to primary care and specialty health care for mental health, vision, oral health and all cancers, obesity and chronic diseases including cardiovascular disease, diabetes and hypertension, and awareness, resources and social supports with a focus on intentional injury and alcohol and substance abuse) KFH-Baldwin Park has particular resources and capacity to dedicate to the chosen priority areas and related health needs The needs that will not be addressed are 1 Disability, 2 Cervical Cancer, 3 Chlamydia, 4 Asthma, 5 Alzheimers disease, 6 Unintentional injury, 7 Arthritis, 8 Chronic Obstructive Pulmonary Disease (COPD), 9 HIV/AIDS, 10 Allergies, 11 Infant Mortality KFH-Baldwin Park will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - SACRAMENTO EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a Sutter Health Sacramento Sierra Region, UC Davis Health System, Dignity Health, Kaiser Foundation Hospital - Roseville and Kaiser Foundation Hospital - South Sacramento Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The following prioritized health needs for Sacramento will not be addressed by KFH Sacramento The justification for not addressing each need is also provided below While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Sacramento will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs 1 Lack of dental care Relatively low priority assigned to the need, Lack of identified expertise and competencies to effectively address the need, Resource constraints 2 Lack of health literacy Relatively low priority assigned to the need, Lack of identified effective interventions to address the need, Resource constraints 3 Limited coordination of care among providers, no case management services Resource constraints organizationally, Area provider capacity constraints 4 Lack of housing, basic shelter Lack of identified expertise and competencies to effectively address the need, Other facilities or organizations in the community addressing the need line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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KFH - SOUTH BAY EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6b AIDS Project Los Angeles, Alzheimer's Association, California Southland Chapter, Beach Cities Health District, Boys & Girls Club of the South Bay, Centinela Youth Services, Centro C H A , Inc , Children's Dental Health Clinic, City of Carson, Parks & Recreation Department, Hawthorne Senior Center, Long Beach Department of Health and Human Services, Los Angeles Homeless Services Authority, and South Bay Coalition for the Homeless, New Star Family Center, Office of Supervisor Don Knabe, Robert F Kennedy Institute, South Bay Center for Counseling & Human Development, South Bay Children's Health Center, South Bay Children's Health Center Association, South Bay Family Health Care Special Services for Groups - Asian and Pacific Islander Obesity Prevention Alliance Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The health needs that Kaiser Foundation Hospital South Bay does not intend to address include HIV/AIDS and asthma These needs were deemed to be a low need based on the defined criteria Taking existing community resources into consideration, KFH South Bay has selected to concentrate only on those health needs that we can most effectively address given our areas of focus KFH - South Bay will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - SAN JOSE EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a El Camino Hospital, Kaiser Permanente Santa Clara, Lucile Packard Children's Hospital at Stanford, O'Connor Hospital, Saint Louise Regional Hospital, Stanford Hospital and Clinics line 6b Hospital Council of Northern & Southern California, Santa Clara County Public Health Department, and United Way Silicon Valley Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The following health needs will not be addressed by KFH San Jose Rationale for why they won't be addressed is also provided A Birth outcomes Magnitude of the problem is small since overall indicators meet targets African- Americans are a small percentage of the population, and the Santa Clara County Public Health Department has an effective, existing Black Infant Health Program addressing this need B Cancers The spectrum of the problem is so broad that Community Benefit investments could not impact it Kaiser Permanente already has significant investment in research around this health need Santa Clara County Public Health Department has an initiative to reduce smoking rates that could prevent lung cancer C Cardiovascular disease, heart disease, stroke Explanation why not chosen The ability to make an impact with limited Community Benefit funds is low KFH is already addressing this need through Public Affairs sponsorships There is the potential to affect this need with obesity prevention efforts (one of the chosen needs) D Alzheimer's disease No prevention opportunity/promising approaches exist Need more data on the population affected E Diabetes Type 2 (majority of cases) can be addressed through same strategies as obesity (which is a chosen need) F Oral/dental health Not many internal assets (resources nor expertise) Needs to be addressed at a systems-level, including increasing numbers of dentists who accept Denti-Cal Specific, effective approaches could be incorporated under Access to Care (which is a chosen need) G Respiratory conditions Need is not as great as others Currently being addressed by health care systems directly H Sexually Transmitted Diseases, including HIV-AIDS County as a whole meeting targets The Santa Clara County Public Health Department addresses this issue, they have a specific new campaign underway While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH San Jose will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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
KFH - WEST LOS ANGELES EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was g athered through focus groups and key informant interviews Line 6a KFH-Los Angeles, KFH-B aldwin Park, Citrus Valley Medical Center line 6b 211 Los Angeles County, A Place Called Home, Airport Marina Counseling Service, Alliance for Housing and Healing, AltaMed Health Services Corporation, Alzheimer's Association, California Southland Chapter, American Hea rt Association, American Lung Association, Asian American Drug Abuse Program, BREATHE Cali fornia of Los Angeles County, California Black Women's Health Project, CANGRESS Los Angele s Community Action Network, Catholic Charities of Los Angeles, Inc , CCEO YouthBuild, Cent er for Lupus Care, Centinela Youth Services, Challengers Boys & Girls Club, Charles Drew U niversity, City of Inglewood, Community Coalition For Substance Abuse Prevention and Treat ment, Community Health Councils, Connections for Children, Crenshaw Christian Center, Culv er City Education Foundation, Early Identification and Intervention Collaborative for Los Angeles County, FAME Assistance Corporation, Felicia Mahood Senior Multipurpose Center, Fo od and Nutrition Management Systems, Foundation for Children's Dental Health, Health Servi ces Academy High School, Healthy African American Families II, In the Meantime Men's Group , Inside Out Community Arts, Jewish Family Service of Los Angeles, John Wesley Community H ealth Institute, Junior Blind of America, LA City (Western) District 10 Office, LA County Department of Public Health, LA Promise, Latino Diabetes Association, LetsMove! West LA, L iving Advantage, Inc , Los Angeles County Department of Health Services, Los Angeles Count y Department of Mental Health, Los Angeles County Department of Public Health, Maternal, C hild and Adolescent Health Programs, Los Angeles Urban League, Model Neighborhood Program, NAMI - Urban Los Angeles, National Health Foundation, Open PATHS Counseling Center, Plann ed Parenthood Los Angeles, Project Angel Food, Project Chicken Soup, Sickle Cell Disease F oundation of California, Southern California Counseling Center, Southside Coalition of Com munity Health Centers, Special Needs Network, Special Olympics Southern California, St Fr ancis Medical Center, St Joseph Center, Students Run America DBA Students Run LA, The Chi ldren's Dental Center of Greater Los Angeles, The Saban Free Clinic, UCLA Center for Healt h Policy Research, University Muslim Medical Association Community Clinic, Venice Boys & G irls Club, Venice Family Clinic, W A R P , Watts Health Care Corporation, Weingart YMCA, W estchester Playa Village, WISE & Healthy Aging,Women's Missionary, YMCA Line 11 We are a ddressing the significant health needs prioritized through the CHNA process through the de velopment and implementation of our Implementation Strategy (IS) The IS also describes th e needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the abilit y to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The remaining health needs for We st Los Angeles will not be addressed by KFH-West Los Angeles because, using the criteria d escribed previously, they were not selected in the ISET facilitated discussion or ranked a s highly in terms of high need and feasibility as were Chronic disease prevention and man agement with emphasis on obesity, diabetes, and cardiovascular disease (including hyperten sion and cholesterol), and asthma, Access to mental health and intervention programs with emphasis on youth well-being and the prevention of alcohol and substance abuse, violence, and homelessness, and Access to health care, diagnostic and preventive services with empha sis on HIV-AIDS, chlamydia, and cancer KFH-West Los Angeles has particular resources and capacity to dedicate to the chosen priority areas and related health needs The needs that will not be addressed include Oral health, Vision, Alzheimers disease, Unintentional inj ury, Podiatry, Allergies, Arthritis, Infant mortality Though not selected as a priority n eed in the Implementation Strategy process, some of the above noted needs will be indirect ly addressed through enhancing access to health care KFH-West Los Angeles will look for c ollaboration opportunities that address needs not selected where it can appropriately cont ribute to addressing those needs line 13a KP provides a 100% discount to all charity eli gible patients regardless of whether they are uninsured or underinsured The discount amou nt is not adjusted based on income level line 13H

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
KFH - WEST LOS ANGELES EXPLANATIONS PART V, SECTION B	High Medical Expenses over 10% of annual income may apply for specific products / benefits

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

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
KFH - WOODLAND HILLS EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews line 6b Valley Care Community Consortium, Ventura County Community Foundation, Los Angeles County Department of Public Health, 12th District PTA, Addison Behavioral Resources, American Cancer Society, Cabrillo Economic Development Corp, California Lutheran University, California State University, Dominguez Hills, California State University, Northridge, Camarillo Health Care District, Child Care Resource Center, Coastal Alliance for a United Sustainable Economy, Conejo Valley Unified School District, Earths Wellness PTA, First 5 Ventura County, Fullbright Elementary School Parent Center, Future Leaders of America, Gold Coast Health Plan, KED Consultants, Kids + Families Together, Landon Pediatric Foundation, Lara Consulting Group, Inc , Livingston Memorial Visiting Nurse Association, Los Angeles County Department of Health Services, Los Angeles Unified School District, Maternal, Child, and Adolescent Health, NAMI Ventura County, NEVHC WIC, Northeast Valley Health Corporation, Pacific Camps, Pepperdine University, Planned Parenthood of Santa Barbara, Ventura & San Luis Obispo Counties, Poms & Associates, Project SAFE, Providence Health and Services, Radiance Foundation, San Fernando Valley Dental Society, Santa Barbara Ventura Counties Dental Care Foundation, Senior Concerns, Tarzana Treatment Centers, The ARC of Ventura County, The Village Family Services, United Way of Ventura County, Ventura County Agency for Aging, Ventura County Health Care Agency, Ventura County Health Care Plan, Ventura County Public Health, Ventura County WIC, Ventura Unified School District, Vitamin You, Wellness and Caregiver Center of Ventura County, YMCA Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna KFH-Woodland Hills has unique resources and capacity to address many of the health needs identified in its vast service area The IS development team went through a thoughtful and thorough process to select the needs to be addressed over the next three years using the criteria and considerations described earlier in this document The health needs that will not be fully addressed did not score as highly based on such criteria and considerations, and are 1 Mental Health, 2 Physical Inactivity Adult/Youth, 3 Diabetes, 4 Uninsured Population, 5 Cardiovascular Disease 6 Prenatal Care However, it is worth noting that the strategies that will be used to address the selected health needs will also have an indirect positive effect of the health needs that were not selected Specifically, by addressing access to care, the uninsured population, diabetes and prenatal care health needs are indirectly addressed, through obesity prevention strategies, physical inactivity, diabetes, and cardiovascular health needs are indirectly improved, and by strengthening social and emotional supports, certain mental health issues are also addressed KFH Woodland Hills will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
KFH - PANORAMA EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews line 6a Mission Community Hospital, Olive View UCLA Medical Center, Antelope Valley Hospital line 6b Antelope Valley Partners in Health (AVPH), Los Angeles County Department of Public Health, All 4 Children, Antelope Valley Community Clinic, Antelope Valley Healthcare District, Antelope Valley Hospital, Antelope Valley Partners for Health, Antelope Valley Pregnancy Counseling Center, Asian Youth Center, AV Chess House, AV Mobility Management Project, Bartz-Altadona Community Health Center, Black Infant Health, California State University, Northridge, Catalyst Foundation, Child and Family Guidance Center, Children Center of the Antelope Valley, Childrens Bureau, Church on The Way, City of San Fernando, Community Synergy for Children and Families, El Nido Family, Center, Friends of the Family, Lancaster Department of Children and Family Services, Lancaster School District, Los Angeles Community Development Commission, Los Angeles County Department of Mental Health SA 1 and SA 2, Los Angeles County Department of Public Health, Los Angeles County Office of Education, Los Angeles County Office of Education, Los Angeles County, High Desert Health System, Los Angeles County, ValleyCare Health System, Los Angeles Department of Children and Family Services, Los Angeles Unified School District, MEND, Menfolk, Mental Health America, Mid Valley Comprehensive Health Center, Mission Community Hospital, National Alliance for Mental Illness (NAMI), Neighborhood Legal Services, New Directions for Youth, Northeast Valley Health Corporation, Olive View UCLA Medical Center, Open Arms Foster Age, Palmdale School District, Partners in Care Foundation, Protective Science Dynamics, Providence Access to Care, PSD Head Start, SCAN, Tarzana Treatment Center, Two Life Styles, Valley Trauma Center, Yes 2 Kids Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The remaining prioritized health needs for Panorama City will not be addressed by KFH Panorama City because, using a set of criteria, they were not ranked as highly in terms of high need and high feasibility as were access to care, chronic disease prevention and management and obesity and overweight prevention and reduction KFH Panorama City has particular resources and capacity to dedicate to the chosen priority areas and related health needs The needs that will not be addressed include Physical Environment/Transportation, Poverty Rates, Breastfeeding Though not selected as a priority need in the Implementation Strategy process, some of the above noted needs will be indirectly addressed through enhancing access to health care KFH-Panorama City will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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

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Form and Line Reference	Explanation
KFH - ONTARIO EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a KFH-Fontana line 6b Bilingual Family Counseling Services, Catholic Charities, San Bernardino County, Children's Fund, City of Chino, City of Montclair, City of Ontario Planning Department, City of Pomona, Community Action Partnership of San Bernardino County, Community Clinic Association of San Bernardino County, County of San Bernardino Department of Behavioral Health, County of San Bernardino Department of Public Health, County of San Bernardino Economic Development Agency, County of San Bernardino Public Defender's Office, Foothill AIDS Project, Inland Empire Alzheimer's Association, Inland Empire United Way, Inland Valley Hope Partners, Kids Come First Community Health Center, Latino Health Collaborative, Loma Linda University, Institute for Community Partnerships, Mercy House, Montclair Medical Clinic, Network for a Healthy California-African, American Campaign, Ontario Police Department, Ontario-Montclair Unified School District Reach Out, Riverside-San Bernardino County Indian Health, San Antonio Community Hospital, San Bernardino County Medical Association, Visin y Compromiso, West End Childrens Activity Resource Coalition (WE CARe), YMCA Ontario-Montclair Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The health needs that were not selected for KFH Ontario, in alphabetical order - include 1 Asthma, 2 Cancer, 3 Community Violence, 4 Hepatitis, 5 HIV/AIDS and Other STDs, 6 Prenatal/Perinatal Health, 7 Teen Pregnancy These health needs were not selected because they did not simultaneously meet the high need and high feasibility criteria threshold mentioned in Section VIII In other words, each of the health needs in some fashion did not demonstrate a combination of high magnitude and severity, large health disparities, a high number of Kaiser Foundation Hospital (KFH) assets, or a high ability to leverage internal and external KFH assets It also made more sense to select health needs that impacted several other health needs and/or were the underlying causes of poor health outcomes KFH-Ontario will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - MODESTO EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The following health needs for Stanislaus County were not ranked as highly as Obesity/Diabetes and Health Access and will not be addressed by KFH Modesto based on the rationale described below Hypertension, Cancer, Asthma, Mental Health, Oral Health, Tobacco Usage, and Alcohol/Drug Use However, a number of the strategies developed to address Obesity/Diabetes and Health Access will impact these other health needs For example, strategies to reduce obesity and diabetes promote healthy eating and physical activity, which will also contribute to preventing hypertension/high blood pressure and some types of cancer Strategies implemented to increase access to health services by populations suffering disparities apply broadly to all of the health needs For example, offering culturally competent care in community health clinics has the potential to improve health outcomes in many of the health needs areas While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Modesto will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs Specific rationale for the health needs selected to address" are found below 1 Hypertension Not perceived as the highest priority by the community Many of the Obesity/Diabetes strategies will address hypertension/high blood pressure prevention 2 Cancer There are limited opportunities to leverage existing internal and external efforts in this area Prevention is addressed in part through KP's strategies under Obesity/Diabetes and Health Access 3 Mental Health KP does not have a high level of expertise or resources to leverage in this area 4 Asthma According to data gathered for the CHNA, the magnitude of asthma prevalence is lower than that of other priority health needs 5 Oral Health KP does not offer dental services and does not have oral health expertise in-house 6 Tobacco Usage Not perceived as a high priority by the community The magnitude of tobacco usage is lower than other priority health needs 7 Alcohol/Drug Abuse Alcohol/drug abuse was ranked as a low priority health need in the CHNA multi-voting process line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - REDWOOD CITY EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a Sequoia Hospital, Lucile Packard Children's Hospital at Stanford, San Mateo Medical Center, Seton Medical Center, Stanford Hospital and Clinics, Mills-Peninsula Health Services line 6b San Mateo County Health Department, Health Plan of San Mateo, Hospital Consortium of San Mateo County, Peninsula Health Care District, Peninsula Library System Community Information Program, San Mateo County Human Services Agency, Silicon Valley Community Foundation Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The rationale for the following needs not addressed include 1 Cancer The spectrum of the problem is so broad that Community Benefit investments could not impact it Kaiser Permanente is doing research Smoking prevention efforts already in place could prevent lung cancer 2 Infant Mortality Magnitude of the problem is small, and infant mortality rates are better than those in other counties The health need was a lower priority for the community overall 3 Infectious Disease This issue is of lower impact It is also very general, and some of the diseases fluctuate, so there are fewer proven methods to address the health need There does not appear to be a high level of organizational commitment to the issue in comparison to other issues, and the community placed this health need as a lower priority than those ultimately chosen 4 Poor Oral/Dental Health Not many internal assets (resources nor expertise) Needs are addressed by San Mateo County programs Effective approaches could be incorporated under Access to Care (which is a chosen need) 5 Respiratory Conditions The need and potential impact of KP investment not as great as other needs The need is currently being addressed by healthcare systems directly 6 STDs/HIV-AIDS This issue is less of a problem in San Mateo County compared with other health needs There does not appear to be a high level of organizational commitment to the issue in comparison to other issues, and the community placed this health need as a lower priority than those ultimately chosen 7 Violence Systemic issues related to mental health and substance abuse issues were of greater concern than violence as a standalone health need Effective approaches could be incorporated under Behavioral Health (which is a chosen need) While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Redwood City will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - SANTA ROSA EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a Sutter Medical Center, Saint Joseph Health - Sonoma County line 6b Sonoma County Department of Health Services Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The following prioritized health needs for Santa Rosa will not be addressed by KFH Santa Rosa because, using the following criteria they were not ranked as highly as Access to Care, Healthy Eating and Physical Fitness, Mental Health and Oral Health The criteria used were - Magnitude/Scale of the Problem the health need affects a large number of people within the community - Severity of Problem the health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected - Kaiser Permanente Assets KP has relevant expertise and/or unique assets as an integrated health system to make a meaningful contribution - Existing or Promising Approaches there are effective or promising strategies to address the need - Health Disparities the health need disproportionately impacts the health status of one or more vulnerable population groups - Ability to Leverage opportunity to collaborate with existing community partners working to address the need, or to build on current programs, emerging opportunities, or other assets - Community Prioritization the community prioritizes the health need over other health needs KFH Santa Rosa has unique resources and capacity to dedicate to the four chosen health needs In addition, there are other strong community partners who are currently addressing the needs below While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Santa Rosa will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs The needs that will not be addressed are 1 Access to Substance Use Disorder Services 2 Barriers to Health Aging 3 Disparities in Educational Attainment 4 Cardiovascular Disease 5 Adverse Childhood Experiences 6 Lung, Breast and Colorectal Cancer 7 Tobacco Use line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - ANTIOCH EXPLANATIONS PART V, SECTION B	********** LINE 5 INPUT WAS GATHERED THROUGH FOCUS GROUPS AND KEY INFORMANT INTERVIEWS LINE 6A JOHN MUIR HEALTH Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna Although ten significant community health needs were identified through the CHNA process, the Diablo Contributions Committee made the decision to address no more than four community health needs in order to enhance the impact of our investment and effort The Contributions Committee process described above led to the decision not to address the following five needs directly as they did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing KP or community assets, the existence of promising approaches or the presence of health disparities In addition, there are other strong community partners who are currently addressing the needs below While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Antioch will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs The needs that will not be addressed are Local Specialty Care for Low-Income Populations, Asthma Prevention and Management, Affordable, Local Mental Health Services, Affordable, Local Substance Abuse Treatment Services, Parenting Skills and Support, and Economic Security line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - FRESNO EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a Adventist Health/Adventist Medical Center, Hanford, Adventist Medical Center, Reedley, Clovis Community Medical Center, Coalinga Regional Medical Center, Corcoran District Hospital, Community Regional Medical Center (includes Community Behavioral health Center), Children's Hospital Central California, Fresno Heart and Surgical Hospital, Kaweah Delta Medical Center, Madera Community Hospital, San Joaquin Valley Rehabilitation Hopsital, Sierra Veiw District Hospital, St Agnes Medical Center, Tulare Regional Medical Center Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna KFH Fresno is addressing all but one of the community-identified significant health needs mental health The magnitude and complexity of the mental health needs in the KFH Fresno Service Area require considerable coordination between the various county health departments, community clinics and health centers as well as other providers and support services Without the collective capacity to focus on mental health services coordination in the KFH Fresno Service Area, which includes all or part of four counties, the contributions of any one organization will not make a significant positive impact and will not be sustainable In addition, the CHNA showed inconclusive data on the nature of the need, e g types of services most needed, effective outreach strategies for unique populations in the community and degree of community priority Mental health ranked low in terms of ability to make a meaningful contribution, availability of effective strategies to address the health issue, ability to leverage existing relationships and programs, and prevention opportunity Other lower-priority community-identified health needs include Substance abuse, Education, Tobacco use, Responsible sexual behavior, Environmental quality, Injury and violence, Immunization, Infant mortality, and Premature death KFH Fresno did not select these needs because they did not rank highly on internal selection criteria such as KP ability to make a meaningful contribution, existing programs to leverage, community priority, severity, magnitude and strong prevention opportunity Some of the lower-priority health needs will be addressed indirectly through the selected priority health needs While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Fresno will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
KAISER WESTSIDE MED CTR EXPLANATIONS PART V, SECTION B	********** Line 5 Community input from across the primary and secondary service areas was incorporated into the CHNA process to identify and prioritize health needs KPNW staff accounted for community input as part of the CHNA process in the following ways - Identifying existing sources of primary data/community input (within 3 years prior to CHNA) - Conducting stakeholder interviews to assess local community health system capacity - Facilitating community listening sessions and surveys - Participating in three (3) regional collaborative groups community health assessment process - Community input informed the CHNA process across the KPNW region, but the sources and methodology varied across the primary and secondary hospital service areas *Stakeholder list can be provided upon request Line 6a KFH Westsides CHNA was conducted with KFH Sunnyside Both KFH hospitals share the same primary service area Line 6b KFH Hospitals helped found and has participated in the development of Healthy Columbia Willamette, a collaborative effort including 15 area hospitals and health systems as well as four county health departments and two Coordinated Care Organizations (CCOs) Healthy Columbia Willamette was formed to support member organizations in responding to the new ACA federal requirements and to catalyze the collective efforts of health and public health leaders in the Portland metropolitan area to have coordinated and meaningful impact on the health of the region KPNW Community Benefit staff contributes to the on-going assessment efforts of Healthy Columbia Willamette and participates in other regional groups in KFHs secondary service areas to expand Kaiser Permanentes community partnerships and improve community health in the Northwest region Metro Area (members of Healthy Columbia Willamette collaborative) Adventist Medical Center Legacy Health System (5 hospitals) Oregon Health & Science University PeaceHealth Southwest Medical Center Providence Health (4 hospitals) Tuality Community Hospital Health Share of Oregon (CCO) Familycare (CCO) Clackamas County Public Health Division Clark County Public Health Department Multnomah County Health Department Washington County Public Health Division SW Washington Area Peace Health St Johns Medical Center Cowlitz County Health Department Longview School District Pathways 2020 Mid- Valley Area Salem Hospital Marion County Health Department Polk County Health Department line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna KFH hospitals prioritized and selected five health needs to address throughout our service area Listed below are the five selected needs followed by a high-level description of the strategies we are currently implementing For a full description of all of KFH hospitals health improvement strategies, please refer to the Implementation Strategy report Access to care KFH Hospitals are primarily addressing access to care through Medicaid, Medical Financial Assistance, Charitable Health Coverage, and Community Access programs, as well as through grant funding to Safety Net clinics and contracted hospitals Nutrition and physical activity related chronic disease KFH Hospitals are primarily addressing chronic disease through regional collaborations promoting healthy eating active living (HEAL) policies and behaviors, and a healthy food access grant initiative, and by awarding grants to community organizations that promote HEAL clinical and community activities Oral health KFH Hospitals are primarily addressing oral health through Dental Medicaid, Dental Financial Assistance, and Charitable Health Coverage programs, as well as the through participation in an oral health funders collaborative and an oral health grant initiative providing supporting local organizations that provide oral health prevention and treatment services Mental health KFH Hospitals are primarily addressing mental health through behavioral health grants and grant initiatives that support both prevention and treatment efforts in adult and school-aged children as well as partnering with Oregon Childrens theater to deliver Kaiser Permanentes Educational Theatre Program which serves children grad

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
KAISER WESTSIDE MED CTR EXPLANATIONS PART V, SECTION B	es K-12 with programming to support health and well-being Maternal and infant health KFH Hospitals are primarily addressing maternal and infant health through providing perinatal care through community access programs, awarding grants to programs that improve perinatal health or provide teen pregnancy prevention, and through collaborations to support and pr omote breastfeeding and address the developmental origins of health and disease The remai ning prioritized health needs will not be addressed because using the criteria described p reviously, they were not ranked as highly as Nutrition and Physical Activity-related Chron ic Disease, Maternal and Infant Health, Access to Health Care, O ral Health, and Mental Hea lth The region has a unique set of resources and capacity to dedicate to the five selecte d health needs In addition, there are other strong community partners and networks who ar e currently addressing the needs below The needs that will not be addressed are - Econom ic security - Cancer - Tobacco use - Sexually transmitted disease - Injury line 13a KP pr ovides a 100% discount to all charity eligible patients regardless of whether they are uni nsured or underinsured The discount amount is not adjusted based on income level Line 13 b 10% of annual income spent on medical care

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

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
KFH - SAN LEANDRO EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna Some of the prioritized health needs for San Leandro - Access to Education and Training Programs, Exercise/Active Living, Access to Information and Referral to Appropriate Programs - will not be addressed by KFH San Leandro because they were not ranked as high as access to behavioral health care and services, access to affordable, healthy food, ensuring safe and healthy environments and access to preventive health care services KFH San Leandro has unique resources and capacity to dedicate to the chosen health needs The group recognized that the needs not selected would be addressed in some of the strategies developed for the other selected health needs, as a number of them have multiple outcomes that can affect other health needs In addition, there are a number of existing organizations spearheading community-based initiatives that are currently addressing the needs not selected While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH San Leandro will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - VACAVILLE EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a Sutter Solano Medical Center, Vallejo, North Bay Medical Center, Fairfield, La Clinica line 6b Solano County Public Health Department, Solano Coalition for Better Health, Solano County Public Health Department, Community Clinic Consortium, and La Clinica de la Raza Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The following prioritized health needs for KFH Vacaville service area - Transportation limitations, Lack of or limited access to dental care, Limited places and social space for civic engagement, Unstable housing and homelessness, Lack of substance abuse treatment and rehabilitation, and Exposure to unclean air, environmental toxins and pesticides - will not be addressed by KFH Vacaville because, using criteria such as the severity of the problem or the ability to leverage resources, they did not rank as high as other needs In addressing access to culturally appropriate, affordable health care services, access to affordable healthy food, lack of safe places to walk, bike, exercise, or play, and lack of employment and vocational training, KFH Vacaville has unique resources, expertise, and capacity to dedicate to the four chosen health needs Lastly, a number of community partners have undertaken initiatives to address the needs not selected While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Vacaville will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - SOUTH SAN FRANCISCO EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a Sequoia Hospital, Lucile Packard Children's Hospital at Stanford, San Mateo Medical Center, Seton Medical Center, Stanford Hospital and Clinics, Mills-Peninsula Health Services line 6b San Mateo County Health Department, Health Plan of San Mateo, Hospital Consortium of San Mateo County, Peninsula Health Care District, Peninsula Library System Community Information Program, San Mateo County Human Services Agency, Silicon Valley Community Foundation Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The following health needs will not be addressed by KFH South San Francisco Rationale for why they won't be addressed is also provided A Cancer The spectrum of the problem is so broad that Community Benefit investments could not impact it Kaiser Permanente is doing research Smoking prevention efforts already in place could prevent lung cancer B Infant Mortality Magnitude of the problem is small, and infant mortality rates are better than those in other counties The health need was a lower priority for the community overall C Infectious Diseases This issue is of lower impact It is also very general, and some of the diseases fluctuate, so there are fewer proven methods to address the health need There does not appear to be a high level of organizational commitment to the issue in comparison to other issues, and the community placed this health need as a lower priority than those ultimately chosen D Poor Oral/Dental Health Not many internal assets (resources nor expertise) Needs are addressed by San Mateo County programs Effective approaches could be incorporated under Access to Care (which is a chosen need) E Respiratory Conditions The need and potential impact of KP investment not as great as other needs The need is currently being addressed by healthcare systems directly F Sexually Transmitted Diseases, including HIV-AIDS This issue is less of a problem in San Mateo County compared with other health needs There does not appear to be a high level of organizational commitment to the issue in comparison to other issues, and the community placed this health need as a lower priority than those ultimately chosen G Violence Systemic issues related to mental health and substance abuse issues were of greater concern than violence as a standalone health need Effective approaches could be incorporated under Behavioral Health (which is a chosen need) While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH South San Francisco will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - SAN RAFAEL EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a Marin General Hospital, Novato Community Hospital line 6b Healthy Marin Partnership, Marin Health and Human Services Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna Listed below are the community-prioritized health needs for Marin County that will not be addressed by KFH San Rafael because, using the following criteria, they were not ranked as highly as Access to Care, Healthy Eating and Physical Fitness, Mental Health and Substance Abuse The criteria used were - Level of community concern regarding the need - Ability to leverage established, or promote/encourage new community partnerships to address the need - Build community capacity and available community expertise/resources to address the need - Ability to have a meaningful impact on community health through prevention/early intervention or contributions of Kaiser Permanente resources, staff expertise, technical assistance or in-kind support - Availability of effective or promising strategies, preferably evidence-based, that could be applied to address the need - Degree of racial/ethnic/socioeconomic status inequity in the prevalence/severity of the need - Prevalence/severity of the need KFH San Rafael has unique resources and capacity to dedicate to the four chosen health needs In addition, the selection committee recognized there are other strong community partners who are currently addressing or are better suited to address the needs below While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH San Rafael will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs The needs that will not be addressed are - Heart Disease - Cancer - Socioeconomic Status - Social Supports line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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

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Form and Line Reference	Explanation
KFH - FREMONT EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna Some of the prioritized health needs for Fremont - Access to Education and Training Programs, Exercise/Active Living, Access to Information and Referral to Appropriate Programs - will not be addressed by KFH Fremont because they were not ranked as high as access to behavioral health care and services, access to affordable, healthy food, ensuring safe and healthy environments and access to preventive health care services KFH Fremont has unique resources and capacity to dedicate to the chosen health needs The group recognized that the needs not selected would be addressed in some of the strategies developed, as a number of them have multiple outcomes In addition, there are a number of existing organizations spearheading community-based initiatives that are currently addressing the needs not selected While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Fremont will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - MORENO VALLEY EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a KFH-Riverside line 6b Borrego Community Health Foundation, California State University, San Bernardino, Carolyn E Wylie Center, Clinicas de Salud del Pueblo Inc , Coachella Valley Volunteers in Medicine, Community Action Partnership, Riverside County, County Executive Office, Riverside County, Desert AIDS Project, Desert Samaritans for Seniors, El Sol Neighborhood Education Center, Esperanza Youth and Family Center, FIND Food Bank, First 5 Riverside, Healthy Family Foundation, Healthy Heritage Movement, Inland Agency-The Pink Ribbon Place, Inland Empire Health Plan, Latino Health Access, Lestonnac Free Clinic, Lowe and Associates, Martha's Village and Kitchen, MFI Recovery Center, Michelle's Place, Moreno Valley Chamber of Commerce, Moreno Valley Unified School District, Murrieta Valley Unified School District, Music Changing Lives, Neighborhood Healthcare, Nonprofit Resource Center, Oak Grove Center for Education Training & the Arts, Path of Life Ministries, Project KIND, Provident Bank, Quinn Community Outreach Corp , Regional Access, Project Foundation, Riverside Community College Dental Program, Riverside Community Health Foundation, Riverside County Department of Mental Health, Riverside County Department of Public Health, Riverside County Public Health Nursing, Riverside County Regional Medical Center, Riverside-San Bernardino County Indian, Health, Inc , Safe Alternatives for Everyone, Southern California Permanente Medical Group (SCPMG), Southwest California Legal Council, Southwest Healthcare, St Patrick Church, Student Run Health Clinic, The California Endowment, THINK Together, United States Veterans, United Way of the Inland Valleys, University of California, Riverside School of Medicine, Urban Community Action Project, Whiteside Manor Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The remaining prioritized health needs for Moreno Valley will not be addressed by KFH-Moreno Valley because, using a set of criteria, they were not ranked as highly as the health needs that were selected (access to Care, which includes Mental Health, Oral Health, and Service Infrastructure, Obesity and Overweight, and Diabetes, which also includes Service Infrastructure) KFH-Moreno Valley has unique resources and capacity to dedicate to the three chosen health needs In addition, there are other strong community partners who are currently addressing the needs below The needs that will not be addressed are 1 Asthma, 2 Cancer, 3 Cardiovascular Disease (including hypertension, heart disease, and stroke), 4 Community Violence, 5 Economic Instability KFH-Moreno Valley will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - RICHMOND EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna The remaining prioritized health needs for Richmond - Economic security, Affordable community-based mental health services, Safe outdoor spaces, Local specialty care for low-income populations, and Affordable community-based substance abuse services - will not be addressed by KFH Richmond because they were not ranked as highly as access to care, healthy eating active living, violence prevention and asthma prevention Specifically, economic security will be indirectly addressed through the access to care and violence prevention strategies Affordable community-based mental health services and affordable community-based substance abuse services were not selected because of KPs limited capacity and assets to provide services that can impact the broader service area Although safe outdoor spaces similarly was not selected as a priority health need because of KPs limited capacity and assets to provide such services, it is addressed in the violence prevention health need While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Richmond will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Form and Line Reference	Explanation
KFH - MANTECA EXPLANATIONS PART V, SECTION B	********** LINE 5 Input was gathered through focus groups and key informant interviews Line 6a St Joseph's Medical Center, Dameron Hospital, Sutter Tracy Community Hospital Line 11 We are addressing the significant health needs prioritized through the CHNA process through the development and implementation of our Implementation Strategy (IS) The IS also describes the needs we prioritized and did not, and the reasons why such needs are not being addressed We prioritized a number of community health needs to focus our efforts and increase the impact of our investments We applied criteria to prioritize the needs and did not select those that did not rank as highly in terms of scale or severity of the problem, the ability to leverage existing Kaiser Permanente or community assets, lacked evidence of promising approaches, or failed to demonstrate the presence of health disparities The full CHNA as well as the IS reports can be found at www kp org/chna Needs not selected by KFH Manteca include Lack of or limited access to dental care, Lack of or limited access to health education, Acculturation, limited cultural competence in health and related systems, and Limited transportation options These health needs were not ranked as highly as Access to Primary and Preventive Care Services and Healthy Foods/Physical Activity and will not be addressed by KFH Manteca based on the rationale described below However, a number of the strategies developed to address Access to Primary and Preventive Care Services and Healthy Foods/Physical Activity will impact the other health needs not selected For example, strategies to increase healthy eating and physical activity may in part address lack of or limited access to health education Strategies implemented to increase access to primary and preventive care services populations may address acculturation and limited cultural competence in health and related systems While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities KFH Manteca will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs Specific rationale for the health needs selected to address" is provided below 1 Lack of or limited access to dental care KFH Manteca does not offer dental services and does not have oral health expertise in-house 2 Lack of or limited access to health education The community assigned a moderate level of prioritization to this health need Limited potential impact on health outcomes due to lack of opportunities for leveraging policy change or placed based strategies in this area 3 Acculturation, limited cultural competence in health and related systems Acculturation was ranked as the second lowest priority after criteria to select health needs to address were applied Cultural competence is addressed in part through KFH Manteca strategies in Access to Primary Care and Preventive Services and Healthy Foods/Physical Activity 4 Limited transportation options Limited transportation was ranked as one of the lowest priority health needs in the CHNA line 13a KP 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 line 13h High Medical Expenses over 10% of annual income may apply for specific products / benefits

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ 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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 944

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

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 non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships	523	1,115,500			

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

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to 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
100 Mile Club 2191 Fifth St 211 Norco,CA 92860	20-8425786	501(c)(3)	20,000				Project Support
18 Reasons 3150 18th St 315 San Francisco,CA 94110	45-3059509	501(c)(3)	35,000				Project Support
2B Successful Youth 919 Missouri Fairfield,CA 94533	26-3308963	501(c)(3)	15,000				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
2nd Harvest Food Bank Santa Clara 4001 N 1st St San Jose,CA 95134	94-2614101	501(c)(3)	40,000				Project Support
2nd Harvest Food Bnk San Joaquin 704 EIndustrial Pk Manteca,CA 95337	68-0376587	501(c)(3)	25,000				Other
A More Excellent Way Hlth Improve Org 215 Lighthouse Drive Vallejo,CA 94590	14-2011697	501(c)(3)	14,481				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
A Place Called Home 2830 S Central Ave Los Angeles,CA 90011	95-4427291	501(c)(3)	15,000				Project Support
A Reason to Survive 200 East 12th Street National City,CA 91950	33-0963135	501(c)(3)	10,000				Project Support
A Window Between Worlds 710 4th Avenue Venice,CA 90291	95-4448606	501(c)(3)	10,000				Project Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ABC Unified School District 16700 Norwalk Bl Cerritos,CA 90703	95-2380644	Government or P	13,000				Conference Support
ABC Unified School District Edu Found 16700 Norwalk Bl Cerritos,CA 90703	27-5388922	501(c)(3)	9,215				Event Support\Annual Fundraiser
Abode Services 40849 Fremont Blvd Fremont,CA 94538	94-3087060	501(c)(3)	44,750				Other

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
Access CA Services 631 S Brookhurst St Anaheim, CA 92804	33-0826205	501(c)(3)	15,000				Project Support
Access Institute for Psychological Serv 110 Gough St 301 San Francisco, CA 94102	01-0595862	501(c)(3)	20,000				Project Support
Access OC S Cal 1505 E 17th St 209 Santa Ana, CA 92705	45-5011901	501(c)(3)	10,000				Project Support

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

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Adaptive Phys Edu 1455 Madison Avenue Redwood City,CA 94061	46-3037547	501(c)(3)	15,000				General Operating Support
Adelante Mujeres 2420 - 19th Ave Forest Grove,OR 97116	03-0473181	501(c)(3)	20,000				Project Support
Adelante Youth Alliance 805 N Madison Ave Pasadena,CA 91104	15-4819333	501(c)(3)	19,400				Conference Support

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

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Adelanto Elementary School District 11824 Air Expressway Adelanto,CA 92301	95-6000010	Government or P	10,000				Project Support
Adolescent Counseling Svcs 1717 Embarcadero Rd Palo Alto,CA 94303	53-0192551	501(c)(3)	15,000				General Operating Support
Advanced Center for Eyecare 1701 Westwind Dr Bakersfield,CA 93301	27-3257780	501(c)(3)	15,000				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
Afghan Coalition 39155 Liberty St Fremont, CA 94538	94-3398311	501(c)(3)	25,000				General Operating Support
Agricultural Institute of Marin 400 Smith Ranch Rd San Rafael, CA 94903	86-1156712	501(c)(3)	15,000				Capital Fund Support
AIDS Srv Found of OC 17982 Skypark Circ Irvine, CA 92614	33-0126481	501(c)(3)	15,000				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
Airport Marina Counseling Service 7891 La Tijera Blvd Los Angeles,CA 90045	95-2224149	501(c)(3)	10,000				Project Support
Alameda Boys & Girls Club Inc 1900 3rd Street Alameda,CA 94501	94-1312299	501(c)(3)	10,000				Project Support
Alameda County Deputy Sheriff's Ass 16378 E 14th St San Leandro,CA 94578	83-0410537	501(c)(3)	30,000				Project Support

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

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Alameda County Health Care Services 1000 San Leandro Blv San Leandro, CA 94577	94-6000501	Government or P	14,000				Project Support
Alameda County Hlth Care Services Agency 1000 San Leandro Blv San Leandro, CA 94577	94-6000501	Government or P	2,620,000				Capital Fund Support
Alameda County Office of Education 313 West Winton Ave Hayward, CA 94544	94-6002421	Government or P	75,000				Project Support

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

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Alameda Health System Foundation 350 Frank H Ogawa Oakland, CA 94612	94-3103136	501(c)(3)	231,625				Project Support
Alameda Hlth Consort 101 Callan Ave 300 San Leandro, CA 94577	51-0189590	501(c)(3)	133,350				Event Support\Annual Fundraiser
Aldea Inc 1801 Oak St PO 841 Napa, CA 94559	94-2159248	501(c)(3)	20,000				Project Support

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

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Alexandria House 426 S Alexandria Av Los Angeles,CA 90020	95-4809755	501(c)(3)	10,000				Project Support
Alive & Free 1060 Tennessee St San Francisco,CA 94107	94-3171846	501(c)(3)	5,730				Event Support\Cultural Event
Allen Temple Foundation Inc 8501 International Oakland,CA 94621	94-3171539	501(c)(3)	150,000				Project Support

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

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Al-Shifa Clinic Inc 2034 B Mallory St San Bernardino,CA 92407	33-0855769	501(c)(3)	25,000				General Operating Support
Alternatives in Action 3666 Grand Ave Oakland,CA 94610	94-3210413	501(c)(3)	20,000				Project Support
Alum Rock Union Elem School District 2930 Gay Avenue San Jose,CA 95127	77-0016360	Government or P	40,000				Project Support

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

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Always Knocking Inc 7030 Indian Lane Sacramento, CA 95822	26-4635991	501(c)(3)	20,000				Project Support
Alzheimer Disease & Related Disorders 2515 McCabe Way Irvine, CA 92614	95-3702013	501(c)(3)	10,000				Project Support
ALZHEIMERS DISEASE & RELATED DISORDERS 6632 Convoy Court San Diego, CA 92111	95-3565388	501(c)(3)	10,000				Project Support

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

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Alzheimers Disease Assoc of Kern County 5500 Olive Dr Bldg Bakersfield,CA 93308	77-0017561	501(c)(3)	25,000				General Operating Support
Amanecer Comm Counseling Non-Profit 1200 Wilshire Bl Los Angeles,CA 90017	95-3076578	501(c)(3)	10,000				Project Support
Ambrose Recreation and Park District 3105 Willow Pass Rd Bay Point,CA 94565	94-1622656	Government or P	10,000				Project Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ambulatory Surgery Access Coalition 1119 Market St 400 San Francisco,CA 94103	94-3180356	501(c)(3)	9,510				Other,Event Support\Annual Fundraiser
Amer SCORES Bay 1610 Harrison St San Francisco,CA 94103	48-1272959	501(c)(3)	15,000				Project Support
America Ntl Red Cros 3131 N Vancouver Av Portland,OR 97228	53-0196605	501(c)(3)	30,000				Project Support

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

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America On Track 600 W Santa Ana Bl Santa Ana,CA 92701	33-0724044	501(c)(3)	10,000				Project Support
American Cancer Society Inc 1710 Webster Street Oakland,CA 94612	13-1788491	501(c)(3)	20,000				Event Support\Health Fair
American Diabetes Association Inc 4600 Roseville Rd North Highlands,CA 95660	13-1623888	501(c)(3)	32,015				Event Support\Dinner,Event Support

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American Heart Association Inc 426 17th St 300 Oakland,CA 94612	13-5613797	501(c)(3)	462,250				Event Support\Annual Fundraiser
American Lung Association of Sacramento 1531 I St 201 Sacramento,CA 95814	94-0362650	501(c)(3)	8,500				Other
Andrew J Young Fnd 260 14th Street NW Atlanta,GA 30318	58-2591049	501(c)(3)	25,000				Project Support

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

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Ann Martin Children's Center 1375 55th Street Emeryville,CA 94608	94-6099000	501(c)(3)	12,350				Event Support\Cultural Event
Antelope Valley College Foundation 3041 West Avenue K Lancaster,CA 93536	95-4398700	501(c)(3)	15,000				Project Support
Antelope Valley Hlth 44226 10th St West Lancaster,CA 93534	47-0957404	501(c)(3)	17,900				Event Support\Health Fair

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

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APA Family Sup Services former Asian 10 Nottingham Place San Francisco,CA 94133	94-3164091	501(c)(3)	10,000				Project Support
APLA Health & Wellness 611 S Kingsley Dr Los Angeles,CA 90005	84-1661910	501(c)(3)	15,000				Project Support
Arden Manor Recreation & Park District 1415 Rushden Drive Sacramento,CA 95864	94-6000529	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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AREA AGENCY ON AGING-SERVING NAPA 400 Contra Costa St Vallejo,CA 94590	94-2742309	501(c)(3)	20,000				Project Support
Arrowhead United Way 646 North D Street San Bernardino,CA 92401	95-1934586	501(c)(3)	10,000				Project Support
Arts and Cultural Foundation of Antioch PO Box 613 Antioch,CA 94509	68-0479175	Government or P	15,000				Project Support

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Ashland Free Medical Clinic 50 E Lewelling San San Lorenzo,CA 94580	68-0554276	501(c)(3)	65,000				Project Support
Asian Americans Advancing Justice LA 1145 Wilshire Bl 2Fl Los Angeles,CA 90017	95-3854152	501(c)(3)	28,200				Conference Support
Asian Americans for Comm Involvement 2400 Moorpark Ave San Jose,CA 95128	94-2292491	501(c)(3)	40,000				Project Support

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

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Asian Health & Service Center 3633 SE 35th Pl Portland, OR 97202	93-1192100	501(c)(3)	83,334				Project Support
Asian Pac Islander 4000 Truxel Rd 3 Sacramento, CA 95834	55-0849384	501(c)(3)	9,200				Other
Asian Pacific Health Care Venture Inc 4216 Fountain Ave Los Angeles, CA 90029	95-4177752	501(c)(3)	15,000				Project Support

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

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Asian Pacific Women's Center Inc 244 S San Pedro St Los Angeles,CA 90012	93-1102854	501(c)(3)	7,500				Project Support
Asian Pacific Youth Leadership Project 5226 Luttig Court Elk Grove,CA 95757	94-3167910	501(c)(3)	9,916				Other,Event Support\Annual Fundraiser
Asian-Ameri Educ 1115 South E St San Bernardino,CA 92408	33-0749876	501(c)(3)	10,000				Project Support

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

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Assistance League of Redlands 506 Colton Avenue Redlands,CA 92374	95-2131653	501(c)(3)	15,000				Project Support
Avenidas 450 Bryant Avenue Palo Alto,CA 94301	94-1480548	501(c)(3)	25,000				Project Support
Axis Community Health Inc 4361 Railroad Ave Pleasanton,CA 94566	94-2232394	501(c)(3)	30,000				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
Azusa Pacific University 901 E Alosta Ave Azusa,CA 91702	95-1744369	501(c)(3)	10,000				Project Support
Bakersfield Assoc for Retarded Citizens 2240 South Union Av Bakersfield,CA 93561	95-1805520	501(c)(3)	8,000				Project Support
Baldwin Park Unified School District 4640 N Maine Ave Baldwin Park,CA 91706	95-6000213	Government or P	18,000				General Operating Support

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Bartz-Altadonna Community Health Center 43322 Gingham Ave Lancaster, CA 93535	27-3261289	501(c)(3)	12,500				Project Support
Battle Ground HealthCare 11117 NE 189th St Battle Ground, WA 98604	27-3148590	501(c)(3)	15,000				Project Support
Bay Area Bicycle Coalition 833 Market St 10 Fl San Francisco, CA 94103	94-3023347	501(c)(3)	35,000				Other

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Bay Area Business Roundtable 8517 Earhart Road OAKLAND,CA 92621	80-0242181	501(c)(3)	10,000				Other
Bay Area Community Resources 171 Carlos Drive San Rafael,CA 94903	94-2346815	501(c)(3)	27,500				Project Support
Bay Area Women 1922 The Alameda San Jose,CA 95126	55-0897084	501(c)(3)	25,000				Project Support

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Bay Area Women Against Rape 470 27th Street Oakland,CA 94612	94-2300454	501(c)(3)	20,000				Project Support
Bay Area Youth EMT Program 3066 Madeline Street Oakland,CA 94602	27-0725892	501(c)(3)	20,000				Project Support
Beach School PTA 1710 N Humboldt Portland,OR 97217	93-1256837	501(c)(3)	9,500				Project Support

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Bear Valley Unified School District PO Box 1529 Big Bear Lake, CA 92315	95-6006065	Government or P	10,000				Project Support
Bellflower Unified School District 16703 S Clark Ave Bellflower, CA 90706	95-6000249	Government or P	26,000				Responsive
Benicia Community Action Council 480 MILITARY EAST BENICIA, CA 94510	68-0294153	501(c)(3)	8,000				Project Support

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Benicia Unified School District 350 East K Street Benicia,CA 94510	30-0385724	Government or P	30,000				Project Support
Berkeley Youth Alternatives 1255 Allston Way Berkeley,CA 94702	94-1711728	501(c)(3)	20,000				Project Support
Big Brothers Big Sisters Columbia NW 1827 NE 44th Av 100 Portland,OR 97213	93-1303640	501(c)(3)	15,000				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
Bill Wilson Center 3490 The Alameda Santa Clara, CA 95050	94-2221849	501(c)(3)	25,000				Project Support
Blanchet House of Hospitality 310 NW Glisan Street Portland, OR 97209	93-6031009	501(c)(3)	15,000				Project Support
Borrego Comm Hlth 4343 Yaqui Pass RD Borrego Springs, CA 92004	33-0440021	501(c)(3)	20,000				General Operating Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Boy & Girl Tracy Inc 753 W Lowell Avenue Tracy,CA 95376	68-0028682	501(c)(3)	34,000				Project Support
Boy Girl Club Kern 801 Niles Street Bakersifeld,CA 93305	95-2462246	501(c)(3)	10,000				Project Support
Boys & Girls Club 1950 E 220th St Carson,CA 90810	33-0475452	501(c)(3)	7,500				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
Boys & Girls Club of Burbank Inc 2244 N Buena Vista Burbank,CA 91504	95-4485745	501(c)(3)	10,000				Project Support
Boys & Girls Club of El Sobrante 4660 Appian Way El Sobrante,CA 94803	94-1525614	501(c)(3)	20,000				Project Support
Boys & Girls Club of Hollywood 850 N Cahuenga Bl Los Angeles,CA 90038	95-1775142	501(c)(3)	10,000				Project Support

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Boys & Girls Club of Pasadena 3230 E Del Mar Blv Pasadena,CA 91107	95-1643305	501(c)(3)	10,000				Project Support
Boys & Girls Club of Redlands Inc 1251 Clay Street Redlands,CA 92374	95-6187083	501(c)(3)	12,000				Project Support
Boys & Girls Club W San Gabriel Valley 328 S Ramona Ave Monterey Park,CA 91754	95-2782501	501(c)(3)	9,000				Project Support

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Boys & Girls Clubs Greater Sacramento 5212 Lemon Hill Ave Sacramento, CA 95824	68-0338324	501(c)(3)	32,140				Project Support
Boys & Girls Clubs NSan Mateo County 201 W Orange Ave South San Francisco, CA 94080	94-1497000	501(c)(3)	30,000				General Operating Support
Boys & Girls Clubs of Fresno County 540 N Augusta St Fresno, CA 93701	94-1149171	501(c)(3)	9,450				General Operating Support

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Boys & Girls Clubs of Oakland 3300 High St 2nd Fl Oakland, CA 94619	94-1279794	501(c)(3)	30,000				Project Support
Boys & Girls Clubs of Southwest WA 1111 Main St 605 Vancouver, WA 98660	91-1978646	501(c)(3)	20,000				Project Support
Boys & Girls Clubs of the Diablo Valley 1301 Alhambra Avenue Martinez, CA 94553	94-1333618	501(c)(3)	10,000				Project Support

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Boys and Girls Club of Manteca 545 W Alameda St Manteca, CA 95336	94-2751177	501(c)(3)	29,900				Project Support
Boys Girls Club of Salem Marion & Polk 1395 Summer St NE Salem, OR 97301	93-0581470	501(c)(3)	12,000				Project Support
Breast Cancer Emergency Fund 12 Grace St 300 San Francisco, CA 94103	20-3203899	501(c)(3)	9,500				Event Support\Annual Fundraiser

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Breathe Calif Golden Gate Public Hlth 1 Sutter St 225 San Francisco,CA 94104	94-0836760	501(c)(3)	6,545				Event Support\Luncheon
Breathe Calif Sacramento-Emigrant Trail 909 12th St 100 Sacramento,CA 95814	94-1641240	501(c)(3)	17,500				Project Support
Bridge to Home SCV 24405 Chestnut Ave Santa Clarita,CA 91321	95-4587823	501(c)(3)	6,626				Project Support

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Brighter Beginnings 2648 International Oakland,CA 94601	94-2949749	501(c)(3)	41,000				Project Support
Buddhist Tzu Chi Medical Foundation 10414 Vacco St South El Monte,CA 91733	95-4457939	501(c)(3)	67,750				Project Support
Building A Generat 932 W Cypress Redlands,CA 92373	54-2104001	501(c)(3)	9,000				Project Support

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Building Opport Self 2065 Kittredge St E Berkeley, CA 94704	51-0173390	501(c)(3)	10,000				Project Support
CSULA Auxiliary Services Inc 5151 State Univrsty Los Angeles, CA 90032	95-4016653	501(c)(3)	8,800				Event Support\Dinner
Cal Dedicated Educ 425 Broadway Redwood City, CA 94063	45-0676449	501(c)(3)	6,140				Conference Support

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Cal Partnership Safe 469 9th St 210 Oakland,CA 94607	45-3127566	501(c)(3)	125,000				Project Support
Cal State Bakersfield Foundation 9001 Stockdale Hwy Bakersfield,CA 93311	95-2643086	501(c)(3)	13,758				Project Support
Calico Center 524 Estudillo Ave San Leandro,CA 94577	94-3256781	501(c)(3)	27,395				Other

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Calif Aquatic Therapy & Wellness Center 6801 Long Beach Bl Long Beach,CA 90805	95-2382016	501(c)(3)	10,000				Project Support
Calif Center For Public Health Advocacy PO Box 2309 Davis,CA 95617	95-4723901	501(c)(3)	210,000				Project Support
California Association of Food Banks 1624 Franklin St 722 Oakland,CA 94612	68-0392816	501(c)(3)	104,500				Conference Support

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California Bicycle Coalition 1017 L Street 288 Sacramento, CA 95814	68-0417507	501(c)(3)	10,000				Conference Support
California Black Health Network 520 9th St Suite 210 Sacramento, CA 95814	95-3794688	501(c)(3)	12,400				Event Support\Cultural Event
California Dental Association Foundation 1201 K St 1511 Sacramento, CA 95814	68-0411536	501(c)(3)	10,000				Project Support,Event Support

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California Family Health Council Inc 3600 Wilshire Bl Los Angeles,CA 90010	95-2564024	501(c)(3)	75,000				Project Support
California Food Policy Advocates Inc 436 14th St 1220 Oakland,CA 94612	94-3163142	501(c)(3)	140,000				Project Support
California Health Collaborative 1680 West Shaw Av Fresno,CA 93711	94-2862660	501(c)(3)	80,000				Project Support

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California Medical Assoc Foundation 2230 L Street Sacramento,CA 95816	94-6062822	501(c)(3)	8,464				Conference Support
California Pan-Ethnic Health Network 1221 Preservation Oakland,CA 94612	94-3306223	501(c)(3)	125,000				General Operating Support
California Parenting Institute 3650 Standish Avenue Santa Rosa,CA 95407	94-2541640	501(c)(3)	21,600				Event Support\Annual Fundraiser

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California Primary Care Association 1231 I St 400 Sacramento,CA 95814	94-3215565	501(c)(3)	20,000				Conference Support
California School Based Health Alliance 1203 Preservation Oakland,CA 94612	94-3201896	501(c)(3)	144,480				Conference Support
California State Univ Fresno Foundation 4910 N Chestnut Ave Fresno,CA 93726	94-6003272	501(c)(3)	19,950				General Operating Support

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California State University Sacramento 3000 State Univer Sacramento,CA 95819	68-0365325	Government or P	21,850				Conference Support
California Youth Services 23282 Mill Creek Dr Laguna Hills,CA 92653	20-1051272	501(c)(3)	10,000				Project Support
Camarena Health 344 E Sixth Street Madera,CA 93637	94-2503904	501(c)(3)	152,500				Project Support

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Caminar 2600 SEICamino Rea San Mateo,CA 94403	94-1639389	501(c)(3)	35,000				General Operating Support
Camp Taylor Inc 5424 Pirrone Road Salida,CA 95368	04-3709177	501(c)(3)	8,000				Other
Campbell Union School District 155 Third Street Campbell,CA 95008	77-0226428	Government or P	25,000				Project Support

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Canal Alliance 91 Larkspur Street San Rafael, CA 94901	94-2832648	501(c)(3)	20,000				Project Support
Cancer CAREpoint 2505 Samaritan Dr San Jose, CA 95124	27-3029691	501(c)(3)	8,000				Project Support
CANCER PREVENTION INSTITUTE OF CA 2201 Walnut Avenue Fremont, CA 94538	23-7427232	501(c)(3)	54,557				PassThrough Fed Proj

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Cangress 838 E 6th Street Los Angeles,CA 90021	02-0661629	501(c)(3)	10,000				Project Support
Cardea Services 614 Grand Ave Oakland,CA 94610	94-2401949	501(c)(3)	15,000				Project Support
Care Harbor 18436 Hawthorne 204 Torrance,CA 90504	27-2984870	501(c)(3)	20,000				Event Support\Health Fair

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CAREGIVERS Volunteers Assisting Elderly 1765 Goodyear Ave Ventura, CA 93003	77-0081692	501(c)(3)	20,000				General Operating Support
Casa de Amparo 325 Buena Creek Road San Marcos, CA 92069	95-3315571	501(c)(3)	12,000				Project Support
Casa Familiar 119 W Hall Avenue San Ysidro, CA 92173	23-7237898	501(c)(3)	10,000				Project Support

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CASA of Los Angeles 201 Centre Plaza Dr Monterey Park,CA 91754	95-3890446	501(c)(3)	15,000				Project Support
Catholic Charities CYO Archiocese SF 990 Eddy Street San Francisco,CA 94109	94-1498472	501(c)(3)	20,000				General Operating Support
Catholic Charities of Diocese Santa Rosa PO 4900 Santa Rosa Santa Rosa,CA 95403	94-2479393	501(c)(3)	20,000				Project Support

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Catholic Charities the Diocese Stockton 400 12th St 4 Modesto, CA 95354	94-1629114	501(c)(3)	50,000				Project Support
Center for AIDS Research Educ & Serv 1500 21st Street Sacramento, CA 95811	68-0162903	501(c)(3)	62,500				Project Support
Center for Community Solutions 4508 Mission Bay San Diego, CA 92109	95-6379598	501(c)(3)	15,000				Project Support

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Center for Domestic Peace 734 A Street San Rafael,CA 94901	94-2415856	501(c)(3)	5,400				Event Support\Annual Fundraiser
Center for Human Development 901 Sunvalley Bl Concord,CA 94520	94-2520840	501(c)(3)	14,117				Event Support\Cultural Event
Center for Individual fam couseling 5445 Laurel Cyn Blvd North Hollywood,CA 91607	51-0204566	501(c)(3)	9,500				Project Support

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Center for Living and Learning 14549 Archwood St Van Nuys,CA 91405	95-4406897	501(c)(3)	14,790				Project Support
Center for Oral Health 309 East 2nd Street Pomona,CA 91766	94-3000350	501(c)(3)	53,686				Event Support\Awards Ceremony
Center for the Pacific Asian Family Inc 543 N Fairfax Ave Los Angeles,CA 90036	95-3532351	501(c)(3)	9,600				Event Support\Dinner

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Center Integrated Family & Health Serv 540 Eremland Ste A-C Covina,CA 91723	95-4746042	501(c)(3)	7,500				Project Support
Centinela Youth Services Inc 11539 Hawthorne Blvd Hawthorne,CA 90250	95-3821576	501(c)(3)	17,500				Project Support
Central American Resource Center Carecen 2845 West 7th Street Los Angeles,CA 90005	95-3867724	501(c)(3)	19,155				Event Support\Dinner

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Central City Concern Inc 232 NW Sixth Ave Portland, OR 97209	93-0728816	501(c)(3)	95,000				Project Support
Central Coast Alliance Unit Sustainable 2021 Sperry Ave 18 Ventura, CA 93003	77-0578864	501(c)(3)	20,000				General Operating Support
Central Unified School District 4605 N Polk Fresno, CA 93722	77-0559747	Government or P	90,000				General Operating Support

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Central Valley Health Network Inc 455 Capitol Mall Sacramento,CA 95814	68-0429643	501(c)(3)	125,000				General Operating Support
Centro de Salud La Comunidad De San 1275 30th Street San Diego,CA 92154	95-2801772	501(c)(3)	30,000				Project Support
Cesar Chavez Foundation 316 West 2nd St 600 los angeles,CA 90012	95-2466747	501(c)(3)	9,350				Event Support\Annual Fundraiser

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Chaldean & Middle-Eastern Social Ser 436 S Magnolia Ave El Cajon, CA 92020	20-3502737	501(c)(3)	15,000				Project Support
ChangeLab Solutions 2201 Broadway 502 Oakland, CA 94612	26-3710746	501(c)(3)	75,000				Project Support
Chapa-De Indian Health Program Inc 11670 Atwood Road Auburn, CA 95603	94-2583156	501(c)(3)	63,426				Project Support

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Charles Drew Univ of Medicine & Science 1731 E 120th St Los Angeles,CA 90059	95-6151774	501(c)(3)	33,622				Event Support\Annual Fundraiser
Child & Family Center 21545 Centre Pointe Santa Clarita,CA 91350	95-3941342	501(c)(3)	12,000				Project Support
Child Advocates SB 851 S MtVernon Ave Colton,CA 92324	33-0362613	501(c)(3)	15,000				Project Support

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Children Def Fund 634 S Spring St Los Angeles,CA 90014	52-0895622	501(c)(3)	17,500				Project Support
Children Now 1404 Franklin St Oakland,CA 94612	94-3059243	501(c)(3)	150,000				Project Support
Children Ntrk Solano 2320 Courage Dr 107 Fairfield,CA 94533	68-0014506	501(c)(3)	90,000				Project Support

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Children's Cancer Association 1200 SW Natio Pky Portland, OR 97209	93-1181662	501(c)(3)	15,000				Project Support
Children's Council of San Francisco 445 Church Street San Francisco, CA 94114	94-2221305	501(c)(3)	20,000				Project Support
Childrens Dental Foundation 455 E Columbia St Long Beach, CA 90806	95-2111124	501(c)(3)	12,500				General Operating Support

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Children's Fund 348 W Hospitality San Bernardino, CA 92408	33-0193286	501(c)(3)	10,000				Project Support
Children's Health Initiative Napa County 2140 Jefferson St D Napa, CA 94559	25-1924934	501(c)(3)	20,000				Project Support
Children's Nurturing Project 2195 Union Avenue Fairfield, CA 94533	72-1553818	501(c)(3)	20,000				Project Support

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Chinatown Service Center 767 N Hill St Los Angeles,CA 90012	95-2918844	501(c)(3)	9,350				Event Support\Annual Fundraiser
Christian Counseling svc 51 West Olive Avenue Redlands,CA 92373	33-0063237	501(c)(3)	9,000				Project Support
Chula Vista Elementary School District 511 G Street Chula Vista,CA 91910	95-6000613	Government or P	8,000				Project Support

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Circulate San Diego 1111 6th Ave 402 San Diego,CA 92101	46-0505205	501(c)(3)	60,000				General Operating Support
City Church of Sacra PO Box 188653 Sacramento,CA 95818	45-3626724	501(c)(3)	5,100				Other
City Long Beach Depart Health & Human 2525 Grand Avenue Long Beach,CA 90815	95-6000733	Government or P	20,000				Project Support

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City of Antioch PO Box 5007 Antioch,CA 94531	94-6000293	Government or P	9,600				Project Support
City of Baldwin Park 14403 E Pacific Ave Baldwin Park,CA 91706	23-7401605	Government or P	5,119				Project Support
City of Baldwin Park 14403 E Pacific Ave Baldwin Park,CA 91706	95-6005574	Government or P	15,000				General Operating Support

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City of Bellflower 16600 Civic Center Bellflower, CA 90706	95-6005896	Government or P	20,000				Project Support
City of Carson 701 East Carson St Carson, CA 90749	95-2513547	Government or P	15,000				Project Support
City of Downey 11111 Brookshire Ave Downey, CA 90241	95-1918226	Government or P	6,000				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
City of Folsom 50 Natoma Street Folsom,CA 95630	94-6000334	Government or P	10,000				Project Support
City of Fontana 16860 Valencia Ave Fontana,CA 92335	95-6004770	Government or P	18,000				Project Support
City of Lancaster 44933 FERN AVENUE LANCASTER,CA 93534	95-3213004	Government or P	15,000				General Operating Support

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

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City of McFarland 401 W Kern Avenue McFarland, CA 93250	17-0952766	Government or P	18,800				Project Support
City of Montclair 5111 Benito Street Montclair, CA 91763	95-6005731	Government or P	14,000				General Operating Support
City of Portland Oregon 1120 SW 5th Ave 8FL Portland, OR 97204	93-6002236	Government or P	100,000				Project Support

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City of Rancho Cucamonga 10500 Civic Center Rancho Cucamonga, CA 91730	95-3213002	Government or P	10,000				General Operating Support
City of Rialto 150 South Palm Ave Rialto, CA 92376	95-6000768	Government or P	10,000				Project Support
City of Santa Clara 1500 Warburton Ave Santa Clara, CA 95050	94-6000426	Government or P	40,000				Event Support\Cultural Event

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

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City of Yucaipa 34272 Yucaipa Blvd Yucaipa,CA 92399	33-0383731	Government or P	7,500				General Operating Support
City Pasadena Department of Human Serv 100 N Garfield Ave Pasadena,CA 91109	95-6000759	Government or P	10,000				Project Support
City Team Ministries 722 Washington St Oakland,CA 94607	94-1501265	501(c)(3)	7,600				Other,Project Support

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Civicorps Schools 101 Myrtle Street Oakland,CA 94607	94-2941068	501(c)(3)	25,000				Project Support
Clackamas County 2051 Kaen Road 367 Oregon City,OR 97045	93-6002286	Government or P	89,368				Project Support
Clackamas VInt Med 700 Molalla Ave Oregon City,OR 97045	37-1621141	501(c)(3)	23,000				General Operating Support

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

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Clark County Public Health PO Box 9825 Vancouver, WA 98666	91-6001299	Government or P	83,334				Project Support
CLEVELAND CLINIC LERNER 9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501(c)(3)	51,005				PassThrough Fed Proj
Clinica Monsenor Oscar A Romero 123 S Alvarado St Los Angeles, CA 90057	95-3881333	501(c)(3)	50,000				Project Support

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

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Cnt for Wellness 401 Van Ness Av 319 San Francisco,CA 94102	39-2060766	501(c)(3)	25,000				Project Support
Coachella Valley Volunteers Medicine 82-915 Avenue 48 Indio,CA 92201	26-3312826	501(c)(3)	20,000				Project Support
Coaching Corps 310 Eighth St 300 Oakland,CA 94607	94-3310845	501(c)(3)	103,750				Other

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

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Coastal Health Alliance 65 Third St 17 Point Reyes Station, CA 94956	68-0172541	501(c)(3)	10,000				Project Support
Coastside Adult Day Health Center 925 Main St Suite A Half Moon Bay, CA 94019	94-2935784	501(c)(3)	10,000				General Operating Support
Coastside Medical Dental Clinics Inc 210 San Mateo Rd Half Moon Bay, CA 94019	94-3390196	501(c)(3)	15,000				General Operating Support

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

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COLUMBIA UNIVERSITY MEDICAL CTR 630 West 168th St New York, NY 10032	13-5598093	501(c)(3)	20,500				PassThrough Fed Proj
Comm Action Partner 5005 Business Prk N Bakersfield, CA 93309	95-2402760	501(c)(3)	10,000				Project Support
Comm Action Partnership of Sonoma 1300 N Dutton Ave Santa Rosa, CA 95401	94-1648949	501(c)(3)	23,000				Conference Support

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

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Comm Action Partnership San Bernardino 696 S Tippecanoe San Bernardino, CA 92408	95-2376882	501(c)(3)	25,000				Project Support
Comm Against Sexual 3101 1st Ave Sacramento, CA 95817	46-1498182	501(c)(3)	25,955				Other
Comm Agencies Caring 16703 S Clark Ave Bellflower, CA 90706	33-0953881	501(c)(3)	10,000				Project Support

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Comm Alliance Family Farmers Foundation PO Box 363 Davis,CA 95617	94-2914745	501(c)(3)	105,000				Project Support
Comm Coalition Substance Abuse Prevent 8101 S Vermont Ave Los Angeles,CA 90044	95-4298811	501(c)(3)	14,140				Project Support
Comm Fnd Sonoma 250 D St 205 Santa Rosa,CA 95404	46-5607272	501(c)(3)	75,000				Project Support

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Comm Hlth Impr Prt 5095 Murphy Cyn Rd San Diego,CA 92123	33-0496092	501(c)(3)	15,000				Project Support
Comm Hlth Partnership Santa Clara County 1401 Parkmoor Av 200 San Jose,CA 95126	77-0352645	501(c)(3)	495,000				Project Support
Comm Partnership Families San Joaquin 401 N San Joaquin Stockton,CA 95219	68-0475602	501(c)(3)	40,000				Project Support

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Committee on the Shelterless PO 2744 900 Hopper Petaluma,CA 94952	68-0176855	501(c)(3)	6,500				Event Support\Annual Fundraiser
CommuniCare Health Centers 2051 John Jones Rd Davis,CA 95616	94-2188574	501(c)(3)	40,000				Project Support
Community Child Care Coordinat Alameda 22351 City Center Dr Hayward,CA 94541	23-7218859	501(c)(3)	58,000				Other

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Community Clinic Assoc of LA County 700 S Flower St Los Angeles,CA 90017	95-4576023	501(c)(3)	35,488				Conference Support
Community Clinic Assoc San Bernardio 1800 Western Ave 105 San Bernardino,CA 92241	30-0666184	501(c)(3)	6,100				Conference Support
Community Clinic Consortium 3720 Barrett Avenue Richmond,CA 94805	20-0782029	501(c)(3)	127,750				Event Support\Workforce

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Community Energy Services Corporation 1013 Pardee St Berkeley, CA 94710	94-3032388	501(c)(3)	10,000				Project Support
Community Family Guidance Center 10929 South St 208B Cerritos, CA 90703	95-3083776	501(c)(3)	15,000				Project Support
Community Health Awareness Council 590 W El Camino Rea Mountain View, CA 94040	94-2223670	501(c)(3)	30,000				Project Support

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Community Health Center Network Inc 101 Callan Avenue San Leandro, CA 94577	94-3253662	501(c)(3)	200,000				Project Support
Community Health Clinic Ole 1100 Trancas St Napa, CA 94558	23-7221695	501(c)(3)	20,000				Project Support
Community Health Partners PO Bx 2853 1230 7th Longview, WA 98632	91-2016542	501(c)(3)	58,000				Project Support

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Community Hlth Sys 22675 Alessandro Moreno Valley, CA 92553	33-0056551	501(c)(3)	46,000				General Operating Support
Community House on Broadway 1105 Broadway Longview, WA 98632	94-3067129	501(c)(3)	9,000				General Operating Support
Community Integration Services Inc 10100 Balboa Blvd Granada Hills, CA 91344	20-2300297	501(c)(3)	8,000				Project Support

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Community Matters 652 Petaluma J-1 Sebastopol,CA 95472	68-0369720	501(c)(3)	45,000				Project Support
Community Partners 1000 N Alameda Los Angeles,CA 90012	95-4302067	501(c)(3)	200,942				Project Support
Community Recovery Resources 730 Sunrise Ave 200 Roseville,CA 95661	94-2275091	501(c)(3)	21,180				Event Support\Health Fair

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Community Seniorserv Inc 1200 N Knollwood Anaheim, CA 92801	95-2771715	501(c)(3)	10,000				Project Support
Community Service Educa & Research 5380 Elvas Ave 214 Sacramento, CA 95819	23-7003581	501(c)(3)	35,000				Project Support
Communitys Child Inc 25520 Woodward Ave Lomita, CA 90717	20-2871854	501(c)(3)	7,500				Project Support

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Conard House Inc 1385 Mission St 200 San Francisco, CA 94103	94-1489356	501(c)(3)	25,000				Project Support
Concordia University 2811 NE Holman St Portland, OR 97211	93-0391563	501(c)(3)	20,000				Project Support
Contra Costa Child Care Council 1035 Detroit Ave Concord, CA 94518	94-2383037	501(c)(3)	68,450				Project Support

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Contra Costa Economic Partnership 1355 Willow Way 253 Concord, CA 94520	68-0360130	501(c)(3)	48,000				Project Support
Contra Costa Regional Medical & Health 2500 Alhambra Avenue Martinez, CA 94533	94-6000509	Government or P	122,030				Project Support
Contra Tiempo 4058 Tilden Avenue Culver City, CA 90232	20-5477825	501(c)(3)	10,000				Project Support

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Cope Family Center 707 Randolph Street Napa,CA 94559	94-2322399	501(c)(3)	22,500				Project Support
CORA Comm Overcoming Relatsion Abuse 2211 Palm Avenue San Mateo,CA 94403	94-2481188	501(c)(3)	33,000				Project Support
Council Of OC Society St Vincent De Paul 8014 Marine Way Irvine,CA 92618	95-3033494	501(c)(3)	47,500				Project Support

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Council on Aging - Orange County 1971 E 4th St 200 Santa Ana, CA 92705	95-2874089	501(c)(3)	15,000				Project Support
County of Placer 11484 B Avenue Auburn, CA 95603	94-6000527	Government or P	15,000				Project Support
County of San Mateo 222 West 39th Ave San Mateo, CA 94403	94-6000532	Government or P	200,583				Project Support

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County of Santa Clara 976 Lenzen Ave San Jose,CA 95126	94-6000533	Government or P	125,000				Project Support
County of Sonoma Depart of Hlth Ser 490 Mendocino Ave Santa Rosa,CA 95401	94-6000539	Government or P	1,020,000				Project Support
Court Appointed Special Advocates Kern 2000 24th St 130 Bakersfield,CA 93301	77-0344298	501(c)(3)	11,000				Project Support

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Covenant House California 1325 N Western Ave Los Angeles,CA 90027	13-3391210	501(c)(3)	15,000				Project Support
Cowlitz County Health Department 207 Fourth Avenue N Kelso,WA 98626	91-6001310	Government or P	98,220				Project Support
Craft Community Care Center Inc 710 Black Diamond St Pittsburg,CA 94565	20-1483590	501(c)(3)	10,000				Project Support

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Crafton Hills College Foundation 11711 Sand Canyon Rd Yucaipa, CA 92399	23-7314077	501(c)(3)	10,000				Project Support
CSULB 49er 1250 Bellflower Bl Long Beach, CA 90804	45-2163910	501(c)(3)	5,370				Project Support
Curry Senior Center 333 Turk Street San Francisco, CA 94102	23-7362588	501(c)(3)	20,000				Project Support

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Daly City Peninsula Partnership Collab 725 Price Street Daly City,CA 94014	06-1734338	501(c)(3)	15,000				General Operating Support
DANA FARBER CANCER INSTITUTE 450 Brookline Avenue Boston,MA 02215	04-2263040	501(c)(3)	163,659				PassThrough Fed Proj
David and Margaret Home Inc 1350 Third Street La Verne,CA 91750	95-1660346	501(c)(3)	6,000				Project Support

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Day One 175 N Euclid Ave Pasadena,CA 91101	95-4172246	501(c)(3)	17,000				General Operating Support
Desert AIDS Project 1695 N Sunrise Way Palm Springs,CA 92262	33-0068583	501(c)(3)	20,000				Project Support
Destiny Arts Center 970 Grace Ave Oakland,CA 94608	94-3176726	501(c)(3)	10,000				Project Support

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Dixon Fmly Services 155 N Second Street Dixon,CA 95620	68-0041829	501(c)(3)	15,000				Project Support
Downtown Womens Center 442 S San Pedro St Los Angeles,CA 90013	31-1597223	501(c)(3)	104,210				Responsive
Dr Earl R Crane Children Dental Hlth 580 West 6th Street San Bernardino,CA 92410	95-1627155	501(c)(3)	15,000				Project Support

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E County Jr Warriors 4464 Lone Tree Wy Antioch,CA 94531	46-4243696	501(c)(3)	6,000				Project Support
E Bay Asian Local 310 Eighth St 200 Oakland,CA 94607	51-0171851	501(c)(3)	20,000				Responsive,Project Support
E San Gabriel Valley Coalition Homeless 1345 Turnbull Cyn Rd Hacienda Heights,CA 91745	95-4508436	501(c)(3)	11,500				Project Support

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Earth Island Institute Inc 221 Oak St D Oakland, CA 94607	94-2889684	501(c)(3)	15,000				Project Support
East Bay Agency for Children 303 Van Buren Avenue Oakland, CA 94610	94-1358309	501(c)(3)	32,050				Event Support\Annual Fundraiser
East Bay Bicycle Coalition 466 Water Street Oakland, CA 94607	94-2585652	501(c)(3)	10,000				Project Support

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East Bay Center for the Performing Arts 339 - 11th Street Richmond, CA 94801	94-1692171	501(c)(3)	10,000				Project Support
East Bay Community Foundation 200 Frank H Ogawa Pl Oakland, CA 94612	94-6070996	501(c)(3)	12,000				Other
East County Faith Based Subcomittee 4549 Delta Fair Bl Antioch, CA 94509	20-8682635	501(c)(3)	20,700				Project Support

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East Oakland Youth Development Center 8200 International Oakland,CA 94621	23-7334590	501(c)(3)	14,000				Other,Event Support\Annual Fundraiser
East Valley Community Health Center Inc 420 S Glendora Ave West Covina,CA 91790	23-7068586	501(c)(3)	15,000				Project Support
Easter Seals Bay Area 391 Taylor Bl 250 Pleasant Hill,CA 94523	94-3120231	501(c)(3)	6,250				Event Support\Annual Fundraiser,

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

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Eating Disorders Resource Center 15891 Los Gatos Alm Los Gatos,CA 95032	68-0616393	501(c)(3)	17,500				Project Support
Eden Youth & Family Center 680 W Tennyson Hayward,CA 94544	94-2442586	501(c)(3)	77,000				Project Support
El Centrito Family Learning Centers 450 South K St111 Oxnard,CA 93030	31-1652255	501(c)(3)	20,000				General Operating Support

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El Centro de Amistad 566 South Brand Bl San Fernando, CA 91340	95-3498639	501(c)(3)	10,000				Project Support
El Centro de Libertad 500 Allerton St 3 Fl Redwood City, CA 94062	94-3189174	501(c)(3)	15,000				General Operating Support
El Monte S El Monte Emerg Resources 10900 Mulhall Street El Monte, CA 91731	95-6097318	501(c)(3)	10,000				General Operating Support

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(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
El Nido Family Centers 10200 Sepulveda Bl Mission Hills,CA 91345	95-3186429	501(c)(3)	33,500				Event Support\Annual Fundraiser
El Viento Foundation 15744 Goldenwest St Huntington Beach,CA 92647	33-0905269	501(c)(3)	15,000				Project Support
Elders in Action 1411 SW Morrison St Portland,OR 97205	93-1168567	501(c)(3)	10,000				Project Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Elevate Your GAME 2019 E 120th Street Los Angeles,CA 90059	68-0533404	501(c)(3)	15,000				Project Support
Elica Health Centers 1860 Howe Ave 440 Sacramento,CA 95825	37-1424390	501(c)(3)	92,500				Project Support
Elk Gr Food Bank 9820 Dino Dr 140 Elk Grove,CA 95624	38-3664737	501(c)(3)	31,500				Project Support

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

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Elk Grove Unified School District 6300 Ehrhardt Ave Sacramento,CA 95823	94-6002501	Government or P	65,127				Event Support\Health Fair
Emergency Food Bank 7 West Scotts Avenue Stockton,CA 95203	68-0002165	501(c)(3)	30,000				Project Support,Other
Episcopal Community Services 401 Mile of Cars Wy National City,CA 91950	95-1945256	501(c)(3)	10,000				Project Support

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

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Equus Medendi Inc 25888 Miramonte St Redlands, CA 92373	45-4559288	501(c)(3)	6,500				Project Support
Fairfield Community Services Foundation 1000 Webster Street Fairfield, CA 94553	68-0344658	501(c)(3)	15,000				Project Support
Fairfield Police Activities League 250 Travis Bl 3342 Fairfield, CA 94533	26-1184406	501(c)(3)	20,000				Project Support

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Fairfield-Suisun Unified School District 2490 Hillborn Road Fairfield, CA 94533	94-6001297	Government or P	18,000				Project Support
Faith In Action 3303 Whitemarsh Lane Fairfield, CA 94534	68-0431992	501(c)(3)	15,000				Project Support
Families Assist Mtn 1030 Calle Negocio San Clemene, CA 92673	33-0864870	501(c)(3)	10,000				Project Support

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

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Families Forward 8 Thomas Irvine,CA 92618	33-0086043	501(c)(3)	15,000				Project Support
Family and Children Services 375 Cambridge Avenue Palo Alto,CA 94306	94-1167408	501(c)(3)	25,000				Project Support
Family Giving Tree 606 Valley Way Milpitas,CA 95035	77-0284682	501(c)(3)	20,000				Other,Project Support

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Family Health Care Centers 6501 S Garfield Bell Gardens,CA 90201	95-1641454	501(c)(3)	30,000				General Operating Support
Family Health Centers of San Diego Inc 823 Gateway Center San Diego,CA 92102	95-2833205	501(c)(3)	40,000				Project Support
Family Hlth Care Centers Greater Los Ang 1669 North E St San Bernardino,CA 92405	95-1641436	501(c)(3)	10,000				Project Support

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

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Family Resource & Refer Cntr San Joaquin 509 WWeber Ave 101 Stockton,CA 95203	94-1691503	501(c)(3)	40,000				Project Support
Family Services of the Desert Inc 14080 Palm Dr E Desert Hot Springs,CA 92240	95-2549152	501(c)(3)	20,000				General Operating Support
Farmers Market Fund 240 N Broadway 129 Portland,OR 97227	45-3804465	501(c)(3)	24,900				Project Support

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

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Feeding America Riv 2950-A Jefferson St Riverside, CA 92504	33-0072922	501(c)(3)	20,000				Project Support
Feeding America San Diego 9455 Waples St 135 San Diego, CA 92121	26-0457477	501(c)(3)	26,000				Project Support
FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 350 Community Drive Manhasset, NY 11030	11-2673595	501(c)(3)	20,230				PassThrough Fed Proj

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

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First African Methodist Episcopal Church 530 - 37th Oakland, CA 94609	23-7010426	501(c)(3)	20,000				Other
Folsom Cordova Unified School District 909 Mormon Street Folsom, CA 95630	94-6002505	Government or P	32,885				Project Support
Food Bank of Contra Costa and Solano 4010 Nelson Avenue Concord, CA 94520	94-2418054	501(c)(3)	72,450				Project Support

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

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Food In Need Distr 83-775 Citrus Avenue Indio,CA 92201	33-0006007	501(c)(3)	20,000				Project Support
FOOD Inc 3403 E Central Ave Fresno,CA 93725	77-0320851	501(c)(3)	156,970				Other
Food Literacy Center 2973 3rd Avenue Sacramento,CA 95817	45-3973268	501(c)(3)	10,000				Project Support

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

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FOOD Share Inc 4156 Southbank Drive Oxnard,CA 93036	77-0018162	501(c)(3)	30,000				Project Support
Foothill AIDS Prjt 233 W Harrison Ave Claremont,CA 91711	33-0341665	501(c)(3)	35,000				Project Support
Foothill Family Service 2500 E Foothill Bl Pasadena,CA 91107	95-1690990	501(c)(3)	25,000				Project Support

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Foothill Unity Center 415 E Chestnut Ave Monrovia, CA 91016	95-4310817	501(c)(3)	18,000				Event Support\Health Fair
Foothill-De Anza Comm Colleges Foun 12345 El Monte Rd Los Altos Hills, CA 94022	94-3258220	501(c)(3)	50,000				Project Support
Foundation for Clovis Schools 1450 Herndon Clovis, CA 93611	77-0140576	501(c)(3)	90,000				General Operating Support

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

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Foundation for Healthy Generations 1601 E Fourth Plain Vancouver, WA 98661	91-6186093	501(c)(3)	45,000				Project Support
Foundation for Students Rising Above 287 31st Avenue San Francisco, CA 94121	81-0615887	501(c)(3)	15,000				Event Support\Annual Fundraiser
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 Fairview Ave N Seattle, WA 98109	23-7156071	501(c)(3)	94,382				PassThrough Fed Proj

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

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Free Clinic of Southwest Washington 4100 Plomondon St Vancouver, WA 98661	91-1707542	501(c)(3)	42,500				General Operating Support
Fresh Approach 5060 Commercial Cir Concord, CA 94520	26-2438206	501(c)(3)	125,000				Project Support
Fresh Producers Inc 420 I Street Suite 5 Sacramento, CA 95814	20-8747234	501(c)(3)	25,000				Project Support

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Fresno Center for New Americans 4879 E Kings Cyn Rd Fresno,CA 93727	77-0280265	501(c)(3)	25,000				Project Support
Fresno Metropolitan Ministry 4270 N Blackstone Av Fresno,CA 93726	94-2181848	501(c)(3)	11,000				Project Support
Fresno Unified School District 2309 Tulare Street Fresno,CA 93721	94-6002206	Government or P	90,000				General Operating Support

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

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Fresno United Neighborhoods 1515 E Divisadero Fresno, CA 93721	77-0348220	501(c)(3)	30,000				General Operating Support
Friend Creston Child PO Box 86368 Portland, OR 97286	32-0300896	501(c)(3)	20,000				Project Support
Friends For Youth Inc 1741 Broadway Redwood City, CA 94402	94-2961034	501(c)(3)	15,000				General Operating Support

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Friends of the Los Angeles Free Clinic 8405 Beverly Blvd Los Angeles,CA 90048	95-3433824	501(c)(3)	13,500				Event Support\Dinner
Friends of Zenger Farm 11741 SE Foster Road Portland,OR 97266	93-1269630	501(c)(3)	82,592				Project Support
Funders Ntk Smart 1500 San Remo Ave Coral Gables,FL 33146	57-1173613	501(c)(3)	25,000				General Operating Support

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Gay & Lesbian Comm Services Cnt of OC 1605 N Spurgeon St Santa Ana, CA 92701	95-2934041	501(c)(3)	15,000				Other
GenerateHope Inc 4025 Camino del Rio San Diego, CA 92108	26-3405689	501(c)(3)	8,000				Project Support
Girl Scouts of Northern California 1310 S Bascom Ave San Jose, CA 95128	94-1551410	501(c)(3)	30,000				Project Support

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Girl Scouts of Orange County 9500 Toledo Wy 100 Irvine,CA 92618	95-2023244	501(c)(3)	10,000				Project Support
Girls Inc NW Oregon 4800 SW Macadam Portland,OR 97239	54-2073930	501(c)(3)	35,000				Project Support
Girls Incorporated of Alameda County 510 16th Street Oakland,CA 94612	94-1558073	501(c)(3)	13,225				Event Support\Annual Fundraiser

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Girls On Run Napa 3299 Claremont Wy 6 Napa,CA 94558	55-0906534	501(c)(3)	20,000				Project Support
Girls on the Run of Los Angeles County 5330 N Figueroa St Los Angeles,CA 90042	20-5115367	501(c)(3)	10,000				Project Support
Give Every Child A Chance 322 Sun West Place Manteca,CA 95337	68-0399384	501(c)(3)	40,000				Project Support

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Glendale Community Free Health Clinic 134 N Kenwood St Glendale,CA 91206	87-0732681	501(c)(3)	10,000				General Operating Support
Global Center For Success Inc 1055 Azuar Drive Vallejo,CA 94592	71-0896807	501(c)(3)	9,000				Project Support
Gospel Center Rescue Mission Inc 445 S San Joaquin St Stockton,CA 95203	94-1375835	501(c)(3)	60,000				Project Support

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Grandma's House of Hope 1505 E 17th St 116 Santa Ana,CA 92705	26-0391438	501(c)(3)	15,000				Project Support
Grandparent As Parents 22048 Sherman Wy Canoga Park,CA 91303	33-0592916	501(c)(3)	25,000				General Operating Support
Greater San Diego After-School All-Stars 750 B St 3300 San Diego,CA 92101	33-0687576	501(c)(3)	10,000				Project Support

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GROUP HEALTH COOPERATIVE 1730 Minor Avenue Seattle, WA 98101	91-0511770	501(c)(3)	534,681				PassThrough Fed Proj
Guide Dogs for the Blind 32901 SE Kelso Road Boring, OR 97009	94-1196195	501(c)(3)	15,000				Project Support
Hamburger Home dba Aviva Fmly & Children 7120 Franklin Avenue Los Angeles, CA 90046	95-1693616	501(c)(3)	8,000				Project Support

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Harbor Area Gang Alt 2555 Industry Way Lynwood, CA 90262	33-0322451	501(c)(3)	30,000				Project Support
Harbor City B&G Club 1220 W 256th St Harbor City, CA 90710	33-0450797	501(c)(3)	15,000				General Operating Support
Harbor Free Clinic Inc 593 W 6th Street San Pedro, CA 90731	23-7103245	501(c)(3)	15,000				General Operating Support

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Harbor Interfaith 670 W 9th St San Pedro, CA 90731	33-0031099	501(c)(3)	95,000				Project Support
Harbor-UCLA Research & Educ Institute 1124 W Carson St Torrance, CA 90502	95-2138184	501(c)(3)	14,000				Conference Support
HARC 75-080 Frank Sinatr Palm Desert, CA 92211	20-5719074	501(c)(3)	15,000				Project Support

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Harm Reduction Services 2800 Stockton Blvd Sacramento, CA 95817	68-0300656	501(c)(3)	25,000				Project Support
HARVARD PILGRIM HEALTH CARE 133 Brookline Avenue Boston, MA 02215	04-2452600	501(c)(3)	159,958				PassThrough Fed Proj
Haven Hills Inc PO Bx 260 Canoga Pk Canoga Park, CA 91305	95-3196247	501(c)(3)	8,500				Project Support

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Hayward Sisters Hospital DBA 27200 Calaroga Ave Hayward,CA 94545	94-1668344	501(c)(3)	3,000,000				General Operating Support
Health Educ Council Serving Population 3950 Industrial Bl West Sacramento,CA 95691	68-0249296	501(c)(3)	551,044				Project Support
HEALTH PARTNERS INSTITUTE FOR EDUCATION 8170 33rd Ave South Minneapolis,MN 55440	41-1670163	501(c)(3)	78,116				PassThrough Fed Proj

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HEALTH RESEARCH INC PO Box 2966 Buffalo, NY 14240	14-1402155	501(c)(3)	581,921				PassThrough Fed Proj
HealthRight 360 1735 Mission St 2050 San Francisco, CA 94103	94-6129071	501(c)(3)	15,000				General Operating Support
Healthy Aging Association 121 Downey Ave 102 Modesto, CA 95354	77-0546574	501(c)(3)	40,000				Project Support

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Healthy Comm Forum Greater Sacramento 8928 Volunteer LN Sacramento, CA 95828	68-0377256	501(c)(3)	86,500				Event Support\Health Fair
Helpline Youth Counseling 12440 Firestone Blv Norwalk, CA 90650	23-7113824	501(c)(3)	7,500				Project Support
HENRY FORD HEALTH SYSTEM 1 Ford Place-5C69 Detroit, MI 48202	38-1357020	501(c)(3)	129,094				PassThrough Fed Proj

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Hillsides 940 Avenue 64 Pasadena,CA 91105	95-1644002	501(c)(3)	8,650				Event Support\Annual Fundraiser
Hispanas Organized Political Equality CA 634 S Spring St Los Angeles,CA 90014	95-4718409	501(c)(3)	21,460				Event Support\Awards Ceremony
Hlthy Smiles Kids OC 10602 Chapman 200 Garden Grove,CA 92840	38-3675065	501(c)(3)	15,000				Project Support

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Hollywood Police Activities League 1358 Wilcox Avenue Los Angeles,CA 90028	95-4596172	501(c)(3)	10,000				Project Support
Hollywood Sunset Free Clinic 3324 W Sunset Blvd Los Angeles,CA 90026	23-7074488	501(c)(3)	8,000				Project Support
Homeboy Industries 130 W Bruno St Los Angeles,CA 90012	95-4800735	501(c)(3)	20,000				Event Support\Annual Fundraiser

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Hope Of The Valley Rescue Mission 8165 San Fernando Rd Sun Valley, CA 91352	27-2053273	501(c)(3)	35,000				Project Support
Hospice of Napa Valley Inc 414 S Jefferson St Napa, CA 94559	68-0393144	501(c)(3)	20,000				Project Support
House of Ruth Inc 599 N Main Street Pomona, CA 91768	95-3276033	501(c)(3)	15,000				Project Support

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Housing Authority of the County of Kern 601-24th Street Bakersfield,CA 93301	95-6001629	Government or P	14,200				Project Support
Huckleberry Youth Programs Inc 3310 Geary Blvd San Francisco,CA 94118	94-1687559	501(c)(3)	23,400				Event Support\Annual Fundraiser
Human Options Inc 5540 Trabuco Rd Irvine,CA 92620	95-3667817	501(c)(3)	15,000				General Operating Support

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Hunger Action Los Angeles 961 SMariposa 205 Los Angeles,CA 90006	20-5142259	501(c)(3)	8,940				Event Support\Annual Fundraiser
Hurtt Family Hlth One Hope Drive Tustin,CA 92782	33-0906866	501(c)(3)	15,000				Project Support
I Have a Dream Foundation - Oregon 2916 NE Alberta St Portland,OR 97211	93-1037323	501(c)(3)	17,710				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
ICF Center For Cross-Border Philanthropy 2505 N Avenue National City, CA 91950	26-1640148	501(c)(3)	10,440				Event Support\Annual Fundraiser
Immaculate Heart Community 5515 Franklin Avenue Los Angeles, CA 90028	95-2706764	501(c)(3)	7,000				Project Support
Impact Northwest 4610 SE Belmont Portland, OR 97215	93-0557964	501(c)(3)	15,000				Project Support

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

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INDIANA UNIVERSITY 980 Indiana Ave Indianapolis,IN 46202	35-1955872	501(c)(3)	6,683				PassThrough Fed Proj
Industry Sheriff's Youth Athletic League 150 North Hudson Ave City of Industry,CA 91744	95-4350187	501(c)(3)	6,500				Project Support
Info Line San Diego 5251 Viewridge Crt San Diego,CA 92123	33-1029843	501(c)(3)	17,500				Event Support\Luncheon

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

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Inland Caregiver Res 1430 E Cooley Dr Colton, CA 92324	33-0460833	501(c)(3)	28,464				Project Support
Inland Empire United Way 9644 Hermosa Avenue Rancho Cucamonga, CA 91730	33-0502676	501(c)(3)	10,000				Project Support
Inland Valley Council of Churches 1753 N Park Ave Pomona, CA 91768	95-2674837	501(c)(3)	7,500				Project Support

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InnerCity Struggle 124 NTownsend Ave Los Angeles,CA 90063	27-2133211	501(c)(3)	10,000				Project Support
InnVision Shelter Network 181 Constitution Dr Menlo Park,CA 94025	77-0160469	501(c)(3)	45,000				Project Support
Institute for Local Government 1400 K St 205 Sacramento,CA 95814	94-1537757	501(c)(3)	100,000				Project Support

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Insure the Uninsured Project 2444 Wilshire Bl 412 Santa Monica, CA 90403	27-4159194	501(c)(3)	35,700				Conference Support
Inter Tribal Sports 42232 Rio Nedo Dr A Temecula, CA 92590	26-0752842	501(c)(3)	10,000				Project Support
International Rescue Committee Inc 5348 University Ave San Diego, CA 92105	13-5660870	501(c)(3)	10,000				Project Support

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

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Jacobs & Cushman San Diego Food Bank 9850 Distribution Av San Diego,CA 92121	20-4374795	501(c)(3)	25,000				Project Support
Jefferson Union High School District 2780 Junipero Serra Daly City,CA 94015	94-3083772	Government or P	33,316				Event Support\Annual Fundraiser
Jewish Community Free Clinic 50 Montgomery Dr Santa Rosa,CA 95404	94-3386103	501(c)(3)	20,000				General Operating Support

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

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Jewish Family & Childrens Long Beach 3801 E Willow St Long Beach, CA 90815	95-2273033	501(c)(3)	10,000				Project Support
Jewish Family & Children's Srv East Bay 1855 Olympic Blvd Walnut Creek, CA 94596	94-3250304	501(c)(3)	20,000				Project Support
Jewish Family Service of San Diego 8804 Balboa Avenue San Diego, CA 92123	95-1644024	501(c)(3)	15,000				Project Support

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Jewish Family Srv 801 E Tahquitz Cyn Palm Springs,CA 92262	33-0613083	501(c)(3)	20,000				Project Support
JOHNS HOPKINS HOSPITAL 615 North Wolfe St Baltimore,MD 21205	52-0591656	501(c)(3)	38,816				PassThrough Fed Proj
JOSEPH'S STOREHOUSE FOOD BANK RES CNT 760 E Stuart Ave Redlands,CA 92375	26-2323673	501(c)(3)	13,000				Project Support

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Jr Posse Youth Equestrian Program 453 W Caldwell St Compton,CA 90220	95-4699219	501(c)(3)	12,000				Project Support
Jumpstart for Young Children Inc 1625 W Olympic Blvd Los Angeles,CA 90015	04-3262046	501(c)(3)	10,000				Project Support
Junior Blind of America 5300 Angeles Vista Los Angeles,CA 90043	95-1977659	501(c)(3)	7,500				Project Support

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Justice In Aging 3660 Wilshire Bl 719 Los Angeles, CA 90010	95-3132674	501(c)(3)	8,875				Event Support\Annual Fundraiser
JWCH Institute Inc 5650 Jillson Street Commerce, CA 90040	95-2289916	501(c)(3)	13,500				Event Support\Dinner
K to College 7730 Pardee Lane Oakland, CA 94621	51-0671019	501(c)(3)	24,000				Other

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

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KAISER FOUNDATION HEALTH PLAN OF COLO 10350 E Dakota Ave Denver,CO 80231	84-0591617	501(c)(3)	478,161				PassThrough Fed Proj
Keaton Raphael Memorial Neuroblastoma 2260 Douglas Bl 150 Roseville,CA 95661	68-0406980	501(c)(3)	10,000				Project Support
Kennedy King Memorial College Scholar PO Box 2643 Martinez,CA 94553	94-1677726	501(c)(3)	19,545				Other

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

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Kern County Children Families 2724 L Street Bakersfield,CA 93301	77-0529128	Government or P	10,000				Project Support
Kidpower Teenpower Fullpower 1706 Church St 1115 San Francisco,CA 94131	77-0226712	501(c)(3)	20,000				Project Support
Kids Come First 1556 S Sultana Ave Ontario,CA 91761	33-0969025	501(c)(3)	25,000				General Operating Support

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

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Kids Community Clinic of Burbank 400 W Elmwood Ave Burbank,CA 91506	95-4791296	501(c)(3)	18,500				Project Support
KidsFirst 124 Main Street Roseville,CA 95678	68-0195225	501(c)(3)	25,000				Project Support
Korean Hlth Educ Inform & Research 3727 W 6th St Los Angeles,CA 90020	95-4074660	501(c)(3)	17,690				Event Support\Annual Fundraiser

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

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LA Family Housing Corporation 7843 Lankershim Bl North Hollywood, CA 91605	95-3920560	501(c)(3)	100,000				Project Support
LA Free Clinic dba Saban Free Clinic 8405 Beverly Blvd Los Angeles, CA 90048	95-2539105	501(c)(3)	10,000				Project Support
La Casa De Las Madres 1663 Mission St 225 San Francisco, CA 94103	94-2330864	501(c)(3)	15,000				Project Support

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La Clinica De La Raza Inc 1450 Fruitvale 3rd F Oakland,CA 94601	94-1744108	501(c)(3)	49,600				Event Support\Annual Fundraiser,
LA Com Garden Council 4470 Sunset Bl 381 Los Angeles,CA 90027	31-1734705	501(c)(3)	7,000				Project Support
La Luz Bilingual Center 17560 Greger Street Sonoma,CA 95476	68-0228235	501(c)(3)	20,000				Project Support

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La Maestra Famliy 4060 Fairmount Av San Diego,CA 92105	33-0473171	501(c)(3)	37,500				Project Support
Laguna Beach Community Clinic 362 Third Street Laguna Beach,CA 92651	95-2637633	501(c)(3)	20,000				Project Support
LAMP Inc 1920 WThird Street Los Angeles,CA 90057	95-3993742	501(c)(3)	90,000				Project Support

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Lane Coalition for Healthy Active Youth PO Box 264 Eugene,OR 97440	90-0401941	501(c)(3)	10,000				General Operating Support
Larkin Street Youth Services 134 Golden Gate Ave San Francisco,CA 94102	94-2917999	501(c)(3)	13,500				Event Support\Annual Fundraiser
LA's Best 200 N Spring St Los Angeles,CA 90012	95-4311058	501(c)(3)	74,000				General Operating Support

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Latino Community Foundation One Embarcadero Cnt San Francisco, CA 94111	81-0564400	501(c)(3)	48,850				Event Support\Annual Fundraiser
Latino Diabetes Association 200 W MINES AVE MONTEBELLO, CA 90640	20-0303774	501(c)(3)	7,500				Project Support
Latino Leadership Council 2945 Bell Road 274 Auburn, CA 95603	27-0970476	501(c)(3)	31,444				Event Support\Cultural Event

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LEARNING ENRICHMENT AFTERSCHOOL PROG 112 WEST 9TH ST 815 LOS ANGELES,CA 90015	20-1734414	501(c)(3)	10,000				General Operating Support
LIFE Courses Inc 440 Grand Ave 207 Oakland,CA 94610	45-4177065	501(c)(3)	10,000				Other
LifeLong Medical Care 2344 Sixth Street Berkeley,CA 94710	94-2502308	501(c)(3)	1,780,160				event/General operating support - urgent care in west contra costa county

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LifeWorks Of Sonoma County 1200 College Avenue Santa Rosa,CA 95404	68-0375462	501(c)(3)	20,000				Project Support
Lighthouse Counsel 427 A St 400 Lincoln,CA 95648	35-2252834	501(c)(3)	36,263				Event Support\Cultural Event
Lincoln Child Center 1266 14th Street Oakland,CA 94607	94-1156501	501(c)(3)	25,000				Project Support

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Links for Life 1706 Chester Ave200 Bakersfield,CA 93301	93-1088003	501(c)(3)	20,000				Project Support
Livermore Area Recreation Park District 4444 East Ave Livermore,CA 94550	94-6000849	Government or P	15,000				Project Support
Livermore Vly Joint Unified Schl Dist 685 E Jack London Livermore,CA 94550	94-2175582	Government or P	15,000				Project Support

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Loaves & Fishes Cont 835 Ferry Street Martinez, CA 94553	68-0018077	501(c)(3)	45,000				Project Support
Local Ecology and Agriculture Fremont PO Box 2816 Fremont, CA 94536	27-1349266	501(c)(3)	18,500				Project Support
Local Government Commission 980 9th St 1700 Sacramento, CA 95814	94-2791699	501(c)(3)	10,000				Conference Support

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Loma Linda University 24951 N Circle Drive Loma Linda, CA 92350	95-1816009	501(c)(3)	9,052				Conference Support
Lomi School Foundation 534 B Street Santa Rosa, CA 95401	94-2495238	501(c)(3)	40,000				Project Support
Long Beach Bar Fnd 3515 Linden Ave Long Beach, CA 90807	33-0585482	501(c)(3)	12,500				Project Support

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Los Ang County Depart of Public Health 600 S Commonwealth Los Angeles,CA 90005	95-6000927	Government or P	7,900				Conference Support
Los Ang Trade Tech College Foundation 400 W Washington Bl Los Angeles,CA 90015	95-3813527	501(c)(3)	19,260				Event Support\Awards Ceremony
Los Angeles Alliance for a New Economy 464 Lucas Ave Los Angeles,CA 90017	95-4459427	501(c)(3)	8,500				Event Support\Awards Ceremony

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Los Angeles Brotherhood Crusade Inc 200 E Slauson Ave Los Angeles,CA 90011	95-2543819	501(c)(3)	10,000				Other
Los Angeles Center for Law and Justice 1241 S Soto St Los Angeles,CA 90023	95-2690540	501(c)(3)	5,570				Event Support\Annual Fundraiser
Los Angeles Child Development Center 2014 Sawtelle Blvd Los Angeles,CA 90025	95-3222295	501(c)(3)	10,000				Project Support

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Los Angeles LGBT Center 1625 N Schrader Los Angeles,CA 90028	95-3567895	501(c)(3)	15,000				Conference Support
Los Angeles Regional Food Bank 1734 East 41st St Los Angeles,CA 90058	95-3135649	501(c)(3)	47,500				Project Support
Los Angeles Unified School District 1208 Magnolia Avenue Gardena,CA 90247	95-6001908	Government or P	16,500				Project Support

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Los Angeles Youth Network 1853 Taft Ave Los Angeles,CA 90028	95-3953979	501(c)(3)	10,000				Project Support
Lotus Bloom 2008 Park Blvd Oakland,CA 94606	51-0662715	501(c)(3)	10,000				Project Support
LUTHERAN SOCIAL SERVICES OF S Cal 41945 BIG BEAR BL BIG BEAR LAKE,CA 92315	95-2225798	501(c)(3)	10,000				Project Support

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Madera County Public Health Department 14215 Road 28 Madera,CA 93638	94-6000518	Government or P	30,000				Project Support
Mama's Kitchen 3960 Home Avenue San Diego,CA 92105	33-0434246	501(c)(3)	9,250				Event Support\Dinner
March of Dimes Foundation 101 Montgomery St San Francisco,CA 94104	13-1846366	501(c)(3)	61,875				Other

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Marin City Community Services District 630 Drake Avenue Marin City, CA 94965	94-6050222	Government or P	20,000				Project Support
Marion County Health Department 3180 Center St NE Salem, OR 97301	93-6002307	Government or P	83,340				Project Support
Marjaree Mason Center Inc 1600 M Street Fresno, CA 93721	94-1156639	501(c)(3)	73,262				Other

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MARSHFIELD CLINIC RESEARCH 1000 North Oak Ave Marshfield, WI 54449	39-0452970	501(c)(3)	87,822				PassThrough Fed Proj
Marthas Pantry 2200 Broadway D Vancouver, WA 98663	38-3794358	501(c)(3)	6,600				Project Support
Martin L King Jr 1680 E 120th Street Los Angeles, CA 90059	45-4433505	501(c)(3)	24,450				Event Support\Luncheon

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Martin Luther King Jr Freedom Center 333 East 8th Street Oakland, CA 94606	94-3390034	501(c)(3)	40,000				Other,Project Support
MASSACHUSETTS GENERAL HOSPITAL 50 Staniford Street Boston, MA 02114	04-2697983	501(c)(3)	5,062				PassThrough Fed Proj
Maternal and Child Health Access 1111 W 6th St 4Fl Los Angeles, CA 90017	95-4555879	501(c)(3)	15,000				Project Support

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Maude Price Elementary School 9525 Tweedy Lane Downey,CA 90240	95-6006586	Government or P	37,000				Responsive
MAYO CLINIC 200 First Street SW Rochester,MN 55905	41-6011702	501(c)(3)	29,934				PassThrough Fed Proj
MayView Community Health Center 270 Grant Avenue Palo Alto,CA 94306	94-2239648	501(c)(3)	35,000				Project Support

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Meals on Wheels of San Francisco Inc 1375 Fairfax Avenue San Francisco,CA 94124	94-1741155	501(c)(3)	24,050				Project Support
Meals On Wheels of Solano County Inc 95 Marina Center Suisun City,CA 94585	94-2453452	501(c)(3)	20,000				Project Support
Meals on Wheels Sr 1300 Civic Drive Walnut Creek,CA 94596	68-0044205	501(c)(3)	5,500				Project Support

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Medical Mission Adventures 11540 Bonham Ave Lakeview Terrace, CA 91342	04-3661520	501(c)(3)	10,000				Project Support
MEMORIAL SLOAN KETTERING CANCER CENTER 633 3rd Avenue New York, NY 10065	13-1624182	501(c)(3)	55,893				PassThrough Fed Proj
Mend-Meet Each Need with Dignity 10641 N San Fernando Pacoima, CA 91331	23-7306337	501(c)(3)	120,610				Project Support

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Mental Health America of Los Angeles 506 W Jackman St Lancaster, CA 93534	95-1881491	501(c)(3)	15,000				Project Support
Mental Health Assoc of San Mateo County 2686 Spring Street Redwood City, CA 94063	94-6034112	501(c)(3)	15,000				General Operating Support
Mercy House Liv Cnt 807 N Garfield Santa Ana, CA 92701	33-0315864	501(c)(3)	12,000				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
Meristem 9200 Fair Oaks Blvd Fair Oaks,CA 95682	47-1411177	501(c)(3)	6,000				Conference Support
Mexican American Legal Defense Educ 634 S Spring St Los Angeles,CA 90014	74-1563270	501(c)(3)	14,250				Event Support\Annual Fundraiser
MF Place Inc 5850 Hollywood Blvd Hollywood,CA 90028	95-4834034	501(c)(3)	14,550				Event Support\Annual Fundraiser

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

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MFI Recovery Center 5870 Arlington Ave Riverside,CA 92504	95-2833715	501(c)(3)	25,000				Project Support
Mid-Peninsula Boys & Girls Club Inc 200 North Quebec St San Mateo,CA 94401	94-1431583	501(c)(3)	15,000				General Operating Support
Minority AIDS Project 5149 W Jefferson Bl Los Angeles,CA 90016	95-4175650	501(c)(3)	15,000				Project Support

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Mission City Community Network Inc 15206 Parthenia St North Hills, CA 91343	95-4226189	501(c)(3)	15,000				Project Support
Mission Edge San Diego PO Box 12319 San Diego, CA 92112	27-2938491	501(c)(3)	25,000				Project Support
Mission Solano Res 740 Travis Blvd Fairfield, CA 94533	61-1431375	501(c)(3)	10,000				Project Support

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MOMS Orange County 1128 W Santa Ana Santa Ana,CA 92703	33-0518078	501(c)(3)	19,550				Event Support\Annual Fundraiser
Monarch Sch Project 1625 Newton Ave San Diego,CA 92113	33-0871354	501(c)(3)	10,000				Project Support
Montclair Community Foundation 5111 Benito Ave Montclair,CA 91763	26-4180900	501(c)(3)	10,000				Project Support

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Monument Crisis 1990 Market Street Concord, CA 94520	41-2111171	501(c)(3)	20,000				Project Support
Monument Impact 1760 Clayton Rd Concord, CA 94520	94-3370919	501(c)(3)	530,550				Project Support
Mountain Hlth & Comm 31115 Hwy 94 Campo, CA 91906	33-0164420	501(c)(3)	20,000				Project Support

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Mountains Comm Hosp PO Box 1493 Lake Arrowhead,CA 92352	33-0530904	501(c)(3)	10,000				Project Support
Mt Diablo Unifi Sch 1266 San Carlos A-6 Concord,CA 94518	68-0091157	Government or P	8,000				Project Support
Multi Integrated Kdy 9155 SW Barnes Rd Portland,OR 97225	45-0520604	501(c)(3)	15,000				EMPLOYEE SPONSORED\Individual

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

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Museum of the African Diaspora 685 Mission Street San Francisco, CA 94105	94-3338239	501(c)(3)	93,500				Other
Mutual Assist Network Del Paso Heights 811 Grand Ave A3 Sacramento, CA 95838	68-0332694	501(c)(3)	22,705				Project Support
My Sister's House 3053 Freeport 120 Sacramento, CA 95818	68-0464114	501(c)(3)	27,260				Event Support\Cultural Event

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

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N California Center for Well-Being 365 B Tesconi Circle Santa Rosa, CA 95401	93-1144835	501(c)(3)	32,180				Event Support\Awards Ceremony
NAMI ACS dba 4974 Omar Street Fremont, CA 94538	46-1028709	501(c)(3)	30,000				Project Support
NAMI California 1851 Heritage Ln Sacramento, CA 95815	94-2676057	501(c)(3)	14,550				Conference Support

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

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Napa Emergency Women's Services 1141 Pear Tree Ln Napa,CA 94558	94-2745889	501(c)(3)	15,000				Project Support
Napa Valley Unif Edu 2425 Jefferson St Napa,CA 94558	68-0005743	501(c)(3)	15,000				Project Support
National Coalition of 100 Black Women 6175 Shattuck Ave Oakland,CA 94609	94-3298877	501(c)(3)	6,850				Other

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

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National Kidney Foundation Inc 131 Steuart St 425 San Francisco, CA 94105	13-1673104	501(c)(3)	9,310				Event Support\Annual Fundraiser
National Medical Fellowships Inc 347 Fifth Ave 510 New York, NY 10016	01-0963657	501(c)(3)	14,750				Other
Nehemiah Community Foundation 640 Bercut Ave A Sacramento, CA 95811	68-0449972	501(c)(3)	25,000				Project Support

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Neighborhd Legal 1102 E Chevy Chase Glendale,CA 91205	95-2408642	501(c)(3)	9,000				Event Support\Awards Ceremony
Neighborhood Healthcare 425 North Date St Escondido,CA 92025	95-2796316	501(c)(3)	60,000				Project Support
Neighborhood House Inc 7780 SW Capitol Hwy Portland,OR 97215	93-0386875	501(c)(3)	15,000				Project Support

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New Directions for Youth 7315 Lankershim Bl North Hollywood, CA 91605	95-2973008	501(c)(3)	18,000				Event Support\Annual Fundraiser
New Hope Free Clinic 760 E Stuart Ave Redlands, CA 92374	46-2473576	501(c)(3)	11,000				Project Support
New Horizons Caregivers Group 3129 S Hacienda Bl Hacienda Heights, CA 91745	75-3132090	501(c)(3)	7,500				Project Support

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Nile Sisters Development Initiative 6035 University Ave San Diego, CA 92115	91-2131196	501(c)(3)	10,000				Project Support
Niroga Institute 111 Fairmount Ave Oakland, CA 94611	20-2620278	501(c)(3)	45,000				Project Support
NO CA INST RESEARCH AND ED 4150 Clement St San Francisco, CA 94121	94-3084159	501(c)(3)	44,218				PassThrough Fed Proj

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

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North & South of Market Adult Day Hlth 930 Fourth Street San Francisco,CA 94158	94-2915039	501(c)(3)	20,000				Project Support
North Bay Children's Center 932 C Street Novato,CA 94949	94-3024246	501(c)(3)	40,000				Capital Fund Support
North by Northeast Comm Health Center 3030 NE Martin LKing Portland,OR 97212	72-1618287	501(c)(3)	35,000				Project Support

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North Clackamas School District 4444 SE Lake Rd Milwaukie, OR 97222	93-0599524	Government or P	15,000				Project Support
North County Lifeline 3142 Vista Way 400 Oceanside, CA 92056	95-2794253	501(c)(3)	12,000				Project Support
North East Medical Services 1520 Stockton Street San Francisco, CA 94133	94-1722562	501(c)(3)	25,000				Project Support

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Northeast Valley Health Corporation 1172 N Maclay Ave San Fernando, CA 91340	23-7120632	501(c)(3)	27,000				Event Support\Awards Ceremony
Northwest Family Services 6200 SE King Road Portland, OR 97222	93-0841022	501(c)(3)	15,000				Project Support
Northwest Health Foundation Fund II 221 NW 2nd Ave 300 Portland, OR 97209	93-1293344	501(c)(3)	1,250,000				General Operating Support

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

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NORTHWESTERN UNIVERSITY 750 N Lake Shore Dr Chicago,IL 60611	36-2167818	501(c)(3)	124,769				PassThrough Fed Proj
Novato Youth Center 680 Wilson Ave Novato,CA 94947	94-1735064	501(c)(3)	20,000				Project Support
Oak View Renewal PO Box 3476 Huntington Beach,CA 92605	61-1495237	501(c)(3)	15,000				Project Support

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Oakland Leaf Foundation 7700 Edgewater Dr Oakland,CA 94621	81-0565800	501(c)(3)	10,000				Project Support
Oakland Military Institute College 3877 Lusk Street Oakland,CA 94608	91-2073068	501(c)(3)	19,700				Event Support\Annual Fundraiser
Oakland Museum CA 1000 Oak Street Oakland,CA 94607	45-3138892	501(c)(3)	30,000				Event Support\Cultural Event,Other

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

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Oakland Public Educ 581 61st Street Oakland,CA 94609	43-2014630	501(c)(3)	14,250				Other,Event Support\Luncheon
Oakland School for the Arts 530 18th Street Oakland,CA 94612	68-0463892	501(c)(3)	24,700				Event Support\Cultural Event
Oceanside Unified School District 2111 Mission Avenue Oceanside,CA 92058	95-2681075	Government or P	10,000				Project Support

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Odd Fellow- Rebekah Children's Home CA 290 IOOF Avenue Gilroy,CA 95020	94-1167402	501(c)(3)	45,000				Project Support
Off The Front 2044 E Nees Fresno,CA 93720	27-2022802	501(c)(3)	10,000				General Operating Support
Okizu Foundation 16 Digital Dr 130 Novato,CA 94949	68-0291178	501(c)(3)	12,500				Event Support\Cultural Event

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Old Adobe Union 845 Crinella Drive Petaluma,CA 94954	58-1289541	Government or P	25,000				Project Support
Olive Crest 555 Technology Court Riverside,CA 92507	95-2877102	501(c)(3)	25,000				Project Support
On Lok Day Services 1333 Bush Street San Francisco,CA 94109	94-3101292	501(c)(3)	20,000				Project Support

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On The Move 780 Lincoln Avenue Napa,CA 94558	75-3149095	501(c)(3)	55,000				Other
One Step a la Vez 421 Sespe Ave Fillmore,CA 93015	45-4604852	501(c)(3)	8,290				Project Support
OneOC 1901 East 4th St 100 Santa Ana,CA 92705	95-2021700	501(c)(3)	35,000				Project Support

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Ontario-Montclair Schools Foundation PO Box 1426 Ontario, CA 91762	90-0716973	501(c)(3)	13,500				Project Support
OPARC 9029 Vernon Ave Montclair, CA 91711	95-1943396	501(c)(3)	6,000				Project Support
Open Heart Kitchen of Livermore Inc 1141 Catalina Drive Livermore, CA 94550	94-3396038	501(c)(3)	16,300				Event Support\Annual Fundraiser

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Operation Safe Hse 9685 Hayes Street Riverside,CA 92503	33-0326090	501(c)(3)	15,000				Project Support
Operation Samahan Inc 1428 Highland Avenue National City,CA 91950	95-3008798	501(c)(3)	20,000				Project Support
Optimal Hospice Foundation 6780 N West Ave 101 Fresno,CA 93711	95-3334909	501(c)(3)	15,000				Project Support

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Optimist Boys Home & Ranch 6957 N Figueroa St Los Angeles,CA 90041	95-1643340	501(c)(3)	15,000				Project Support
Orange County Family Justice Cnt 150 West Vermont Ave Anaheim,CA 92805	20-4088652	501(c)(3)	10,000				General Operating Support
Orangewood Children's Foundation 1575 E 17th Street Santa Ana,CA 92705	95-3616628	501(c)(3)	20,000				Project Support

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Oregon Children's Foundation DBA SMART 101 SW Market St Portland, OR 97201	93-1051724	501(c)(3)	10,000				Project Support
Oregon College Of Oriental Medicine 10525 SE Cherry Blsm Portland, OR 97216	93-0845182	501(c)(3)	15,000				Project Support
Oregon Food Bank Inc PO Box 55370 Portland, OR 97238	93-0785786	501(c)(3)	15,000				Project Support

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Oregon Foundation for Reproductive Hlth 310 SW 4th Av 840 Portland, OR 97204	93-0803636	501(c)(3)	50,000				Project Support
Oregon Hlth and Science University Found 1121 SW Salmon St Portland, OR 97205	23-7083114	501(c)(3)	25,000				Project Support
Oregon Public Health Institute 310 SW 4th Ave Portland, OR 97204	93-1259522	501(c)(3)	275,000				Project Support

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Oregon Sch-Bas Hlth 310 SW 4th Ave 905 Portland, OR 97204	36-4588657	501(c)(3)	65,000				General Operating Support
Our Place Housing Solutions 16429 Bellflower Bl Bellflower, CA 90706	26-2435307	501(c)(3)	20,000				Project Support
P F Bresee Foundation 184 Bimini Pl Los Angeles, CA 90004	95-3797363	501(c)(3)	8,000				Project Support

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Pacific Clinics 800 SSanta Anita Av Arcadia,CA 91006	95-1644034	501(c)(3)	17,500				Project Support
Pacifica Gardens P0 Bx 883830 Rosita Pacifica,CA 94044	47-1423254	501(c)(3)	16,500				General Operating Support
Padres Unidos NP 708 N Garfield St Santa Ana,CA 92701	45-2443746	501(c)(3)	10,000				Project Support

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Palm Springs Cult 2100 Tahquitz Cyn Palm Springs,CA 92262	55-0914693	501(c)(3)	15,000				Project Support
PALO ALTO MEDICAL FOUNDATION 795 El Camino Real Palo Alto,CA 94301	94-1156581	501(c)(3)	154,261				PassThrough Fed Proj
Para Los Ninos 500 Lucas Ave Los Angeles,CA 90017	95-3443276	501(c)(3)	10,000				Event Support\Annual Fundraiser

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Paramount Care Foundation 8303 Alondra Blvd Paramount, CA 90723	68-0497737	501(c)(3)	6,000				General Operating Support
Parent Resource Center 811 5th Street Modesto, CA 95351	77-0324466	501(c)(3)	30,738				Project Support
Partners In Care Foundation Inc 732 Mott St 150 San Fernando, CA 91340	95-3954057	501(c)(3)	8,600				Event Support\Annual Fundraiser

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Pasadena - Foothill Valley YWCA 1015 N Lake Ave 205 Pasadena,CA 91104	95-1644059	501(c)(3)	11,400				Event Support\Annual Fundraiser
Pasadena Senior Center 85 E Holly Street Pasadena,CA 91103	95-2085393	501(c)(3)	23,356				Event Support\Dinner
Path Life Ministries 6216 Brockton 211 Riverside,CA 92506	33-0724945	501(c)(3)	9,900				Event Support\Annual Fundraiser

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Pathways Volunteer 3701 Michelson St Lakewood,CA 90712	33-0241726	501(c)(3)	15,000				Project Support
Peace Over Violence 1015 Wilshire Blvd Los Angeles,CA 90017	51-0179305	501(c)(3)	13,150				Event Support\Annual Fundraiser
Pediatric Dental Int 1380 19th Hole Drive Windsor,CA 95492	34-3012430	501(c)(3)	23,440				Project Support

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Peninsula Family Service 24 2nd Avenue San Mateo, CA 94401	94-1186169	501(c)(3)	21,500				General Operating Support
Peninsula Volunteer's Inc 800 Middle Avenue Menlo Park, CA 94025	94-1294939	501(c)(3)	10,000				General Operating Support
Penny Lane Centers 15305 Rayen Street North Hills, CA 91343	95-2633765	501(c)(3)	5,500				Project Support

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People Assisting the Homeless 340 N Madison Ave Los Angeles,CA 90004	95-3950196	501(c)(3)	90,000				Project Support
People Reaching Out 5299 Auburn Blvd Sacramento,CA 95841	94-2795430	501(c)(3)	27,000				Project Support
People's Comm Organization for Reform 1610 Beverly Bl 2 Los Angeles,CA 90026	93-1216789	501(c)(3)	8,000				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
Petaluma Health Care District 1425 North McDowell Petaluma,CA 94954	94-6033418	Government or P	20,000				Project Support
Phoenix Foods USA 3032 Avenida Christi Carlsbad,CA 92009	46-3278605	501(c)(3)	12,000				Project Support
Placer County Office of Educ - Auburn 360 Nevada Street Auburn,CA 95603	94-6002096	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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Placer Food Bank 8284 Industrial Ave Roseville, CA 95678	94-1740316	501(c)(3)	25,000				Project Support
Placer People of Faith Together 3080 Sunshine Meado Auburn, CA 95602	27-0240478	501(c)(3)	20,000				Project Support
Plan Parenthood LA 400 W 30th St Los Angeles, CA 90007	95-2408623	501(c)(3)	19,000				Project Support

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Planned Parenthood Columbia Willamette 3727 NE Martin King Portland,OR 97202	93-6031270	501(c)(3)	50,000				Project Support
Planned Parenthood Mar Monte Inc 633 N Van Ness Fresno,CA 93728	94-1583439	501(c)(3)	71,685				Project Support
Planned Parenthood Shasta Diablo Inc 2185 Pacheco Street Concord,CA 94520	94-1575233	501(c)(3)	62,300				Other,Event Support\Annual Fundraiser

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

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Playworks Education Energized 1507 NW 23rd A Portland,OR 97210	94-3251867	501(c)(3)	238,600				Project Support
Pogo Park 2604 Roosevelt Av Richmond,CA 94804	32-0318691	501(c)(3)	20,000				Project Support
POINT LOMA NAZARENE UNIVERSITY 3900 LOMALAND DRIVE SAN DIEGO,CA 92106	95-1644035	501(c)(3)	10,000				Project Support

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Pomona Community Health Center 1450 Holt Avenue Pomona, CA 91767	22-3914738	501(c)(3)	20,000				Project Support
Portland After-School Tennis & Education 7519 N Burlington Portland, OR 97203	93-1256066	501(c)(3)	9,900				Project Support
Positive Alternative Recreational Team 2576 Gumdrop Dr San Jose, CA 95148	76-0832431	501(c)(3)	10,000				Project Support

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Poverello House 412 F Street Fresno, CA 93706	77-0007985	501(c)(3)	60,000				General Operating Support
Powerhouse Ministrie 311 Market Street Folsom, CA 95630	68-0020855	501(c)(3)	30,000				Project Support
Prescott -Joseph Center Comm Enhancement 920 Peralta Street Oakland, CA 94607	94-3248535	501(c)(3)	50,000				Project Support

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Program for Torture Victims 3550 Wilshire Bl Los Angeles,CA 90010	95-4492477	501(c)(3)	10,000				Event Support\Dinner
Project Access Now PO Box 10953 1311 Portland,OR 97296	20-8928388	501(c)(3)	100,000				General Operating Support
Project Access Inc 3900 Birch St 113 Newport Beach,CA 92660	33-0834635	501(c)(3)	10,000				Project Support

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Project Inform Incorporated 273 9th St 2nd Fl San Francisco, CA 94103	94-3052723	501(c)(3)	10,000				Other
Project Quest 2901 E Burnside St Portland, OR 97214	93-1121778	501(c)(3)	15,000				Project Support
Project Sister Family Services 363 S Park Ave 303 Pomona, CA 91766	23-7116161	501(c)(3)	15,000				Project Support

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Promises2Kids 9440 Ruffin Court San Diego,CA 92123	95-3655288	501(c)(3)	10,000				Project Support
Prototypes Innovation Health Mental Hlth 1000 N Alameda St Los Angeles,CA 90012	95-4092046	501(c)(3)	10,000				Project Support
Public Health Institute 555 12th St 10th Fl Oakland,CA 94607	94-1646278	501(c)(3)	179,000				Project Support

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Public Hlth Foundation Enterprises INC 12801 Crossroads City of Industry, CA 91746	95-2557063	501(c)(3)	150,000				Project Support
Puente dela Cost 620 N St PO Bx 554 Pescadero, CA 94060	37-1484262	501(c)(3)	6,010				Project Support
Rainbow Services Ltd 453 West 7th Street San Pedro, CA 90731	95-3855705	501(c)(3)	7,500				Project Support

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Rancho Los Amigos Foundation Inc 7601 E Imperial Hgwy Downey,CA 90242	95-3849600	501(c)(3)	8,000				Event Support\Annual Fundraiser
Rape Trauma Services 1860 El Camino Real Burlingame,CA 94010	94-3215045	501(c)(3)	15,000				General Operating Support
Ravenswood Family Health Center 1885 Bay Road East Palo Alto,CA 94303	94-3372130	501(c)(3)	25,000				General Operating Support

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Reach Out West End Inc 1126 West Foothill Upland,CA 91786	95-2642747	501(c)(3)	30,000				Project Support
Redwood Community Health Coalition 1310 Redwood Wy Petaluma,CA 94954	94-3220029	501(c)(3)	315,499				Project Support
Redwood Empire Food Bank 3990 Brickway Blvd Santa Rosa,CA 95403	68-0121855	501(c)(3)	22,860				Event Support\Annual Fundraiser

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Regional Parks Foundation 2950 Peralta Oaks Oakland, CA 94620	23-7011877	501(c)(3)	70,000				Project Support
ReImagine Mack Rd 75 Quinta Sacramento, CA 95823	46-4193875	501(c)(3)	40,800				Other
Rescue Mission AllianceVictor Valley 16857 C Street Victorville, CA 92395	23-7278002	501(c)(3)	10,000				General Operating Support

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RESEARCH FOUNDATION STATE UNIV OF NY 402 Crofts Hall Buffalo,NY 14260	14-1368361	501(c)(3)	18,656				PassThrough Fed Proj
Respect Institute 1743 Park Ave 429 San Jose,CA 95112	27-3718777	501(c)(3)	10,000				Conference Support
Richmond Community Foundation 1014 Florida Av 200 Richmond,CA 94804	94-3337754	501(c)(3)	14,260				Conference Support

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Rio Vista CARE Inc PO 576125 Sacrament Rio Vista,CA 94571	68-0063763	501(c)(3)	20,000				Project Support
Riverside Comm College District Found 4800 Magnolia Avenue Riverside,CA 92506	95-2993847	501(c)(3)	25,000				Project Support
Riverside Community Health Foundation 4445-A Magnolia Av Riverside,CA 92501	23-7276444	501(c)(3)	30,000				Project Support

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Riverside County Physicians Memorial 3993 Jurupa Ave Riverside,CA 92506	95-6080778	501(c)(3)	15,000				Project Support
Riverside Free Clin 3504 Mission Inn Riverside,CA 92501	46-5407059	501(c)(3)	10,000				Project Support
Robert F Kennedy 544 N Avalon Blv Wilmington,CA 90744	33-0531975	501(c)(3)	10,000				Project Support

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Roberts Family Development Center 770 Darina Ave Sacramento,CA 95815	68-0470557	501(c)(3)	27,200				Other
Ronald McDonald House Charities of SCAL 1250 Lyman Place Los Angeles,CA 90029	95-3167869	501(c)(3)	10,000				Event Support\Annual Fundraiser
Roots Community Health Center 9925 International Oakland,CA 94603	26-2583954	501(c)(3)	10,000				Project Support

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Rosie The Riveter Trust 440 Civic Center Plz Richmond, CA 94807	94-3335350	501(c)(3)	39,400				Event Support\Cultural Event
RotaCare Bay Area Inc 514 Valley Way Milpitas, CA 95035	77-0328723	501(c)(3)	108,000				Project Support
Ryse Inc 205 41st Street Richmond, CA 94805	26-0692904	501(c)(3)	35,000				Project Support

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SAC Health System 1455 E 3rd Street San Bernardino, CA 92408	33-0664371	501(c)(3)	22,500				Event Support\Awards Ceremony
Sacramento Area Congregations Together 9249 Folsom Blvd Sacramento, CA 95826	94-3146791	501(c)(3)	21,440				Other
Sacramento City Unified School District 5735 47th Ave Sacramento, CA 95824	94-6002491	Government or P	50,000				Project Support

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Sacramento County Office of Education PO Box 269003 Sacramento,CA 95826	94-6002536	Government or P	20,000				Project Support
Sacramento Gay & Lesbian Comm Center 1927 L Street Sacramento,CA 95811	94-2502229	501(c)(3)	10,000				Project Support
Sacramento Loaves and Fishes PO 13495 1321 C St Sacramento,CA 95813	68-0189897	501(c)(3)	30,000				Project Support

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Sacramento Native American Hlth Cnt 2020 J Street Sacramento,CA 95811	20-4287737	501(c)(3)	109,562				Project Support
Sacramento Neighbor 2411 Alhambra Bl 200 Sacramento,CA 95817	68-0118032	501(c)(3)	20,000				Project Support
Safe Routes Schl Ntl 2323 Broadway 109B Oakland,CA 94612	46-2694434	501(c)(3)	100,750				Project Support

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Salem Free Clinic's 1300 Broadway St NE Salem,OR 97301	20-3549992	501(c)(3)	43,000				General Operating Support
Salem Hospital PO Box 140001 Salem,OR 97309	93-0579722	501(c)(3)	2,908,200				General Operating Support
Salem-Keizer Coalit PO Box 4296 3850 Salem,OR 97302	65-1203900	501(c)(3)	15,000				Project Support

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Samaritan Counseling Center 1126 W Foothill Bl Upland, CA 91786	95-3160005	501(c)(3)	10,000				Project Support
Samaritan House 4031 Pacific Blvd San Mateo, CA 94403	23-7416272	501(c)(3)	30,000				General Operating Support
Samaritan Social Srv 1883 Myrtlewood Ave Colton, CA 92324	33-0227205	501(c)(3)	14,000				General Operating Support

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Samuel Dixon Family Health Center Inc 25115 W Av Stanford Valencia, CA 91355	95-4278726	501(c)(3)	7,000				Project Support
San Antonio Comm Hospital Dental Center 8593 Archibald Ave Rancho Cucamonga, CA 91730	95-6140562	501(c)(3)	10,000				General Operating Support
San Bernardino Co Sexual Assault Srv 444 N Arrowhead San Bernardino, CA 92401	95-3543081	501(c)(3)	15,000				Project Support

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San Diego American Indian Health Center 2602 First Ave San Diego,CA 92103	95-3397369	501(c)(3)	17,000				Project Support
San Diego Blk Hlth 5275 Market St C San Diego,CA 92114	33-0573601	501(c)(3)	10,000				Project Support
San Diego County Medical Society Fnd 5575 Ruffin Rd 250 San Diego,CA 92123	95-2568714	501(c)(3)	20,000				Project Support

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San Diego Family Care 6973 Linda Vista Rd San Diego,CA 92111	95-2700856	501(c)(3)	20,000				Project Support
San Diego Hunger Coalition 4305 University Ave San Diego,CA 92105	30-0507718	501(c)(3)	10,000				Project Support
San Diego Lesbian Gay Bi-Transgender 3909 Centre Street San Diego,CA 92103	23-7332048	501(c)(3)	15,000				Project Support

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San Diego MANA 2515 Camino del Rio San Diego,CA 92108	33-0821060	501(c)(3)	10,000				Project Support
San Diego Rescue Mission Inc 120 Elm St San Diego,CA 92101	95-1874073	501(c)(3)	10,000				Project Support
San Diego Unified School District 4100 Normal Street San Diego,CA 92103	95-6002781	Government or P	20,000				Project Support

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San Fern Comm Hspt 732 Mott St 100 San Fernando, CA 91340	51-0142144	501(c)(3)	10,000				Project Support
San Fran Community Clinic Consortium 2720 Taylor St 430 San Francisco, CA 94133	94-2897258	501(c)(3)	329,250				Event Support\Annual Fundraiser
San Francisco City Impact 230 Jones Street San Francisco, CA 94102	90-0332259	501(c)(3)	25,000				Project Support

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San Francisco General Hospital Foun 2789 25th St 2028 San Francisco, CA 94110	94-3189424	501(c)(3)	212,125				Event Support\Annual Fundraiser
San Francisco -Marin Food Bank 900 Pennsylvania Ave San Francisco, CA 94107	94-3041517	501(c)(3)	5,910				Event Support\Annual Fundraiser
San Francisco Public Health Foundation 30 Van Ness 2300 San Francisco, CA 94102	94-3117093	501(c)(3)	529,861				Project Support

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San Francisco Reviving Baseball In-City 38 Keyes Ave 200 San Francisco, CA 94129	27-4360909	501(c)(3)	15,000				Project Support
San Francisco Study Center Inc 944 Market Street San Francisco, CA 94102	94-2168838	501(c)(3)	30,000				Project Support
San Francisco Unified School District 555 Franklin Street San Francisco, CA 94102	94-6000416	Government or P	35,000				Project Support

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San Gabriel Unified School District 408 Junipero Serra San Gabriel,CA 91776	95-6000777	Government or P	7,500				Project Support
San Gabriel Valley Conservation & Srv 3629 Cypress Ave El Monte,CA 91731	27-0030016	501(c)(3)	7,500				Project Support
San Gabriel Valley Found for Dental Hlth 14101 E Nelson Av La Puente,CA 91746	95-4590029	501(c)(3)	7,500				Project Support

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San Gabriel Vly Consortium Homelessness 1760 W Cameron Ave West Covina, CA 91790	27-0711034	501(c)(3)	6,000				Conference Support
San Geronimo Valley Community Cener PO Box 194 San Geronimo, CA 94963	23-7172128	501(c)(3)	10,000				Project Support
San Joaquin Cnty Edu 2901 Arch-Airport Rd Stockton, CA 95213	68-0006282	Government or P	64,500				Other

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San Jose Children's Discovery Museum 180 Woz Way San Jose,CA 95110	94-2870828	501(c)(3)	30,000				Project Support
San Jose Downtown Foundation 28 N First St 1000 San Jose,CA 95113	77-0395206	501(c)(3)	99,000				Project Support
San Leandro Boys and Girls Club 401 Marina Boulevard San Leandro,CA 94577	94-6003779	501(c)(3)	33,080				Other

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San Leandro Education Foundation 433 Callan Ave 203 San Leandro, CA 94577	26-3044668	501(c)(3)	38,100				Other
San Mateo Police Activities League 200 Franklin Parkway San Mateo, CA 94403	31-1593896	501(c)(3)	15,000				General Operating Support
San Mateo Sheriff's 3151 Edison Way Redwood City, CA 94063	45-0617342	501(c)(3)	20,000				General Operating Support

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Sanger Unified School District Hlth 1905 7th Street Sanger, CA 93704	95-6002210	Government or P	90,000				General Operating Support
Santa Clara City Library Found & Friends 2635 Homestead Road Santa Clara, CA 95051	91-2125234	501(c)(3)	12,000				Project Support
Santa Clarita Valley Boys and Girls Club 24909 Newhall Avenue Newhall, CA 91321	95-2572622	501(c)(3)	7,000				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
Santa Rosa City Schools 211 Ridgeway Avenue Santa Rosa,CA 95401	68-0180139	Government or P	24,000				Project Support
SCAL Center for Nonprofit Management 1000 N Alameda 250 Los Angeles,CA 90012	95-3357253	501(c)(3)	7,500				Conference Support
School Hlth Clinics Santa Clara County 5671 Santa Teresa Bl San Jose,CA 95123	77-0031679	501(c)(3)	25,000				Project Support

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

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Senior Coastsiders 925 Main Street Half Moon Bay, CA 94019	94-3119310	501(c)(3)	10,000				General Operating Support
Senior Support of the Tri-Valley 5353 Sunol Blvd Pleasanton, CA 94566	20-3225569	501(c)(3)	10,000				Project Support
Seniors First 12183 Locksley Ln Auburn, CA 95602	68-0430154	501(c)(3)	38,500				Project Support

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

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SEPULVEDA RESEARCH CORP 16111 Pulmmer Street Sepulveda,CA 91343	95-4246275	501(c)(3)	24,844				PassThrough Fed Proj
SEQUOIA FOUNDATION 2166 Avenida de la Playa La Jolla,CA 92037	33-0100208	501(c)(3)	5,974				PassThrough Fed Proj
Serotonin Surge Charities 824 Falcon Avenue Davis,CA 95616	68-0411254	501(c)(3)	50,000				Other

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

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Serve The People Inc 1206 E 17th St 204 Santa Ana,CA 92701	27-0421556	501(c)(3)	15,000				Project Support
Serving Seniors 525 14th St 200 San Diego,CA 92101	95-2850121	501(c)(3)	15,000				Project Support
Shanti Orange County 23461 S Pointe Dr Laguna Hills,CA 92653	33-0236592	501(c)(3)	15,000				Project Support

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Shanti Project Inc 730 Polk Street San Francisco,CA 94109	94-2297147	501(c)(3)	30,000				Project Support
Share Our Selves Corporation 1550 Superior Avenue Costa Mesa,CA 92627	95-3222316	501(c)(3)	30,000				Event Support\Dinner
Sharefest Community Development Inc 3480 Torrance 110 Torrance,CA 90503	20-5651596	501(c)(3)	15,000				Project Support

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Shelter Inc Contra 1333 Willow Pass Rd Concord,CA 94520	68-0117241	501(c)(3)	15,000				Event Support\Annual Fundraiser
Sierra Vista Child & Family Services 100 Poplar Ave Modesto,CA 95354	94-2158023	501(c)(3)	120,000				Project Support
Silicon Valley Creates 38 W Santa Clara St San Jose,CA 95113	94-2825213	501(c)(3)	15,000				Project Support

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

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Single Mothers Outreach 23780 Newhall Ave Newhall, CA 91321	95-4646004	501(c)(3)	7,000				Project Support
Social Justice Learning Institute Inc 600 Centinela Avenue Inglewood, CA 90302	26-3413373	501(c)(3)	10,000				Project Support
Soil Born Farm Urban Agriculture Project 2140 Chase Drive Rancho Cordova, CA 95670	20-0774693	501(c)(3)	26,500				Event Support\Annual Fundraiser

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Solano Coalition for Better Health 1 Harbor Center 270 Suisun City, CA 94585	94-3189914	501(c)(3)	15,000				Project Support
Solano County Public Health 355 Tuolumne St Vallejo, CA 94590	94-6000538	Government or P	20,000				Project Support
Solar Richmond 2730 Maine Avenue Richmond, CA 94804	26-2428044	501(c)(3)	10,000				Project Support

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

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Sonoma County Regional Parks Foundation 2300 County Cnt Dr Santa Rosa,CA 95403	68-0421813	501(c)(3)	19,000				Project Support
SOSMentor 23622 Calabasas Rd Calabassas,CA 91302	95-4722980	501(c)(3)	35,940				Project Support
South Asian Network 18173 Pioneer Bl I Artesia,CA 90701	33-0608166	501(c)(3)	8,250				Event Support\Annual Fundraiser

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

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South Bay Children's Hlth Center Assoc 410 Camino Real Redondo Beach, CA 90277	95-6003956	501(c)(3)	10,000				General Operating Support
South Bay Family Healthcare Center 23430 Hawthorne Blvd Torrance, CA 90505	23-7049937	501(c)(3)	22,500				Project Support
South Hayward Parish 27287 Patrick Ave Hayward, CA 94544	94-2250549	501(c)(3)	32,000				Event Support\Cultural Event

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

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South San Francisco Friends Library 840 West Orange Ave South San Francisco, CA 94080	74-3116201	501(c)(3)	15,000				General Operating Support
South West Community Health Center 7754 SW Capitol Hwy Portland, OR 97219	74-3050497	501(c)(3)	33,000				General Operating Support
Southeast Asian Com 970 NBroadway 209 Los Angeles, CA 90012	45-2156435	501(c)(3)	25,000				Responsive

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

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Southern California Grantmakers 1000 N Alameda St Los Angeles,CA 90012	95-2831058	501(c)(3)	9,550				Conference Support
Special Olympics Northern California Inc 3480 Buskirk Av 340 Pleasant Hill,CA 94523	68-0363121	501(c)(3)	63,000				Other,Event Support\Dinner
Special Service for Groups Inc 905 E 8th St Los Angeles,CA 90021	95-1716914	501(c)(3)	157,700				Project Support

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SPIRITT Family Services 8000 Painter Ave Whittier, CA 90602	95-2852683	501(c)(3)	27,500				Project Support
Squash4Friends 18635 Verano St Hesperia, CA 92345	84-1179212	501(c)(3)	10,000				Project Support
St Francis Center of Redwood City 151 Buckingham Ave Redwood City, CA 94063	94-3052056	501(c)(3)	16,553				General Operating Support

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St Joseph Center 204 Hampton Drive Venice, CA 90291	95-3874381	501(c)(3)	90,000				Project Support
St Level Hlth Prject 2501 International Oakland, CA 94601	56-2324355	501(c)(3)	25,000				Project Support
St Anthony Foundation 150 Golden Gate Ave San Francisco, CA 94102	94-1513140	501(c)(3)	25,000				Project Support

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St Barnabas Senior Center of Los Ang 675 S Carondelet Los Angeles,CA 90057	95-1641435	501(c)(3)	10,000				Project Support
St Francis Center 1835 S Hope St Los Angeles,CA 90015	95-4479271	501(c)(3)	15,000				Project Support
St Jeanne de Lestonnac Free Clinic 1215 E Chapman Av Orange,CA 92866	95-3499011	501(c)(3)	75,000				Project Support

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St John of God Health Care Services 13333 Palmdale Road Victorville, CA 92395	95-3806996	501(c)(3)	20,000				Project Support
St John's Program for Real Change 2443 Fair Oaks 369 Sacramento, CA 95825	68-0132934	501(c)(3)	20,000				Project Support
St Johns Well Child & Family Center 808 West 58th Street Los Angeles, CA 90037	95-4067758	501(c)(3)	30,000				Event Support\Annual Fundraiser

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St Mary's Dining Room 545 W Sonora St Stockton, CA 95203	94-2687280	501(c)(3)	40,000				Project Support
St Vincent de Paul of Contra Costa 2210 Gladstone Drive Pittsburg, CA 94565	94-1448577	501(c)(3)	30,000				Project Support
St Vincent de Paul Society 503 Giuseppe Crt 8 Roseville, CA 95678	68-0205405	501(c)(3)	27,250				Project Support

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St Vincent dePaul 3350 E Street San Diego, CA 92102	33-0492302	501(c)(3)	37,500				Project Support
Stand Up Placer 11115 B Ave Auburn, CA 95603	94-2578871	501(c)(3)	26,000				Other
Stand for Families Free of Violence 1410 Danzig Plz 200 Concord, CA 94520	94-2476576	501(c)(3)	22,250				Project Support

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STANFORD UNIVERSITY 3160 Porter Drive Palo Alto, CA 94304	94-1156365	501(c)(3)	71,873				PassThrough Fed Proj, Event Support\Workforce
Stanislaus Multi-Clt 601 S Martin L King Modesto, CA 95351	31-1751288	501(c)(3)	75,000				Project Support
StarVista 610 Elm St 212 San Carlos, CA 94070	94-3094966	501(c)(3)	17,266				General Operating Support

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Store to Door PO Box 4665 Portland,OR 97208	94-3105555	501(c)(3)	15,000				General Operating Support
Strength in Support 26938 Marbella Mission Viejo,CA 92691	46-1896501	501(c)(3)	15,000				Project Support
Students Run America 5252 Crebs Avenue Tarzana,CA 91356	95-4430502	501(c)(3)	31,000				Project Support

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Sunday Friends Foundation 730 Story Rd 3 San Jose,CA 95122	77-0518937	501(c)(3)	25,000				Project Support
Sunnyvale Community Services 725 Kifer Road Sunnyvale,CA 94086	94-1713897	501(c)(3)	30,000				Project Support
Sunshine Division Inc 687 N Thompson St Portland,OR 97227	93-0429354	501(c)(3)	15,000				Project Support

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Susan G Komen Brst 3191-A Airport Loop Costa Mesa, CA 92626	33-0487943	501(c)(3)	28,500				Event Support\Annual Fundraiser
Susan G Komen Foundation Inc 1500 SW 1st AVE 270 Portland, OR 97201	93-1068897	501(c)(3)	50,000				Project Support
Susan G Komen Breast Cancer Foundation 9310 Tech Center Dr Sacramento, CA 95826	94-3169358	501(c)(3)	20,000				Project Support

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THE Clinic Inc 3834 S Western Ave Los Angeles,CA 90062	23-7351622	501(c)(3)	10,000				Project Support
Taking the Reins 3919 1/2 Rigali Ave Los Angeles,CA 90039	95-4688657	501(c)(3)	7,500				Project Support
Taller San Jose 801 North Broadway Santa Ana,CA 92701	59-3816355	501(c)(3)	15,000				Other

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Tarzana Treatment Center Inc 18646 Oxnard Street Tarzana, CA 91356	94-2219349	501(c)(3)	15,000				General Operating Support
Tehachapi Valley Recreation Park 490 West D Street Tehachapi, CA 93561	30-0708724	Government or P	25,000				Project Support
The Alameda County Comm Food Bank Inc 7900 Edgewater Drive Oakland, CA 94621	94-2960297	501(c)(3)	70,000				Other

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The CA Conf Equality 3711 Long Beach Long Beach,CA 90807	54-2178438	501(c)(3)	10,000				Project Support
The California Hlth Care Safety-Net Ins 70 Washington St Oakland,CA 94607	94-2970752	501(c)(3)	21,250				Conference Support
The Carolyn E Wylie Center Children 4164 Brockton Avenue Riverside,CA 92501	93-0670286	501(c)(3)	30,000				Project Support

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The Catalyst Foundation 616 W Lancaster Bl Lancaster, CA 93534	77-0357456	501(c)(3)	8,814				Project Support
The Cerritos College Foundation 11110 Alondra Blvd Norwalk, CA 90650	95-3387108	501(c)(3)	50,000				Event Support\Annual Fundraiser
The Children's Partnership 1351 3rd St Promenad Santa Monica, CA 90401	46-4106389	501(c)(3)	80,000				Project Support

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The Childrens Center Antelope Valley 45111 N Fern Avenue Lancaster, CA 93534	95-4212759	501(c)(3)	18,000				Project Support
The Childrens Clinic Serving Children 2790 Atlantic Avenue Long Beach, CA 90806	95-1643332	501(c)(3)	10,000				General Operating Support
The City of Clovis CA 1033 Fifth Street Clovis, CA 93612	94-6000311	Government or P	40,000				Project Support

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The Davis Street Community Center Incorp 3081 Teagarden St San Leandro, CA 94577	94-3121699	501(c)(3)	9,600				Other
The Foodbank of Southern California 1444 San Francisco Long Beach, CA 90813	95-3557056	501(c)(3)	12,000				Project Support
The Foundation for Educ & Employ 438 South A St Oxnard, CA 93030	30-0223314	501(c)(3)	8,290				General Operating Support

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The Gales Creek Camp Foundation 7110 SW Fir Loop Portland, OR 97223	93-6010464	501(c)(3)	9,375				Project Support
The Gathering Inn 201 Berkeley Ave Roseville, CA 94567	84-1657746	501(c)(3)	15,000				Other
The HEAL Project PO Box 3051 Half Moon Bay, CA 94019	27-0192940	501(c)(3)	20,000				General Operating Support

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The Illumination Foundation 2691 Richter Av 107 Irvine,CA 92606	71-1047686	501(c)(3)	20,000				Project Support
The Leaven 2320 Courage Dr 111 Fairfield,CA 94533	26-3653717	501(c)(3)	60,000				Project Support
The Raise Foundation 2900 Bristol J201 Costa Mesa,CA 92626	33-0240178	501(c)(3)	20,000				Project Support

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The Rector Wardens & Vestry Church 4368 Santa Anita Ave El Monte,CA 91731	95-1765149	501(c)(3)	15,000				Project Support
The Salvation Army Territorial Headquart 6845 University Ave San Diego,CA 92115	94-1156347	501(c)(3)	24,680				Project Support
The Sheriffs Community Impact Program 2350 Northrop Avenue Sacramento,CA 95825	27-3457087	501(c)(3)	17,000				Project Support

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The Tech Museum of Innovation 201 South Market St San Jose,CA 95113	94-2864660	501(c)(3)	50,000				Other
The Tucker Maxon Oral School 2860 SE Holgate Bl Portland,OR 97202	93-0391592	501(c)(3)	15,000				Project Support
The Vacaville Neighborhood Boys & Girls 100 Holly Lane Vacaville,CA 95688	13-4223488	501(c)(3)	25,000				Project Support

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The Wallace Medical Concern 124 NE 181st St 103 Portland,OR 97230	93-0853709	501(c)(3)	8,000				General Operating Support
The Wall-Las Memorias Project 5619 Monte Vista St Los Angeles,CA 90042	95-4468225	501(c)(3)	6,375				Conference Support
The Young Artists Conservatory of Music 500 Davis St Vacaville,CA 95688	20-2734913	501(c)(3)	10,000				Project Support

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Thessalonika Family Services Inc PO Box 890326 Temecula,CA 92589	95-3551068	501(c)(3)	20,000				Project Support
THINK Together 550 Valley Way Milpitas,CA 95035	33-0781751	501(c)(3)	47,500				Project Support
Tiburcio Vasquez Health Center 22331 Mission Blvd Hayward,CA 94544	23-7118361	501(c)(3)	77,000				Project Support

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Tides Center 1107 9th St Sacramento, CA 95814	94-3213100	501(c)(3)	710,470				Event Support\Annual Fundraiser
Tierra del Sol Foundation 9919 Sunland Blvd Sunland, CA 91040	95-2671260	501(c)(3)	10,000				Project Support
Tigard-Tualatin School District 23J 6960 SW Sandburg St Tigard, OR 97223	93-0572833	Government or P	50,000				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
Tiger Woods Foundation Inc One Tiger Woods Way Anaheim, CA 92801	20-0677815	501(c)(3)	25,000				Project Support
Time for Change Fnd PO Box 25040 San Bernardino, CA 92406	52-2405277	501(c)(3)	25,000				Project Support
Toberman Neighborhood Center Inc 131 N Grand Avenue San Pedro, CA 90731	95-1643387	501(c)(3)	16,625				Event Support\Annual Fundraiser

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Tracy Interfaith Ministries 311 W Grant Line Rd Tracy, CA 95378	94-3150638	501(c)(3)	10,000				Other
Training Institute Leadership Enrichment 920 Peralta St 2A Oakland, CA 94607	68-0437852	501(c)(3)	9,875				Other
TransFormCA 436 14th St 600 Oakland, CA 94612	72-1521579	501(c)(3)	80,000				Conference Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Transitional Living & Comm Support Inc 650 Howe Ave 400A Sacramento, CA 95825	94-2777955	501(c)(3)	29,340				Other
Tri-City Health Center 39465 Paseo Padre Fremont, CA 94538	23-7255435	501(c)(3)	35,300				Event Support\Health Fair
Turning Point Foundation 505 Poli St 401 Ventura, CA 93002	77-0213467	501(c)(3)	20,000				General Operating Support

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

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UC HASTINGS COLLEGE OF THE LAW 200 McAllister St San Francisco, CA 94102	94-2581680	501(c)(3)	7,279				PassThrough Fed Proj
Union of Pan Asian Communities 1031 25th Street San Diego, CA 92102	23-7279074	501(c)(3)	15,000				Project Support
Union Station Homeless Services 825 E Orange Grove Pasadena, CA 91104	95-3958741	501(c)(3)	98,600				Project Support

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United Cancer Advocacy Action Network 1459 E Thousand Oak Thousand Oaks,CA 91362	27-0748389	501(c)(3)	8,290				Project Support
United Charitable Programs 6201 Leesburg Pike Falls Church,VA 22044	20-4286082	501(c)(3)	7,500				Project Support
United Negro College Fund Inc 220 Montgomery St San Francisco,CA 94104	13-1624241	501(c)(3)	25,000				Other

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

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United Samaritans Foundation 220 S Broadway Turlock,CA 95380	77-0393321	501(c)(3)	30,000				Project Support
United States Veterans Initiative 733 Hindry Ave Inglewood,CA 90301	95-4382752	501(c)(3)	58,090				Project Support
United Way of the Bay Area 550 Kearny St 1000 San Francisco,CA 94108	94-1312348	501(c)(3)	9,250				Other,Event Support\Annual Fundraiser

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of the Columbia Willamette 619 SW 11th Ste 300 Portland, OR 97205	93-0582124	501(c)(3)	90,000				Project Support
United Way of the Stanislaus Area 422 McHenry Avenue Modesto, CA 95354	94-1212129	501(c)(3)	80,000				Project Support
United Way of Ventura County 4001 Mission Oaks Bl Camarillo, CA 93012	95-1945833	501(c)(3)	20,000				General Operating Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Muslim Medical Assoc 711 W Florence Ave Los Angeles, CA 90044	95-4666712	501(c)(3)	10,000				Project Support
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3rd Ave S Birmingham, AL 35294	63-0649108	501(c)(3)	158,278				PassThrough Fed Proj
University of Calif San Francisco Found 220 Montgomery St San Francisco, CA 94104	94-2829914	501(c)(3)	20,000				Conference Support

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

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UNIVERSITY OF CALIFORNIA - BERKELEY 21985 Hearst Ave Berkeley,CA 94720	94-6002123	501(c)(3)	26,592				PassThrough Fed Proj, Conference Support
UNIVERSITY OF CALIFORNIA - DAVIS 1850 Research Prk Dr Davis,CA 95618	94-6036494	501(c)(3)	106,784				PassThrough Fed Proj
UNIVERSITY OF CALIFORNIA - IRVINE 5171 California Ave Irvine,CA 92697	95-2226406	501(c)(3)	897,609				PassThrough Fed Proj

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

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UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 3333 California St San Francisco, CA 94143	94-6036493	501(c)(3)	916,221				PassThrough Fed Proj, Event Support\Annual Fundrai
UNIVERSITY OF COLORADO 13001 East 17th Ave Aurora, CO 80045	20-8575263	501(c)(3)	91,486				PassThrough Fed Proj
UNIVERSITY OF FLORIDA HEALTH 219 Grinter Hall Gainsville, FL 32611	59-1943502	501(c)(3)	9,617				PassThrough Fed Proj

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

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UNIVERSITY OF MASSACHUSETTS WORCESTER 55 Lake Ave North Worcester, MA 01655	04-3167352	501(c)(3)	165,795				PassThrough Fed Proj
UNIVERSITY OF NORTH CAROLINA 104 Airport Drive Chapel Hill, NC 27599	56-6001393	501(c)(3)	12,706				PassThrough Fed Proj
UNIVERSITY OF PENNSYLVANIA 3451 Walnut Street Philadelphia, PA 19104	23-1352685	501(c)(3)	119,325				PassThrough Fed Proj

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

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UNIVERSITY OF SOUTH CAROLINA 1600 Hampton Street Columbia,SC 29208	57-6001153	501(c)(3)	11,809				PassThrough Fed Proj
UNIVERSITY OF TEXAS 7000 Fannin Houston,TX 77030	74-1761309	501(c)(3)	17,110				PassThrough Fed Proj
UNIVERSITY OF TEXAS SW MEDICAL CENTER 5323 Harry Hines Bvd Dallas,TX 75390	74-6000089	501(c)(3)	55,983				PassThrough Fed Proj

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

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University of the Pacific 3601 Pacific Avenue Stockton,CA 95211	94-1156266	501(c)(3)	39,999				Project Support
UNIVERSITY OF WASHINGTON 4333 Brooklyn Ave NE Seattle,WA 98195	91-6001089	501(c)(3)	52,257				PassThrough Fed Proj
UNIVERSTIY OF MICHIGAN 3003 S State Street Ann Arbor,MI 48109	38-6006309	501(c)(3)	36,871				PassThrough Fed Proj

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

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UNIVERSTIY OF MINNESOTA 200 Oak Street SE Minneapolis,MN 55455	41-6007513	501(c)(3)	261,606				PassThrough Fed Proj
UpValley Family Centers of Napa Valley 1500 Cedar Street Calistoga,CA 94515	80-0023012	501(c)(3)	25,000				Project Support
Urban Community Action Projects 2880 Hulen Place Riverside,CA 92507	04-3656147	501(c)(3)	20,000				Project Support

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Urban Tilth 31 Maine Ave Richmond,CA 94804	20-4124161	501(c)(3)	15,000				Project Support
UTAH STATE UNIVERSITY 1415 Old Main Hill Logan,UT 84322	87-0276385	501(c)(3)	14,584				PassThrough Fed Proj
Valley Care Community Consortium Inc 7515 Van Nuys Blvd Van Nuys,CA 91405	20-5569606	501(c)(3)	14,005				Event Support\Awards Ceremony

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

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Valley Community Healthcare 6801 Coldwater Cyn North Hollywood, CA 91605	23-7050082	501(c)(3)	31,000				Project Support
Valley Family Center 302 S Brand Blvd San Fernando, CA 91340	95-4105054	501(c)(3)	10,000				Project Support
Valley Health Team Inc 21890 Colorado Ave San Joaquin, CA 93660	94-2217261	501(c)(3)	75,000				Project Support

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Valley Village 20830 Sherman Way Winnetka,CA 91306	23-7314159	501(c)(3)	15,000				General Operating Support
Venice Family Clinic 604 Rose Avenue Venice,CA 90291	95-2769432	501(c)(3)	18,750				Project Support
Ventura County Medical Resource 199 Figueroa St 2Fl Ventura,CA 93001	95-6096141	501(c)(3)	20,000				General Operating Support

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Victor Valley Colleg 18422 Bear Valley Rd Victorville,CA 92395	51-0141667	501(c)(3)	10,000				Project Support
Victor Valley Domestic Violence Inc PO Bx 2825 VV Victorville,CA 92395	93-1067826	501(c)(3)	10,000				Project Support
Village Comm Res 633 Village Drive Brentwood,CA 94513	41-2045701	501(c)(3)	6,000				Project Support

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Village Family Services 6736 Laurel Canyon North Hollywood,CA 91606	95-4625826	501(c)(3)	39,200				General Operating Support
VIP Community Mental Health Center Inc 1721 Griffin Avenue Los Angeles,CA 90031	30-0017808	501(c)(3)	15,000				Project Support
VIRGINIA COMMONWEALTH UNIVERSITY 800 East Leigh St Richmond,VA 23298	54-6001736	501(c)(3)	37,541				PassThrough Fed Proj

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Virginia Garcia Memorial Foundation PO Box 486 Cornelius,OR 97113	91-2077840	501(c)(3)	180,000				Project Support
Vision To Learn 11611 San Vicente Bl Los Angeles,CA 90049	45-3457853	501(c)(3)	40,000				Project Support
Vision Y Compromiso 1000 N Alameda Los Angeles,CA 90012	32-0071651	501(c)(3)	10,000				Conference Support

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Vista Community Clinic 1000 Vale Terrace Dr Vista,CA 92084	95-2815615	501(c)(3)	30,000				Project Support
VMC Foundation 2400 Moorpark Ave San Jose,CA 95128	77-0187890	501(c)(3)	200,000				Project Support
Volunteer Center of Sonoma County Inc 153 Stony Crl 100 Santa Rosa,CA 95401	94-1751375	501(c)(3)	5,500				Project Support

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Volunteers In Medicine Clinic 2260 Marcola Road Springfield, OR 97477	93-1276816	501(c)(3)	35,000				Project Support
Volunteers of America of Oregon Inc 3910 SE Stark St Portland, OR 97214	93-0395591	501(c)(3)	50,000				General Operating Support
Walk San Fran 433 Natoma St 240 San Francisco, CA 94103	47-2000881	501(c)(3)	10,000				Event Support\Annual Fundraiser

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Watts Healthcare Corporation 10300 Compton Avenue Los Angeles,CA 90002	75-3046480	501(c)(3)	10,000				Project Support
Watts Willowbrook Boys & Girls Club 1339 E120th Street Los Angeles,CA 90059	95-1945829	501(c)(3)	7,500				General Operating Support
WEAVE Incorporated 1900 K Street Sacramento,CA 95811	94-2493158	501(c)(3)	35,000				Project Support

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Weigh of Life 968 23rd St Richmond,CA 94804	20-3752206	501(c)(3)	15,000				Project Support
Well Healing Mobile 7625 East Ave Fontana,CA 92336	33-0831503	501(c)(3)	20,000				Project Support
WellSpace Health 1820 J Street Sacramento,CA 95811	94-1713704	501(c)(3)	523,804				Responsive,Project Support

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West Covina Unified School District 1717 W Merrced Av West Covina, CA 91790	95-4603489	Government or P	5,870				Project Support
West End Young Men's Christian Assoc 10970 Arrow Rte 106 Rancho Cucamonga, CA 91730	95-1727678	501(c)(3)	14,000				Project Support
Western Youth Services 23461 S Pointe Dr Laguna, CA 92653	95-3407054	501(c)(3)	15,000				Project Support

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Westminster Free Clinic 5560 Napoleon Avenue Oak Park,CA 91377	77-0563241	501(c)(3)	20,000				General Operating Support
Westside Family Health Center 1711 Ocean Park Bl Santa Monica,CA 90405	95-2931931	501(c)(3)	12,136				Event Support\Annual Fundraiser
White Pony Express 1300 Boulevard Way Walnut Creek,CA 94595	46-5220565	501(c)(3)	8,000				Project Support

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Whiteside Manor 2743 Orange St Riverside,CA 92501	23-7126416	501(c)(3)	23,000				Project Support
Wilmington Community Free Clinic 1009 N Avalon Blvd Wilmington,CA 90744	95-3137803	501(c)(3)	15,000				Project Support
Winters Healthcare Foundation 310 Main Street Winters,CA 95694	68-0454670	501(c)(3)	125,000				Project Support

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Wise & Healthy Aging 1527 4th Street Santa Monica,CA 90401	95-2788014	501(c)(3)	18,000				Project Support
Women Against Gun Violence 8800 Venice Bl Los Angeles,CA 90034	95-4738754	501(c)(3)	9,480				Event Support\Awards Ceremony
Women At Work 2555 E Colorado Bl Pasadena,CA 91107	95-3411403	501(c)(3)	8,200				Event Support\Annual Fundraiser

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Women Crowned In Glory Inc 7120 Hayvenhurst Ave Van Nuys, CA 91406	95-4808038	501(c)(3)	8,290				General Operating Support
Womens Breast Can 27645 Jefferson 117 Temecula, CA 92590	33-0951216	501(c)(3)	23,000				Project Support
Women's Empowerment 1590 North A Street Sacramento, CA 95811	03-0520643	501(c)(3)	10,000				Project Support

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Working Wardrobe 3030 Pullman St A Costa Mesa,CA 92626	33-0669145	501(c)(3)	15,000				Project Support
Worksite Wellness LA 5955 SWestern Ave Los Angeles,CA 90047	55-0802354	501(c)(3)	15,000				Project Support
Wright Institute 2728 Durant Avenue Berkeley,CA 94704	94-1674865	501(c)(3)	25,000				Project Support

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YALE UNIVERSITY 47 College Street New Haven,CT 06520	06-0646973	501(c)(3)	165,194				PassThrough Fed Proj
YMCA of Silicon Valley 80 Saratoga Avenue Santa Clara,CA 95051	94-1156318	501(c)(3)	50,000				Project Support
YMCA of the East Bay 2350 Broadway Oakland,CA 94612	94-1156317	501(c)(3)	11,000				Project Support

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Yolo County Childrens Alliance 600 A Street Suite Y Davis,CA 95616	68-0526185	501(c)(3)	25,000				Project Support
Yolo Family Service Agency 455 First Street Woodland,CA 95695	94-1452884	501(c)(3)	10,000				Project Support
Young & Healthy PO Box 93397 Pasadena,CA 91109	95-4527969	501(c)(3)	7,750				Event Support\Annual Fundraiser

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Young Men Christian Assoc Metropolitan 11336 Corbin Ave Porter Ranch, CA 91326	95-1644052	501(c)(3)	117,000				Project Support
YOUNG WOMENS CHRISTIAN ASSOC 1421 Guerneville Rd Santa Rosa, CA 95403	94-2347428	501(c)(3)	30,000				Project Support
Youth Action Project 600 NArrowhead 300 San Bernardino, CA 92401	42-1574359	501(c)(3)	20,000				Project Support

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Youth ALIVE 3300 Elm Street Oakland,CA 94609	94-3143254	501(c)(3)	109,144				Conference Support
Youth Enrichment Strategies 3029 Macdonald Ave Richmond,CA 94804	03-0458294	501(c)(3)	25,000				Project Support
Youth For Christ USA Inc 1102 North School St Stockton,CA 95205	94-1708137	501(c)(3)	40,000				Project Support

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Youth Radio 1701 Broadway Oakland, CA 94612	94-3180825	501(c)(3)	75,000				Project Support
YWCA of San Gabriel Valley 943 North Grand Av Covina, CA 91724	95-1641967	501(c)(3)	7,500				Project Support
ZERO BREAST CANCER 4340 Redwood Hwy San Rafael, CA 94903	68-0386016	501(c)(3)	60,290				PassThrough Fed Proj\Event Support\Awards Ceremony

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Concordia College 901 8th St S Moorhead,MN 56562	41-0693977	501(c)(3)	12,500				General support
Holy Family Day Homes of San Francisco 299 Dolores St San Francisco,CA 94103	94-1156492	501(C)(3)	30,000				General support
Lewis and Clark College 0615 SW Palatine Hill Road MSC 88 portland,OR 97219	93-0386858	501(c)(3)	8,950				General 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
Nature Conservancy 821 SE 14th Avenue portland, OR 97214	53-0242652	501(c)(3)	11,250				General support
Washington State University Foundation PO Box 641927 pullman, WA 99164	91-1075542	501(c)(3)	15,000				General support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**	Yes	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**	Yes	

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3	METHODS USED TO ESTABLISH COMPENSATION OF CEO/EXECUTIVE DIRECTOR THE FILING ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED ONE OR MORE OF THE METHODS DESCRIBED BELOW TO ESTABLISH THE TOP MANAGEMENT OFFICIALS' COMPENSATION - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE OF A RELATED ORGANIZATION
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS Frank Beirne $ 225,969 Virginia Campbell 78,186 Diane Gage-Lofgren 346,667 Patricia Kennedy-Scott 143,846 Kerry Kohnen 588,701 LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO SEVERANCE BENEFITS IN THE EVENT OF TERMINATION BY THE ORGANIZATION WITHOUT CAUSE OR DUE TO JOB ELIMINATION DEPENDING ON POSITION LEVEL, TENURE, AND TERMINATION REASON, SEVERANCE BENEFITS PAYABLE UNDER THESE ARRANGEMENTS PROVIDE FOR PAY AND HEALTH BENEFITS CONTINUATION PLUS PAYMENT OF ACCRUED OBLIGATIONS IN ADDITION, FOR SOME OF THE LISTED PERSONS, SEVERANCE BENEFITS PAYABLE INCLUDE PRORATED INCENTIVE AWARDS FOR PERFORMANCE PERIODS NOT YET ENDED NONE OF THE LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO CHANGE-OF-CONTROL PAYMENTS
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS Gregory Adams $ 238,078 Anthony Barrueta 1,004 Christopher Boyd 129,050 Benjamin Chu 4,056,254 Charles Columbus 415,179 Mark Costa 63,975 Elizabeth Finley 250,721 Jerry C Fleming 390,732 Edward Glavis 70,102 Mitchell Goodstein 226,314 Marilyn Kawamura 31,724 Kerry Kohnen 111,661 Kathryn Lancaster 253,372 Janet Liang 164,133 Gerald McCall 88,323 Andrew McCulloch 190,209 Thomas Meier 75,379 Julie Miller-Phipps 60,178 Donald Orndoff 238,394 Nathaniel Oubre 41,563 Wade Overgaard 141 Kathleen Marie Scheirman 133,737 Sandra Small 149,077 Arthur Southam 309,647 Deborah Stokes 55,994 Bernard Tyson 635,105 Cesar Villalpando 72,696 Vita Willett 60,847 Carlos Zaragoza 39,705 Steven Zatkin 256,468 Victoria Zatkin 103,806 Mark Zemelman 179,473 SOME OF THE PARTICIPANTS LISTED IN SCHEDULE J, PART II PARTICIPATED IN NONQUALIFIED SUPPLEMENTAL RETIREMENT PLANS UNDER THESE PLANS, THE ORGANIZATION MAKES ANNUAL CONTRIBUTIONS TO A NOTIONAL ACCOUNT ON BEHALF OF EACH PARTICIPANT CONTRIBUTIONS VARY BY POSITION, LEVEL AND PAY, AND VEST OVER TIME BASED ON AGE AND/OR SERVICE PARTICIPANT ACCOUNTS ARE CREDITED WITH A FIXED RATE OF INTEREST, INVESTED IN AVAILABLE MUTUAL FUNDS OR A COMBINATION OF BOTH CERTAIN OFFICERS ACCRUE A BENEFIT THAT VESTS BASED ON AGE AND SERVICE AND TARGETS A PERCENTAGE OF FINAL AVERAGE PAY LESS PRIOR PLAN OFFSETS UNVESTED AMOUNTS ARE SUBJECT TO RISK OF FORFEITURE
Schedule J, Part I, Line 7	Non-fixed payments THE ORGANIZATION PROVIDED NON-FIXED PAYMENTS TO SOME OF THE PERSONS LISTED PAYMENTS WERE MADE UNDER INCENTIVE PLANS, BASED ON ATTAINMENT OF ORGANIZATIONAL PERFORMANCE GOALS AND INDIVIDUAL PERFORMANCE, DESIGNED TO SUPPORT THE ORGANIZATION'S MISSION TO PROVIDE HIGH-QUALITY, AFFORDABLE CARE AND IMPROVE THE HEALTH OF ITS MEMBERS AND THE COMMUNITIES IT SERVES Schedule J, Part I, line 8 Certain amounts reported in Form 990, Part VII, were paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3) Fixed payments were paid to or accrued for THREE OFFICERS and ONE KEY EMPLOYEE in 2015
Schedule J, Part II, Column C	THE ACTUARIAL VALUE FOR SOME INDIVIDUALS' DEFINED BENEFIT PLAN DECLINED IN 2015, 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: 94-1105628
Name: KAISER FOUNDATION HOSPITALS

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				
1Claudio F Abreu SVP, Regional IT Operations	(I)	0	0	0	0	0	0	0
	(II)	482,329	422,383	189,166	128,767	- 30,006	- 1,252,651	131,678
1Gregory Adams EVP, GP & Region Pres NCAL	(I)	0	0	0	0	0	0	0
	(II)	734,090	1,242,350	267,848	293,224	- 23,507	- 2,561,019	0
2Mary Ann Barnes Region President - Hawaii	(I)	0	0	0	0	0	0	0
	(II)	413,932	268,472	57,268	43,896	- 19,806	- 803,374	0
3Anthony Barrueta SVP, Government Relations	(I)	0	0	0	0	0	0	0
	(II)	415,255	560,201	40,746	199,780	- 19,278	- 1,235,260	1,004
4Raymond Baxter SVP, CB Research & Hlth Policy	(I)	0	0	0	0	0	0	0
	(II)	555,895	967,449	53,744	66,099	- 31,483	- 1,674,670	0
5Frank Beirne SVP & Area Mgr - San Mateo	(I)	0	0	0	0	0	0	0
	(II)	85,516	168,023	255,209	-87,768	- 17,557	- 438,537	0
6Vanessa Benavides SVP, Chief Comp & Priv Officer	(I)	0	0	0	0	0	0	0
	(II)	46,154	350,000	19,061	44,742	- 1,790	- 461,747	0
7Charles Bevilacqua SVP,KFHP Products, Svc & Admin	(I)	0	0	0	0	0	0	0
	(II)	506,355	579,010	21,722	176,298	- 20,953	- 1,304,338	0
8Derrick Billings SVP, Hosp & Area Ops - NCAL	(I)	0	0	0	0	0	0	0
	(II)	470,399	99,233	419,657	286,744	- 12,189	- 1,288,222	0
9Maryann Bodayle assistant secretary	(I)	0	0	0	0	0	0	0
	(II)	146,552	19,482	2,168	10,494	- 8,841	- 187,537	0
10Odette Bolano SVP & Area Manager - East Bay	(I)	0	0	0	0	0	0	0
	(II)	448,485	73,811	40,307	220,310	- 11,715	- 794,628	152,350
11Christopher Boyd SVP & Area Mgr - Santa Clara	(I)	0	0	0	0	0	0	0
	(II)	369,367	204,935	152,319	104,524	- 23,167	- 854,312	99,312
12Michael Brady SVP, Infrastructure Mgmt Group	(I)	0	0	0	0	0	0	0
	(II)	100,539	533,455	25,913	13,299	- 18,755	- 691,961	0
13Virginia Campbell SVP & Area Mgr - Diablo	(I)	0	0	0	0	0	0	0
	(II)	0	43,279	78,214	29,626	- 2,748	- 153,867	0
14Lisa L Caplan SVP, Bus Info Off - Care Del	(I)	0	0	0	0	0	0	0
	(II)	312,504	396,476	87,950	150,057	- 20,144	- 967,131	0
15William Caswell SVP, Operations	(I)	0	0	0	0	0	0	0
	(II)	434,615	390,773	41,269	139,393	- 18,443	- 1,024,493	0
16Thomas W Chapman EdD Director	(I)	0	0	0	0	0	0	0
	(II)	206,000	0	21,466	18,000	- 0	- 245,466	0
17Greg Christian SVP, Area Manager - Fontana	(I)	0	0	0	0	0	0	0
	(II)	350,100	201,703	20,355	91,234	- 24,699	- 688,091	0
18Benjamin Chu EVP,GP & Region President SCAL	(I)	0	0	0	0	0	0	0
	(II)	714,190	1,176,598	4,085,859	62,500	- 25,219	- 6,064,366	2,659,657
19Judith Coffey SVP & Area Mgr - Marin/Sonoma	(I)	0	0	0	0	0	0	0
	(II)	352,532	201,422	26,447	54,200	- 23,415	- 658,016	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 Jeffrey Collins SVP & Area Manager - Roseville	(I)	0	0	0	0	0	0	0
	(II)	363,989	187,365	156,571	105,796	-11,539	-825,260	0
1 Charles Columbus SVP, Chief HR Officer	(I)	0	0	0	0	0	0	0
	(II)	526,581	1,030,974	461,386	283,986	-33,696	-2,336,623	311,207
2 Diane Comer SVP, Buss Info Officer - KFHP	(I)	0	0	0	0	0	0	0
	(II)	344,175	458,113	87,249	160,048	-24,357	-1,073,942	0
3 Mark Costa SVP, Area Mgr - Orange County	(I)	0	0	0	0	0	0	0
	(II)	351,237	198,939	101,365	108,582	-24,822	-784,945	50,040
4 Patrick CourneyaEVP, CMO	(I)	0	0	0	0	0	0	0
	(II)	448,182	202,442	53,994	312,931	-19,621	-1,037,170	0
5 Richard DanielsEVP, CIO	(I)	0	0	0	0	0	0	0
	(II)	670,684	804,028	29,059	230,159	-31,897	-1,765,827	0
6 Erin Downing Special Assistant to the Board	(I)	0	0	0	0	0	0	0
	(II)	100,247	16,564	17,558	9,442	-8,130	-151,941	0
7 Jeffrey E EpsteinDirector	(I)	0	0	0	0	0	0	0
	(II)	199,000	0	15,672	0	-0	-214,672	0
8 Elizabeth Finley SVP, Area Manager - San Diego	(I)	0	0	0	0	0	0	0
	(II)	356,794	214,279	321,171	41,422	-20,145	-953,811	193,701
9 Jerry C Fleming SVP, Health Reform Implementat	(I)	0	0	0	0	0	0	0
	(II)	89,610	206,418	413,786	306,685	-8,531	-1,025,030	359,537
10 Angela Yee Fong Staff Charge Nurse IV	(I)	0	0	0	0	0	0	0
	(II)	740,966	0	9,704	31,040	-25,934	-807,644	0
11 Deborah Friberg SVP, Area Mgr - Central Valley	(I)	0	0	0	0	0	0	0
	(II)	340,392	0	136,122	34,670	-22,821	-534,005	0
12 Diane Gage-Lofgren SVP, Brand Mgmt & Comm	(I)	0	0	0	0	0	0	0
	(II)	0	0	346,833	6,404	-16,488	-369,725	0
13 Daniel Garcia SVP, Chief Compliance Officer	(I)	0	0	0	0	0	0	0
	(II)	586,604	889,894	54,027	65,761	-34,985	-1,631,271	0
14 Sandra Golze assistant secretary, ncal	(I)	0	0	0	0	0	0	0
	(II)	270,190	228,936	18,912	96,635	-21,330	-636,003	0
15 Mitchell Goodstein SVP, Actuarial, U/W & Pricing	(I)	0	0	0	0	0	0	0
	(II)	0	395,382	226,314	0	-0	-621,696	226,314
16 William R GraberDirector	(I)	0	0	0	0	0	0	0
	(II)	244,000	0	11,742	0	-0	-255,742	0
17 J Eugene Grigsby III PhD Director	(I)	0	0	0	0	0	0	0
	(II)	226,500	0	400	0	-0	-226,900	0
18 Thomas Hanenburg SVP & Area Mgr - GSAA	(I)	0	0	0	0	0	0	0
	(II)	333,742	191,729	36,036	98,772	-20,179	-680,458	0
19 Corwin Harper SVP & Area Mgr - Napa/Solano	(I)	0	0	0	0	0	0	0
	(II)	343,450	171,956	42,528	95,362	-26,318	-679,614	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
41 Leslie S Heisz Director	(i)	0	0	0	0	0	0	0
	(ii)	199,000	0	15,281	0	0	214,281	0
1 David Hoffmeister Director	(i)	0	0	0	0	0	0	0
	(ii)	194,000	0	11,066	0	0	205,066	0
2 Kimberly Horn Region President - MAS	(i)	0	0	0	0	0	0	0
	(ii)	528,939	355,043	175,296	425,899	25,059	1,510,236	110,584
3 Judith Johansen Director	(i)	0	0	0	0	0	0	0
	(ii)	231,500	0	11,058	0	0	242,558	0
4 Kim J Kaiser Director	(i)	0	0	0	0	0	0	0
	(ii)	221,500	0	5,496	0	0	226,996	0
5 Marilyn Kawamura Region President - MAS	(i)	0	0	0	0	0	0	0
	(ii)	0	64,919	35,936	0	0	100,855	31,724
6 Patricia Kennedy-Scott Region President - Ohio	(i)	0	0	0	0	0	0	0
	(ii)	0	0	157,724	8,859	14,545	181,128	0
7 Kerry Kohnen Region President - Georgia	(i)	0	0	0	0	0	0	0
	(ii)	14,949	494,937	704,113	42,462	19,041	1,275,502	0
8 Kathryn Lancaster EVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	779,351	1,512,879	298,864	199,848	17,903	2,808,845	233
9 Janet Liang SVP & COO - NCAL	(i)	0	0	0	0	0	0	0
	(ii)	507,267	598,460	649,261	142,539	24,747	1,922,274	173,411
10 Donna Lynne EVP, GP & Region Pres - CO	(i)	0	0	0	0	0	0	0
	(ii)	626,191	887,469	47,003	932,987	32,795	2,526,445	0
11 Philip A Marineau Director	(i)	0	0	0	0	0	0	0
	(ii)	219,000	0	7,213	0	0	226,213	0
12 Gerald McCall SVP Operations	(i)	0	0	0	0	0	0	0
	(ii)	450,683	390,773	112,107	42,749	26,838	1,023,150	20,498
13 Andrew McCulloch Region President - Northwest	(i)	0	0	0	0	0	0	0
	(ii)	443,383	489,607	235,159	411,791	27,040	1,606,980	148,793
14 Colleen McKeown SVP & Area Mgr - Diablo	(i)	0	0	0	0	0	0	0
	(ii)	370,065	189,092	19,416	174,296	18,847	771,716	0
15 Thomas Meier SVP, Corporate Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	366,589	535,310	114,448	46,053	27,546	1,089,946	19,340
16 Julie Miller-Phipps Region President - GA	(i)	0	0	0	0	0	0	0
	(ii)	398,450	200,594	292,002	41,740	17,856	950,642	0
17 Donald Omdoff SVP, NFS	(i)	0	0	0	0	0	0	0
	(ii)	410,384	523,171	264,152	160,685	29,568	1,387,960	182,662
18 Nathaniel Oubre VP, CA Medi-Cal, CHIP & CHC	(i)	0	0	0	0	0	0	0
	(ii)	300,673	212,962	59,689	43,624	23,519	640,467	0
19 Wade Overgaard SVP, Health Plan Ops - CA	(i)	0	0	0	0	0	0	0
	(ii)	482,019	627,770	24,941	47,338	28,354	1,210,422	141

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
61 Edward Y W Pei Director	(I)	0	0	0	0	0	0	0
	(II)	218,500	0	12,464	18,000	0	248,964	0
1 Margaret E Porfido Director	(I)	0	0	0	0	0	0	0
	(II)	239,000	0	16,935	0	0	255,935	0
2 Frank Richardson assistant secretary, hawaii	(I)	0	0	0	0	0	0	0
	(II)	210,554	140,645	9,683	45,940	23,918	430,740	0
3 Christine Robisch SVP, CAO - NCAL	(I)	0	0	0	0	0	0	0
	(II)	379,811	188,997	19,296	106,513	13,156	707,773	0
4 Rochelle Roth assistant secretary	(I)	0	0	0	0	0	0	0
	(II)	170,501	93,540	23,060	38,537	17,513	343,151	0
5 Kathleen Marie Scheirman SVP, Application Svcs Group	(I)	0	0	0	0	0	0	0
	(II)	395,008	477,711	205,643	174,789	20,061	1,273,212	99,050
6 Jacqueline Sellers assistant secretary	(I)	0	0	0	0	0	0	0
	(II)	191,615	80,592	5,767	38,315	11,781	328,070	0
7 Nirav Shah SVP, COO Clinical Operations	(I)	0	0	0	0	0	0	0
	(II)	504,899	150,652	18,062	67,554	21,461	762,628	0
8 Richard Shannon Director	(I)	0	0	0	0	0	0	0
	(II)	226,500	0	0	0	0	226,500	0
9 Sandra Small SVP, Hospital & Area Ops	(I)	0	0	0	0	0	0	0
	(II)	0	171,676	158,897	0	0	330,573	149,077
10 Arthur Southam EVP, Health Plan Operations	(I)	0	0	0	0	0	0	0
	(II)	818,213	1,665,914	355,489	72,330	26,163	2,938,109	14,170
11 Deborah Stokes SVP, Controller & CAO	(I)	0	0	0	0	0	0	0
	(II)	353,904	429,013	79,334	42,538	21,711	926,500	0
12 Paul Swenson SVP & Chief Strategy Officer	(I)	0	0	0	0	0	0	0
	(II)	520,542	594,488	45,630	179,786	27,833	1,368,279	149,355
13 Cynthia A Telles PhD Director	(I)	0	0	0	0	0	0	0
	(II)	240,500	0	11,066	0	0	251,566	0
14 Bernard Tyson Chairman & CEO	(I)	0	0	0	0	0	0	0
	(II)	1,209,932	3,631,595	1,022,267	142,327	33,902	6,040,023	0
15 Max Villalobos COO - North County	(I)	0	0	0	0	0	0	0
	(II)	319,803	199,183	93,720	54,521	23,326	690,553	0
16 Cesar Villalpando SVP, Enterprise Shared Svcs	(I)	0	0	0	0	0	0	0
	(II)	468,109	471,585	163,009	155,059	23,288	1,281,050	55,285
17 Jed Weissberg SVP, Quality & Care Del Excel	(I)	0	0	0	0	0	0	0
	(II)	0	372,916	5,282	-24,803	0	353,395	0
18 Vita Willett SVP, Area Manager - Riverside	(I)	0	0	0	0	0	0	0
	(II)	352,686	200,108	80,429	100,410	18,485	752,118	47,382
19 Nancy Wollen SVP, Chief Operating Officer	(I)	0	0	0	0	0	0	0
	(II)	352,425	214,824	20,890	103,733	30,039	721,911	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				
81 Carlos Zaragoza assistant secretary, scal	(I)	0	0	0	0	0	0	0
	(II)	263,345	200,189	83,068	78,331	-24,860	-649,793	0
1 Steven Zatkin SVP, General Counsel & Secy	(I)	0	0	0	0	0	0	0
	(II)	0	0	261,259	0	-0	-261,259	256,468
2 Victoria Zatkin VP, Off of Brd & Corp Gov Svcs	(I)	0	0	0	0	0	0	0
	(II)	206,699	110,698	139,952	78,627	-5,105	-541,081	85,167
3 Mark Zemelman SVP, General Counsel & Secy	(I)	0	0	0	0	0	0	0
	(II)	528,915	844,658	225,714	126,479	-32,940	-1,758,706	0
4 George DiSalvo SVP-CFO, SCAL	(I)	0	0	0	0	0	0	0
	(II)	511,762	586,825	40,900	208,515	-17,943	-1,365,945	0
5 Michael Rowe SVP, CFO - NCAL	(I)	0	0	0	0	0	0	0
	(II)	574,398	654,526	223,774	152,140	-24,187	-1,629,025	148,926
6 Edward Glavis SVP & Area Mgr - Roseville	(I)	0	0	0	0	0	0	0
	(II)	35,893	284,704	77,057	2,003	-1,721	-401,378	20,191

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	2003 CALIFORNIA STATEWIDE CMNTYS DEV AUTH	52-1598225	130911RW2	08-06-2003	213,060,000	PAR REFUNDING CHFFA 83,85,93 SER C		X		X		X
B	2004 CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911WF3	03-30-2004	1,600,000,000	FINANCE HEALTH CARE FACILITIES		X		X		X
C	2006 CSCDACHFFA FIXED	68-0164610	1309112G4	06-08-2006	916,299,000	FINANCE HEALTH CARE FACILITIES		X		X		X
D	2006 CSCDACHFFA VARIABLE	52-1643828	13033FK74	06-08-2006	600,000,000	FINANCE HEALTH CARE FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	60,000,000	800,000,000	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	213,060,000	1,639,884,612	954,024,896	602,245,616
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	88,159,219	79,221,674	5,674,726
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	6,375,000	0	0
8	Credit enhancement from proceeds	0	10,073,543	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	1,535,276,850	874,803,222	596,570,889
11	Other spent proceeds	213,060,000	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion		2009	2010	2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X		X		X	

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?			X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				X		X		X
c	Are there any research agreements that may result in private business use of bond-financed property?			X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?				X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?				X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X						X	
c	No rebate due?			X		X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X	X			X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I	2006 CSCDA / CHFFA 2006 CSCDA / CHFFA Variable and 2006 CSCDA / CHFFA Fixed have multiple issuers and therefore multiple EIN numbers The EIN number reported matched the reported CUSIP

Return Reference	Explanation
PART II, LINE 1	We will continue to report the 2009 put rolls of the 2008C and 2002E bonds as the current outstanding debt, with the amount of premium from their sales shown in Part II, Line 1, "Amount of bonds retired"

Return Reference	Explanation
PART II, LINE 3	Difference between total proceeds (Part II Line 3) and issue price (Part I), for all applicable bond issues, is due to interest earned on the construction fund

Return Reference	Explanation
PART III, LINE 4 AND 5	At bond-financed facilities, there is 0% private use reported due to a policy of maintaining adequate equity contributions at each facility

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	2007 CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1309116M7	02-01-2007	476,113,485	PREM/DISC REFUNDING 01A,02D,04F&G		X		X		X
B	2008 CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795SZ1	05-01-2008	500,000,000	PAR REFUNDING 04A-D ARS BONDS& 04H		X		X		X
C	2009 CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795D38	06-03-2009	1,638,437,048	FINANCE HEALTH CARE FACILITIES		X		X		X
D	2002 CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911LD0	06-01-2009	99,996,058	REOFFERING OF 2002E CSCDA (PREMIUM		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	202,500,000	418,220,000	2,716,058
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	476,113,485	500,000,000	1,639,188,993	99,996,058
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	71,262,216	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	2,328	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	1,567,926,777	0
11	Other spent proceeds	476,111,157	500,000,000	0	99,996,058
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion			2011	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X			
c	No rebate due?							X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART IV, LINE 2C	BOND ISSUER NAME 2004 CALIFORNIA STATEWIDE CMNTYS DEV AUTH REBATE DATE COMPUTATION WAS PERFORMED 01/14/2009 BOND ISSUER NAME 2006 CSDA / CHFFA VARIABLE REBATE DATE COMPUTATION WAS PERFORMED 06/07/2011 BOND ISSUER NAME 2002 CALIFORNIA STATEWIDE CMNTYS DEV AUTH REBATE DATE COMPUTATION WAS PERFORMED 11/27/2012

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2015

Open to Public Inspection

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	2008 CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795TP2	05-29-2009	149,996,162	REOFFERING OF 2008C CSCDA (PREMIUM		X		X		X
B	2011 CALIFORNIA HEALTH FACILITIES FINANCING AUTH	52-1643828	13033LML8	05-03-2011	204,545,000	PAR REFUNDING 01A,B,C KHAC BONDS		X		X		X
C	2012 CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1307955G8	04-18-2012	1,007,791,119	FINANCE HEALTH CARE FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,131,162	0	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	149,996,162	204,545,000	1,007,791,119	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	0	0	0	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	0	0	1,007,791,119	
11	Other spent proceeds	149,996,162	204,545,000	0	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion			2014	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X			
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) kim b kurth	sister of officer	192,093	compensation		
(2) ANGELA PATRICIA BENNAGE	daughter of key employee	127,849	compensation		
(3) carol mcmenamy	spouse of key employee	153,158	compensation		
(4) boeringer ingelheim	substantial contributor	95,195,671	payment for supplies		

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315044696

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

Return Reference	Explanation
PART VI, line 11b	Form 990 Review Process 1 Key information necessary for the preparation of the tax return is obtained and/or confirmed with internal sources including regional finance, executive compensation, community benefits, treasury, government relations, and legal 2 Community benefit reporting details are presented to the community benefit committee of the board for review 3 Prior to finalization, the return is reviewed by an external tax advisor 4 Once signed by an external tax advisor, the return and underlying data are reviewed by an officer or a member of management designated by an officer for signature and filing 5 Copies are then provided to board members prior to filing

Return Reference	Explanation
PART VI, line 12c	COMPLIANCE ENFORCEMENT A REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - KAISER PERMANENTE REGULARLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY IN 3 KEY WAYS A1 THE KAISER PERMANENTE COMPLIANCE HOTLINE IS AVAILABLE TO ALL EMPLOYEES AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ALL CALLS ARE ANSWERED BY A THIRD PARTY AND PROVIDED TO KAISER PERMANENTE'S NATIONAL COMPLIANCE OFFICE FOR REVIEW AND APPROPRIATE ACTION EMPLOYEES CAN REPORT ANONYMOUSLY RETALIATION IS PROHIBITED REPORTS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARE GENERATED AND INVESTIGATIONS ARE CONDUCTED AS REQUIRED AND INFORMATION IS TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL GUIDANCE IS REQUIRED TO AVOID OR MANAGE CONFLICTS OF INTEREST COMPLIANCE HOTLINE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS OF DIRECTORS ANNUALLY A2 THE NATIONAL COMPLIANCE OFFICE AND INTERNAL AUDIT SERVICES ANNUALLY REVIEW THE DIRECTORS', OFFICERS', KEY EMPLOYEES', AND EXECUTIVES' ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE DISCLOSURES AND PROVIDE DIRECTION ON ANY INVESTIGATIONS REQUIRED INVESTIGATIONS ARE DOCUMENTED, TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL CONTROLS OR EDUCATION IS REQUIRED IN ADDITION, CONFLICTS OF INTEREST QUESTIONNAIRE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS OF DIRECTORS ANNUALLY, AND A3 ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, AN OUTSIDE CERTIFIED PUBLIC ACCOUNTING FIRM REVIEWS THE ANNUAL CONFLICTS OF INTEREST 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 AND IN ANNUAL COMPLIANCE TRAINING B3 IN THE EVENT THAT IT IS NECESSARY TO DISCIPLINE ANY EMPLOYEE BECAUSE OF, BUT NOT LIMITED TO, FAILURE TO COMPLY WITH APPLICABLE LEGAL/REGULATORY REQUIREMENTS, KAISER PERMANENTE POLICIES AND PROCEDURES,OR THE PRINCIPLES OF RESPONSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR MISCONDUCT, COACHING/COUNSELING AND/OR CORRECTIVE/DISCIPLINARY ACTION MAY INCLUDE, BUT IS NOT LIMITED TO - ORAL DISCUSSION AND/OR WARNING BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR HIGHER LEVEL MANAGER TO CORRECT THE PROBLEM, - WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING, - PAID OR UNPAID SUSPENSION, WITH OR WITHOUT FINAL WARNING, - TERMINATION OF EMPLOYMENT

Return Reference	Explanation
PART VI, line 15A/B	COMPENSATION DETERMINATION THE EXECUTIVE COMPENSATION PROGRAM AS ADMINISTERED BY KAISER FOUNDATION HEALTH PLAN, INC IS DESIGNED TO RECRUIT, RETAIN AND MOTIVATE QUALIFIED SENIOR MANAGEMENT PERSONNEL SENIOR MANAGEMENT PERSONNEL HAVE A SIGNIFICANT IMPACT ON THE STRATEGIC AND POLICY DIRECTION AND RESULTS OF THE ORGANIZATION THEREFORE, THE EXECUTIVE COMPENSATION PROGRAM IS, TO A SIGNIFICANT DEGREE, PERFORMANCE-BASED THE COMPENSATION PROGRAM IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND THE MANAGEMENT COMMITTEE ON COMPENSATION PRIOR TO PAYMENT, ALL PROGRAMS AND PAYMENTS TO THE CEO, EXECUTIVE DIRECTOR, AND TOP MANAGEMENT OFFICIALS (EXECUTIVES) ARE REVIEWED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND THE MANAGEMENT COMMITTEE ON COMPENSATION BASE PAY FOR EXECUTIVE POSITIONS IS ESTABLISHED AT A LEVEL COMPARABLE TO THE RELEVANT MARKET IN ADDITION, OTHER COMPONENTS OF THE COMPENSATION PROGRAM BEAR 'AT-RISK' FEATURES DESIGNED TO FOCUS ON STRATEGICALLY IMPORTANT PERFORMANCE GOALS AND TO ASSIST IN ATTRACTING AND RETAINING TOP PERFORMERS THE EXECUTIVE COMPENSATION PROGRAM IS TARGETED TO BE COMPETITIVE TO THE COMPARABLE EXTERNAL MARKET IN WHICH THE ORGANIZATION COMPETES FOR EXECUTIVE LEADERSHIP EVALUATION OF COMPARABLE PAY DATA IS PERFORMED BY AN INDEPENDENT COMPENSATION, BENEFIT & HUMAN RESOURCE 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

Return Reference	Explanation
PART VI, line 18	Forms 990 are available on www guidestar org

Return Reference	Explanation
PART VI, line 19	Public Inspection Copy - Governing documents - are available as provided to the California Secretary of State on state agency website or upon request - Financial Statements are on file with the state regulatory agency Combined data is published for Kaiser Foundation Health Plan Inc and subsidiaries and Kaiser Foundation Hospitals and Subsidiaries with independent auditors' report To request copies contact Vice President, Government Relations Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, 18th floor Oakland, CA 94612

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

Return Reference	Explanation
PART xi, line 9	Other Changes in Net Assets or Fund Balances change in donated capital $ (13,989,265) change in inter-regional transfer (89,755,551) change in dividends, partnership (129,736,027) restricted grants - co 2,147,242 change in pension and other retirement liabilities 1,806,879,633 gain/loss on sale on investment - book-to-tax difference 575,011,180 otti losses (1,189,583,458) ---------- 960,973,754

Return Reference	Explanation
PART III, lines 4a-4d	Legal Affiliation with Kaiser Foundation Health Plan, Inc and its Subsidiaries Kaiser Foundation Hospitals (KFH) and Kaiser Foundation Health Plan, Inc (KFHP, Inc) and its four principal operating subsidiaries are separate corporations governed by identical boards of directors KFH accepts responsibility to provide or arrange necessary inpatient services and facilities for members of health plans administered by KFHP, Inc KFH owns and operates licensed hospitals in California, Hawaii and Oregon These facilities provide emergency and inpatient services to all persons in the community, regardless of membership or ability to pay Staff privileges are available on a nondiscriminatory basis to physicians in the communities served KFH also contracts with other community hospitals to provide services to members for specialized care and other services Kaiser Foundation Hospitals Commitment to the Community KFHs mission is to provide hospital, medical, and surgical care, including emergency services, extended care, and home health care to the public without regard to age, sex, race, religion, or national origin, or to the individuals ability to pay KFH strives for excellence in serving its patients through market-leading performance in quality and service As a nonprofit organization, Kaiser Foundation Hospitals is committed to improving the health of the communities beyond the population of patients served by its facilities Annual investments in a range of Community Benefit programs are a fundamental embodiment of the organizations ongoing commitment to improve the general wellbeing within the broader community These investments result in intentional, planned, measurable, and accountable benefits intended to address many of the health challenges faced at the individual, local, state, and national levels The Affordable Care Act (ACA) enacted in 2010 codifies responsibilities that nonprofit hospital organizations such as KFH must satisfy in order to maintain their qualification as tax-exempt entities One responsibility involves conducting a Community Health Needs Assessment (CHNA) at least once every three years at every licensed hospital facility Kaiser Foundation Hospitals has completed similar needs assessments for many years to identify the needs and resources that guide our Community Benefit spending The new federal legislation provides an opportunity to revisit assessment and planning processes with an eye toward enhancing compliance, transparency, efficiency, and utilization of emerging technologies KFHs most recent CHNA process was undertaken in 2013 In 2014, KFH began addressing the primary needs which were identified in the latest CHNA by developing a comprehensive set of Implementation Strategies (IS) for every facility The IS reports describe the needs which each KFH facility has chosen to prioritize and the reasons why other needs are not being addressed during this three-year cycle A full set of the CHNA assessments by facility as well as the related Implementation Strategy reports can be found at www kp org/chna In 2007, the board of directors of Kaiser Foundation Health Plan, Inc and Kaiser Foundation Hospitals refined the focus of the organizations Community Benefit programs and established the following four priority areas which have come to be known as "Streams of Work" A Care and Coverage for Low-Income People Creates and supports programs that lower the financial barriers for the under- and uninsured B Community Health Initiatives Seeks to measurably improve the health of the communities we serve Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods C Safety Net Partnerships Builds partnerships with community clinics, local health departments, and public hospitals Provides funding, technical assistance, dissemination of care management and quality improvements technology to help improve care and expand treatment capacity for vulnerable populations D Developing and Disseminating Knowledge Improves health care by sharing our knowledge - educating practitioners, advancing research, empowering consumers and informing policymakers about evidence-based care and health In addition to the four Streams of Work identified by the combined Board of Directors, the following Community Benefit-related activities have been described in this section of the tax return E Other Community Benefit Investments - support Community Benefit activities and programs beyond the national streams of work, including the administrative expenses of regional Community Benefit departments dedicated to supporting the organizations Community Benefit programs and services and coordinating related initiatives F Environmental Stewardship - protecting and improving the natural environment is a key component of KFHs mission to improve the health of the community it serves Although costs associated with this initiative are not included in the dollars reported as Community Benefit investments, efforts in this area contribute to advancing a broader vision emphasizing healthy people and healthy environments while also improving health care quality and affordability The following are details of the Community Benefit activities provided by Kaiser Foundation Hospitals In 2015, Kaiser Foundation Hospitals expended approximately $980 million (at cost, net of $1,355 million of related revenues) to support Community Benefit activities The following summarizes many of the signature Community Benefit programs and services grouped according to the national Streams of Work

Return Reference	Explanation
A Care and Coverage for Low-Income People	Improving health care access for those with limited incomes and resources is fundamental to Kaiser Foundation Hospitals mission In 2015, the organization invested approximately $790 million (at cost, net of $1,215 million of related revenues) to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age, or other factors Program beneficiaries (under- and uninsured) received free or discounted care in a KFH facility A 1 Charitable Care (Medical Financial Assistance and Charitable Health Coverage Programs) Kaiser Foundation Hospitals provides charity care to low-income vulnerable populations through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) programs In 2015, KFH spent approximately $164 million (at cost, net of $2 6 million of related revenues) to support under- and uninsured patients treated in KFH facilities located in California, Hawaii, and Oregon A 1 1 Medical Financial Assistance (MFA) Program Kaiser Foundation Hospitals Medical Financial Assistance program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need Patients must receive health care services at facilities operated by Kaiser Foundation Hospitals and/or from a Kaiser Permanente provider Eligibility is based upon prescribed levels of income to patients who have exhausted other private and public sources of support In 2015, KFH provided $124 million (at cost, net of $200 thousand in related revenues) of services under this program At KFH, uninsured patients receive a discount on hospital and professional charges for emergency or other medically necessary care without an application and regardless of income level The discount is provided to ensure than an uninsured individual is not charged more for emergency or other medically necessary services than the amounts generally billed to insured individuals receiving equivalent care Contracted collection agency practices are aligned with the organizations social values and the final IRC section 501(r) Additionally, any patient experiencing financial hardship due to high medical expenses relative to their income level may qualify for the program under special circumstances A 1 1 1 MFA Program Offered in California In California, the MFA programs eligibility criteria allows patients falling at or below 350% of the Federal Poverty Guidelines (FPG) to receive full (100%) write off of patient out-of-pocket costs In 2015, KFH patients in California received full forgiveness for over 112,000 inpatient days of care under the MFA program A 1 1 2 MFA Program Offered in Hawaii In Hawaii, the MFA program is open to patients whose family income is at or below 400% of the Federal Poverty Guidelines (FPG) In 2015, KFH patients in Hawaii received full (100%) forgiveness for nearly 6,000 inpatient days of care under the MFA program A 1 1 3 MFA Program Offered in Oregon and Washington In Oregon and Washington, the MFA programs eligibility criteria allows insured patients falling below 300% of FPG and uninsured patients falling at or below 350% of FPG to receive full write off of medical charges This population received full (100%) forgiveness for over 10,000 inpatient days of care under KFHs MFA program in 2015 The MFA program also covers full or partial expenses for dental services if applicants meet qualifying guidelines A 1 2 Charitable Health Coverage (CHC) Program Charitable Health Coverage (CHC) is a unique approach to caring for low-income uninsured persons in the community Eligible participants receive a regular Kaiser Foundation Health Plan, Inc membership card and access to the full range of services and providers at Kaiser Foundation Hospital facilities--a much better alternative to a potentially costly emergency room visit or hospitalization KFHP, Inc s CHC programs have a long history of making a real difference in the lives of low-income people who might otherwise have no permanent health care coverage In 2015, more than 75,000 low-income adults and children who were not eligible for other public or privately sponsored coverage received access to health care through facilities operated by Kaiser Foundation Hospitals in California and Oregon KFH contributed approximately $40 million (at cost, net of $2 4 million of related revenues) to provide subsidized care to these underserved populations in 2015 A 1 2 1 CHC Programs Offered in California A 1 2 1 1 Child Health Program The Child Health Program provides medical and dental coverage to eligible children under the age of 19 for California families with income up to 300% of the Federal Poverty Guidelines who do not have access to other health insurance After-subsidy, monthly payment amounts charged to members range from $0 to $20 per child per month, depending on family income, for a maximum of three children Additional children are covered free of charge A 1 2 1 2 Healthy San Francisco KFH provided access to approximately 670 KFHP, Inc members participating in the Healthy San Francisco program at the end of 2015 Healthy San Francisco is a program created by the City and County of San Francisco to make health care services accessible and affordable for uninsured residents living on a combined family income at or below 400% of the Federal Poverty Level It is available for all San Francisco residents, regardless of immigration or employment status, or pre-existing medical conditions While this program is not an insurance plan, it does provide access to primary care, preventive services, and hospitalization within the city and county of San Francisco A 1 2 2 CHC Program Offered in Oregon A 1 2 2 1 The Child Health Plan Program Plus The Child Health Plan Program Plus targets eligible students This program is open to children of low-income families who reside in one of six school districts and who do not have access to other health insurance options The program provides comprehensive medical, dental, and prescription coverage to children between kindergarten and 12th grade, and these children must come from a household with income up to 350% of the Federal Poverty Guidelines

Return Reference	Explanation
A 2 Participation in Medicaid and Other Government-Sponsored Programs	Kaiser Foundation Hospitals has a long history of providing access to low - and moderate-income individuals as a nonprofit organization In 2015, Kaiser Foundation Hospitals provided medical services valued at $619 million (at cost, net of $1,212 million of related revenues) to individuals participating in government-sponsored programs in California, Hawaii, Oregon, and Washington Improving access to care for vulnerable populations is fundamental to KFHs social mission to improve the health of communities served and consistent with the obligations of a tax exempt organization The Affordable Care Act is having a continuing far-reaching impact on the landscape of government-sponsored programs, as these options are poised to become the key source of health coverage for a significant portion of the American population KFH has responded to this challenge by developing organizational strategies to enable individuals whose coverage is changing due to personal or financial circumstances to continue to obtain medical care at facilities owned by the organization Realized and anticipated growth in the organizations Medicaid offerings closely aligns with and supports KFHs core mission, tax exempt status, credibility in state and federal policy arenas, and community health needs focusing on access to care A 2 1 Government-Sponsored Programs in California Highlights of the government-sponsored health care coverage programs supported by KFH in California include A 2 1 1 Medicaid/Medi-Cal Managed Care KFH provided access to inpatient care for nearly 647,000 Medicaid/Medi-Cal managed care members in Northern and Southern California through various local and state government entities Approximately $475 million (at cost, net of $1,025 million of related revenues) was invested in this program in 2015 Prior to 2014, KFH provided health care services to members participating in the federal- and state-funded Childrens Health Insurance Program (CHIP) offered by Kaiser Foundation Health Plan, Inc Coverage was offered under the Healthy Families program In 2013, members of the Healthy Families program were transitioned to a plan under the Medicaid/Medi-Cal umbrella Financial losses formerly associated with the Healthy Families program are now included in the overall totals for the Medicaid/Medi-Cal managed care program A 2 1 2 Medi-Cal Fee-for-Service KFH provided subsidized care on a fee-for-service basis to over 185,000 Medi-Cal patients who were not enrolled as members of Kaiser Foundation Health Plan, Inc This accounted for approximately $113 million (at cost, net of $78 million of related revenues) of inpatient services provided by KFH A 2 2 Government-Sponsored Programs in Hawaii Highlights of the government-sponsored health care coverage programs supported by KFH in Hawaii include A 2 2 1 QUEST QUEST is a Medicaid managed care program run by Hawaiis Department of Human Services The state administers the QUEST program and pays Kaiser Foundation Health Plan, Inc to provide medical services KFH provides access to the organizations health care facilities in connection with the QUEST program on the islands of Oahu and Maui In 2015, KFH cared for approximately 26,000 individuals enrolled in Quest and expended approximately $6 8 million (at cost, net of $31 million of related revenues) on subsidized medical care services A 2 2 2 Medicaid Fee-for-Service Kaiser Foundation Hospitals provides services on a fee-for-service basis to states not participating in the Medicaid managed care program or for individuals/populations not enrolled in managed care In 2015, KFH in Hawaii contributed $4 2 million (at cost, net of $2 9 million of related revenues) towards subsidized care for Medicaid patients who were not enrolled in the Kaiser Foundation Health Plan QUEST program A 2 2 3 Childrens Health Insurance Program (CHIP) The Childrens Health Insurance Program provides health insurance coverage to children with family income up to twice the federal poverty guideline for Hawaii under Title XXI of the Social Security Act CHIP is one of several aid categories under the QUEST program More than 3,100 children enrolled in this program were cared for at KFH facilities in Hawaii at a total expense of $480 thousand (at cost, net of $750 thousand of related revenues) in 2015 A 2 3 Government-Sponsored Programs in Oregon and Washington Highlights of the government-sponsored health care coverage programs supported by KFH in Oregon and Washington include A 2 3 1 Medicaid Programs in Oregon and Washington Kaiser Foundation Hospitals supports Medicaid managed care programs in the states of Oregon and Washington in addition to a fee-for-service option In 2015, KFH expended approximately $16 9 million (at cost, net of $28 4 million of related revenues) in the Northwest region to subsidize care under Medicaid The following describe the programs and target populations A 2 3 1 1 Oregon Health Plan Kaiser Foundation Hospitals provides medical care to individuals participating in the Oregon Health Plan under a direct contract with Kaiser Foundation Health Plan, Inc Members in this program are enrolled based upon eligibility criteria for qualified participants who reside in Marion and Polk counties A 2 3 1 2 Health Share of Oregon With the establishment of Coordinated Care Organizations in the State of Oregon, Kaiser Foundation Health Plan, Inc has joined Tuality Healthcare, Care Oregon, and Providence Health Services to form the largest Coordinated Care Organization in the State Kaiser Foundation Hospital provides inpatient care services to the KFHP, Inc members of this program which serves families in Clackamas, Multnomah, and Washington counties A 2 3 1 3 Healthy Options Healthy Options is a Medicaid program for low-income individuals that meet eligibility requirements for Medicaid It is a fully-capitated state program managed by the Washington State Health Care Authority (HCA) Kaiser Foundation Hospitals provides services at KFH facilities to eligible participants who reside in either Clark or Cowlitz counties through a subcontract with Molina Healthcare A 2 3 1 4 Medicaid Fee-for-Service KFH provided $4 0 million (at cost, net of $4 0 million of related revenues) in subsidized care to Medicaid fee-for-service patients living in the states of Oregon and Washington in 2015 These services were billed to the Medicaid program on behalf of non-affiliated patients receiving medical attention in KFH facilities When a Medicaid patient receives services from Kaiser Foundation Hospitals under this program, these expenses are recorded as non-capitated services and billed to the Medicaid program on a fee-for-service basis A 2 3 2 Child Health Insurance Program (CHIP) In both Oregon and Washington, KFH provides health care services to members of KFHP, Inc s Child Health Insurance Program The program provides health insurance to children whose family income is between 200 percent and 300 percent of the federal poverty level, and who are not eligible for Medicaid Subsidies are provided on a sliding scale based on income In both states, the program is governed by the Medicaid contract, and offers the same benefits KFH incurred net losses of $1 7 million (at cost, net of $2 0 million of related revenues) under this program in 2015

Return Reference	Explanation
A 3 Grants and Donations for Care and Coverage	In 2015, Kaiser Foundation Hospitals donated approximately $6 6 million to nonprofit and community-based organizations to improve access to health care for low-income families and individuals The following are a few examples of the contributions made in this area A 3 1 Project ACCESS NOW Project Access Now received $100,000 to support a network of volunteer health care providers and the ancillary services in the Northwest Region that are needed to assure that low-income patients in the community get the care they need Facilitating a health care delivery workflow that is easier for providers to donate care, this program includes information technology, care coordination, a pharmacy benefit management system, low-cost medication, and interpretive services for nonhospital providers A 3 2 Salem Hospital In Oregon, Kaiser Foundation Hospitals provided $2 9 million of additional charitable care through a contract with Salem Hospital, serving community members that live and work in the greater Willamette Valley KFHs 2013 Community Health Needs Assessment for this area found that over 17% of the population in the Mid-Willamette Valley was uninsured, and an even greater percentage fell within the low-income range Funding provided by KFH supports free or discounted medically necessary care to qualifying low-income patients A 3 3 Prior Year Contributions for Care and Coverage Investments In prior years, KFH made contributions to several donor advised funds under the direction of various foundations operating in our local communities These funds were intended to identify and support nonprofit organizations that meet community needs in the area of care and coverage In 2015, the following initiative was funded through disbursements issued by the community foundations based upon recommendations informed by KFH's expertise A 3 3 1 Operation Access Operation Access received a grant of $300,000 in 2015 from a prior year contribution to a community foundation donor advised fund for core operating support Operation Access organizes a network of 41 medical centers and 1400 medical professionals who donate surgical, specialty, and diagnostic services They reach 1,500 low-income, uninsured patients a year in nine Northern California counties, with plans to expand into three additional counties

Return Reference	Explanation
B Community Health Initiatives (CHI)	The Community Health Initiatives (CHI) strategy aims to improve the health of individuals, families, and communities by addressing the social, economic, and environmental determinants of health The role of the community is vital to creating the conditions of health as well as the importance of non-medical resources in communities that promote well-being and prevent disease The central premise of this approach is that excellent medical care alone is not sufficient to create healthy communities Evidence underscores the importance of changing community environments as a critical community health strategy Guided by this evidence, Kaiser Foundation Hospitals supports comprehensive initiatives that focus on policy and environmental changes to promote healthy eating and active living, community safety, economic stability, and social and emotional wellness In 2015, KFH spent approximately $13 7 million to support Community Health Initiatives as poverty and obesity were identified as significant and pervasive barriers to health in the recent Community Health Needs Assessments of each KFH hospital B 1 Community Health Initiative Programs The following describe two of the primary programs supported within the CHI Stream of Work B 1 1 Healthy Eating, Active Living (HEAL) and obesity prevention Healthy eating, active living has been and continues to be a compelling focus for Kaiser Foundation Hospitals work since obesity continues to be a significant and pervasive public health problem Despite encouraging signs of obesity rates leveling off in recent years, substantial racial and ethnic disparities continue to exist Also, through a focus on healthy eating and active living, Kaiser Foundation Hospitals can have a marked impact on a wide range of health conditions including pre-diabetes, diabetes, cardiovascular disease and several cancers that are affected by these behaviors Finally, a focus on nutrition, physical activity and weight management are highly aligned with Kaiser Foundation Hospitals clinical expertise in this area, including prevention orientation and a number of existing programs and partnerships Wherever possible, KFH supports a concentration of multiple strategies that enable sustainable change towards healthy eating and active living lifestyles These include policies and practices reducing the availability and consumption of sugar-sweetened beverages, development of safe spaces, and active transportation policies that support public transit B 1 2 Thriving Schools Thriving Schools is an initiative to improve healthy eating, physical activity, and school climate in K-12 schools within Kaiser Foundation Health Plans geographic service areas, primarily through a focus on policy, systems, and environmental changes that make the healthy choice the easy choice Also supported are interventions that target individual behavior change and family engagement and that help create a culture of health in school communities through complementary efforts targeting both teacher/staff wellness and student health B 2 CHI Investments in the Community Kaiser Foundation Hospitals investments in the CHI Stream of Work during 2015 included the following B 2 1 Thriving Schools in Northern California In 2015, KFH provided $2 6 million in grant funding towards six Thriving Schools programs to implement coordinated strategies focused on policy, systems, the built environment, and program changes bolstering healthy eating and active living Several programs this year, such as the multi-year grant to Monument Impact, specifically focused on improvements to school meals, developing joint use agreements for playground space within the community, and education In South Santa Rosa, a $500,000 grant to the County of Sonoma Department of Public Health is expected to reach 22,000 people through changing the availability and appeal of sugar sweetened beverages in addition to creating greater access to walking and biking B 2 2 Thriving Schools Integration with School-Based Health Centers in the Northwest In 2015, Virginia Garcia Memorial Foundation received $60,000 in a program integrating Thriving Schools with a school-based health center (SBHC) Funding from this grant allowed placement of staff at Century High School for coordinating policies and practices in local schools and school districts This SBHC Community Wellness Promoter (CWP) works closely with Virginia Garcia's SBHC Manager and engage key stakeholders to develop a wellness model from pilot to evaluation, refinement, and replication B 2 3 Safer Pedestrian Infrastructure in Southern California In 2015, Circulate San Diego (CSD) received support of $60,000 from KFH for Planning & Action for a Healthier Tomorrow to work on policies, collaboration, and funding to provide safer pedestrian infrastructure and encourage walking Residents of low-income neighborhoods in San Diego County are 10 times more likely to be hit by a car compared to residents of upper-income neighborhoods The San Diego City Council approved a resolution by CSD to eliminate all traffic fatalities and serious injuries in the city by 2025 B 2 4 Community-To-Clinic Integration in the Northwest KFH awarded Friends of Zenger Farm in the Northwest a grant of $82,592 in 2015 to implement a community-to-clinic integration with distribution of weekly boxes of fresh, local vegetables to low-income and chronically ill populations in North and outer Southeast Portland B 2 5 Community Food Bank In 2015, Food, Inc received $150,000 from KFH as part of a two-year grant to provide access to, and thereby increase consumption of, lean protein and fresh produce in drought impacted communities in Fresno Each family that was served in 2015 received approximately 25 pounds of produce and one whole chicken Food, Inc reported that nearly 8,000 families were served by this program in this first year B 3 Prior Year Contributions for CHI Investments In prior years, KFH made contributions to several donor advised funds under the direction of various foundations operating in our local communities These funds were intended to identify and support nonprofit organizations that meet community needs in the area of community health initiatives In 2015, the following initiatives were funded through disbursements issued by the community foundations based upon recommendations informed by KFH's expertise B 3 1 HOPE SAN FRANCISCO (HOPE SF) San Francisco Foundation received $1 million in 2015 from a prior contribution to a community foundation donor advised fund for HOPE SF to implement a large-scale public housing revitalization project integrating a Peer Health Leadership program to support residents to lead healthy lifestyles, improve resident mental health, and increase community safety Over 100 agencies that serve the community are engaged in the HOPE SF initiative This program is expected to reach 4,000 people In 2015, the program reported that more than 20 peer leaders have BEEN TRAINED AND HAVE SERVED OVER 700 RESIDENTS THROUGH "HEALTH EATING, ACTIVE LIVING" ACTIVITIES B 3 2 Healthy Food Access In 2015, Community Partners Los Angeles Food Policy Council, the fiscal agent for Los Angeles Food Policy Council (LAFOC), received $50,000 in 2015 from a prior contribution to a community foundation donor advised fund as part of a multi-year grant supporting the adoption of sustainable and healthy food systems for underserved communities LAFPC manages and guides working groups for street food vending and acceptance of Electronic Benefit Transfer and Women Infant Child (EBT/WIC) at all farmers' markets B 3 3 Active Living The Trust for Public Land (TPL) received $100,000 in 2015 from a prior contribution to a community foundation donor advised fund as part of a multi-year grant supporting TPLs work in creating new parks and improving existing ones in neighborhoods with high percentages of residents living at or below the federal poverty level In 2015, TPL reported opening two parks with four more sites in development Park advisory boards were also created in five of the projects

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C Safety Net Partnerships	Kaiser Foundation Hospitals is committed to building partnerships with the institutions that serve on the front lines of health care for the uninsured and underserved By providing support to community health centers, public hospitals, and local health departments, KFH helps them deliver care and treatment to the most vulnerable in our communities KFH is dedicated not only to improving clinical care for racial and ethnic populations, but also to investing in communities and promoting good health for the communities served As such, Safety Net Partnership (SNP) initiatives aim to strengthen the system of community clinics, public hospitals, and health departments to promote access to high quality care for the uninsured and underserved vulnerable populations (many of whom are newly insured under Medicaid expansion or health insurance exchange) KFH also focuses on improving access to health services and the transformation of care delivery to meet the challenges of health care reform Efforts to improve access and transform care include work on increasing access to specialty care services, increasing the use of health information technology in safety net settings, and eliminating health disparities KFH also supports innovative efforts to bring services closer to where people play, live, and work through partnerships with school based health centers and community clinics Investments in Safety Net Partnerships is accomplished through three programmatic areas of work I Quality Improvement & Population Health II Leadership Development III Transforming Care & Improving Access In 2015, KFH spent approximately $5 9 million to support Safety Net Partnerships as access to affordable quality care and health disparities amongst vulnerable populations were identified as significant and pervasive barriers to health in the recent Community Health Needs Assessments in the communities that KFH hospitals served The following are examples of initiatives funded in accordance with the objectives of the Safety Net Partnerships Stream of Work during the year C 1 Targeted Safety Net Investments C 1 1 Recuperative Care Program Central City of Concern, Inc in the Northwest region received $75,000 for Recuperative Care Program (RCP) RCPs aim is to help medically vulnerable adults facing homelessness more successfully manage their transition out of hospital care The RCP provides immediate housing, a primary care home, and intensive case management C 1 2 Home for Good Collaborative for Los Angeles County In 2015, KFH contributed $630,000 towards eight projects as a co-funding partner of Home for Good (HFG) HFG aims to provide housing coordination and placement services for 2,400 chronically homeless individuals in the eight Service Planning Areas of Los Angeles County KFH resources contribute to the provision of homeless health and wellness beyond medical care, and address social determinants of health such as housing, transportation, job training and placement C 1 3 Tigard-Tualatin School District KFH continued its commitment in 2015 with a series of grants An example was an award of $50,000 to Oregon Tigard-Tualatin School District 23J to implement an integrated school-wide mental health early identification, intervention, and treatment services This program estimated providing direct services to 500 students per year C 1 4 Community Health Workers KFH provided a grant of $260,000 to the Oregon Public Health Institute for the Warriors of Wellness project Funding from this grant supports Community Health Workers in conducting health promotion activities in their communities and collaboration with community-based organizations C 1 5 Quality Improvement and Population Health ALL/PHASE Protocol In 2015, Kaiser Foundation Hospital issued a series of grants to support SAFETY NET CLINICS IN ADOPTING "ALL/PHASE" INTO CLINICAL GUIDELINES AND CARE MANAGEMENT PROTOCOLS, LEVERAGING KFH'S EVIDENCE-BASED PRACTICES A total of $3 0 million in investments recognized under the Care and Coverage Stream of Work was provided to safety net and community clinics for adopting ALL/PHASE, an evidence-based practice directed at improving outcomes in cardiovascular disease Kaiser Foundation Hospitals ALL/PHASE treatment protocol targets those PATIENTS MOST PRONE TO CARDIOVASCULAR DEATH "ALL" STANDS FOR ASPIRIN, Lisinopril, and Lovastatin and clinical studies show it to be effective in reducing cardiovascular risk It is projected that over a three-year period, patients that receive the ALL treatment protocol will have a 60 percent lower incidence of hospitalizations for heart attacks and strokes C 1 5 1 Alameda Health Systems Foundation One example of the ALL/PHASE grants was an award of $200,000 funded by the Care and Coverage Stream of Work in Northern California to the Community Health Center Network (CHCN) CHCN serves a predominantly low-income and uninsured population facing disparities in health equity Chronic conditions, including diabetes and hypertension, are prevalent The grant issued by KFH will permit CHCN to expand the ALL/PHASE treatment protocol within its patient population At the end of 2015, CCHN reported enrolling 34,000 patients on ALL/PHASE protocol for cardiovascular disease risk management C 3 Prior Year Contributions for Safety Net Partnerships In prior years, KFH made contributions to several donor advised funds under the direction of various foundations operating in our local communities These funds were intended to identify and support nonprofit organizations that meet community needs in the area of safety net partnerships In 2015, the following initiatives were funded through disbursements issued by the community foundations based upon recommendations informed by KFH's expertise C 3 1 Trauma-Informed Care in School-Based Health Centers Santa Rosa Community Health Centers (SRCHC) in Northern California was awarded a grant of $95,000 from a prior contribution to a community foundation donor advised fund to increase the competency of teachers/staff at Elsie Allen High School to recognize and understand the impacts of trauma, increase mental health services for low-income high-risk teens, and support school staff wellness with weekly yoga classes that connect them to the health center

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D Developing and Disseminating Know ledge	The Developing and Disseminating Know ledge Stream of Work supports activities that improve health care by sharing know ledge, educating practitioners, advancing research, empow ering consumers and informing policymakers about evidence-based care and health Kaiser Foundation Hospitals spent $142 million (at cost, net of $139 million of related revenues) in 2015 to support programs and services associated w ith the development and dissemination of know ledge D 1 Medical Research Programs At Kaiser Foundation Hospitals, research is an essential part of w hat it means to be an evidence-based, learning organization Achievements realized under this program are made possible through a dedicated group of researchers, the comprehensive nature of KFHs electronic medical record system, and access to the health data of over 10 million Kaiser Foundation Health Plan, Inc members Through studies conducted at KFHs four regional and tw o national research centers, researchers address critical issues like cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvements by leveraging the organizations research expertise, rich data sources, and delivery system environment KFH spent approximately $30 million (at cost, net of $120 million of related revenues) on medical research projects in 2015 In 2015, Kaiser Foundation Health Plan, Inc and its subsidiaries continued to expand its national biobank, the KP Research Bank, a research resource that w ill strengthen the ability to conduct cutting-edge studies With this development, Kaiser Foundation Hospitals benefit from being part of a biobank that w ill be one of the largest non-governmental biobanks in the United States to examine the genetic and environmental factors that influence common diseases such as heart disease, cancer, diabetes, high blood pressure, Alzheimer's disease, asthma and many others D 1 1 National Research Program Kaiser Foundation Hospitals has a long history of conducting health services and medical research that addresses health care policy, quality of care, and quality of life The results have yielded findings that affect not just the practice of medicine w ithin the organization, but also for society-at-large D 1 1 1 Kaiser Foundation Research Institute (KFRI) The Kaiser Foundation Research Institute provides administrative leadership and support for federally funded medical research conducted at regional research centers located in California, Haw aii, and Oregon, as w ell as three other states KFRI personnel are designated as the Authorized Organizational Official for all federally funded research performed by both Kaiser Foundation Hospitals and Kaiser Foundation Health Plan, Inc , and its subsidiaries In this capacity, KFRI submits applications for grants and executes contracts and sub-contracts for all federally funded research on behalf of the regional research programs described below KFRI also manages invoicing and accounts receivable related to federally funded research, and distributes grant proceeds to the appropriate regional program Additionally, KFRI supports the regional research centers on issues related to human participant protection and clinical trials research quality and compliance D 1 1 2 The Center for Effectiveness and Safety Research (CESR) The Center for Effectiveness and Safety Research is a national research center that leverages the expertise of Kaiser Permanentes seven regional research centers to answ er important comparative effectiveness and safety questions that affect health care delivery questions by relying on collaborations w ithin the netw ork

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D 1 2 Regional Research Program	KFHS research organization includes investigators and staff at four regional research centers, clinician researchers working at KFHs medical centers, and research groups based within the national organization The regional research centers include - The Centers for Health Research (locations in Oregon and Hawaii) - The Department of Research and Evaluation (Southern California) - The Division of Research (Northern California) The principal research activities conducted by these four regional centers include the following D 1 2 1 The Center for Health Research Hawaii The work undertaken by the Center for Health Research Hawaii is specially attuned to the health issues of the local population, which suffers disproportionately from several chronic diseases, primarily diabetes and heart disease Research includes chronic disease prevention and epidemiology, as well as health technology and care delivery research Top Research Areas - Chronic Diseases - Diabetes - Epidemiology - Health Information Technology - Health Services Key Statistics - Number of clinical trials in 2015 68 - Number of active studies (clinical and non-clinical trials) in 2015 148 - Number of research papers published in journals in 2015 26 - Number of investigators 3 - Number of Support Staff 29 D 1 2 1 1 Major Areas of Funded Research The following is an example of a research project conducted by KFH investigators at the Centers for Health Research in Hawaii in 2015 D 1 2 1 1 1 Cardiovascular Disease Among Asians and Pacific Islanders Research Area Cardiovascular Conditions Kaiser Permanente Primary Site Hawaii Collaborating Kaiser Permanente Site The Northwest Region For this project researchers are determining the prevalence/incidence of cardiovascular diseases among Asian and Pacific Islander populations and identifying underlying causes of differences in cardiovascular disease prevalence among these groups Primary Funding Provided By National Heart, Lung, and Blood Institute D 1 2 2 The Center for Health Research Northwest The Center for Health Research Northwest has been a leader in the field of research for over 50 years As the research landscape has shifted over that time, this Center has adapted and cultivated new strengths, while remaining true to its guiding mission of advancing knowledge that serves the public health priorities of Kaiser Foundation Hospitals Top Research Areas - Cardiovascular Conditions - Genetics - Mental Health - Cancer - Womens Health Key Statistics - Number of clinical trials in 2015 57 - Number of active studies (clinical and non-clinical trials) in 2015 672 - Number of research papers published in 2015 167 - Number of investigators 38 - Number of support staff 214 D 1 2 2 1 Major Areas of Funded Research The following are examples of research projects conducted by KFH investigators at the Centers for Health Research in the Northwest in 2015 D 1 2 2 1 1 Statin Use in Relation to Breast Cancer Recurrence Research Area Cancer Kaiser Permanente Primary Site Northwest Region Breast cancer is second only to lung cancer as a cause of cancer mortality among U S women Statins, one of the most commonly prescribed classes of drugs, are also the focus of growing interest in cancer research In this study researchers are examining possible associations between the use of statins and recurrence of breast cancer among women receiving tamoxifen treatment for breast cancer This includes investigating whether women who took statins before or after treatment for their initial breast cancer diagnosis had a lower risk of breast cancer recurrence than women who did not use statins Primary Funding Provided By National Cancer Institute D 1 2 2 1 2 Glycemia Reduction Approaches in Diabetes A Comparative Effectiveness Study Research Area Diabetes Kaiser Permanente Primary Site Northwest Region A major challenge for health care practitioners is to choose, from the considerable array of glucose-lowering medications at their disposal, the optimal approach to achieving and then maintaining good glycemic control over time This randomized clinical trial is focused on exploring the choice of one medication versus another agent as initial therapy or as the second drug added to metformin, the consensus initial treatment for type 2 diabetes This includes examining individualizing therapies and determining whether some therapies work better in individuals with particular characteristics compared to others are needed Primary Funding Provided By National Institute of Diabetes and Digestive and Kidney Diseases

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D 1 2 3 The Department of Research and Evaluation Southern California	The Department of Research and Evaluation focuses on conducting research with real-world implications and translating findings into practice The Department has been expanding and building scientific expertise in new research areas, including health services and implementation science This helps KFH better understand how to provide more effective care for patients, and bridge the gap between research and practice Top Research Areas - Cancer - Cardiovascular Diseases and Diabetes - Health Services and Implementation Science - Obesity - Vaccine Safety and Effectiveness - Maternal and Infant Health Key Statistics - Number of clinical trials in 2015 452 - Number of active studies (clinical and non-clinical trials) in 2015 1,558 - Number of research papers published in journals in 2015 147 - Number of investigators 35 - Number of support staff 350 D 1 2 3 1 Major Areas of Funded Research The following are examples of research projects conducted by investigators at the Department of Research and Evaluation in Southern California in 2015 D 1 2 3 1 1 Pragmatic Trial of More Versus Less Intensive Strategies for Active Surveillance of Patients with Small Pulmonary Nodules Research Area Cancer Researchers are seeking to find the best approach for identifying cancerous nodules in current and former smokers Guidelines now recommend that heavy smokers and former smokers undergo regular lung cancer screening, which can identify small growths Researchers are comparing whether using more intensive or less intensive protocols are best for finding cancerous growths Primary Funding Provided By Patient-Centered Outcomes Research Institute D 1 2 3 1 2 Moderate Hypertension in Pregnancy Safety and Effectiveness of Treatment Research Area Cardiovascular Conditions Collaborating Kaiser Permanente Site Northern California Region In this study researchers are evaluating the effect of treating mild-to-moderate hypertension in pregnancy, comparing the risks of clinically important outcomes with different medications, and determining whether the benefits and risks vary by maternal race/ethnicity or obesity status Primary Funding Provided By Eunice Kennedy Shriver Institute of Child Health & Human Development D 1 2 3 1 3 Understanding the Factors That Lead to Disparities in Depression Treatment Research Area Behavioral Health and Mental Health Collaborating Kaiser Permanente Sites Hawaii and Colorado Regions In this study researchers are seeking to address disparities in psychotherapy treatment for depression They are exploring three main themes the health care system-, provider-, and patient-level factors that predict pharmacological and psychotherapeutic treatment patterns for those patients who are first diagnosed with depression, the health care system-, provider-, and patient-level factors that predict adherence to treatment once initiated, and the changes in depression symptoms and severity as a result of treatment Primary Funding Provided By National Institute of Mental Health D 1 2 4 The Division of Research Northern California The Division of Researchs program is built upon a base of rigorous epidemiologic investigation in a large, well-characterized population, which allows it to make major contributions in risk factor identification, prevention, and drug safety New areas of inquiry include the role of genes and the environment in health, the use of health informatics, management of chronic conditions, and promotion of self-care and disease prevention Top Research Areas - Behavioral Health and Aging - Cancer - Cardiovascular and Metabolic Conditions - Health Care Delivery and Policy - Infectious Diseases - Vaccine Safety and Effectiveness - Womens and Childrens Health Key Statistics - Number of clinical trials in 2015 235 - Number of active studies (clinical and non-clinical trials) in 2015 1,687 - Number of research papers published in journals in 2015 310 - Number of investigators 60 - Number of support staff 527 D 1 2 4 1 Major Areas of Funded Research The following are examples of research projects conducted by KFH investigators at the Division of Research in Northern California in 2015 D 1 2 4 1 1 Evaluating a Risk Prediction Model for Lung Cancer Research Area Cancer Screening with low-dose computed tomography (LDCT) presents an opportunity to improve early detection and reduce mortality from lung cancer This five-year study seeks to evaluate whether the most predictive and clinically oriented risk model for lung cancer to date can be validated, extended, and applied to aid decision making about LDCT screening Primary Funding Provided By National Cancer Institute D 1 2 4 1 2 Excessive Gestational Weight Gain and Postpartum Glucose Intolerance in Women Research Area Diabetes This study utilizes data from the prospective Kaiser Permanente Northern California pregnancy and birth cohorts to determine whether excessive gestational weight gain is related to glucose intolerance (pre-diabetes or type 2 diabetes mellitus) after pregnancy in a racially diverse sample of women Primary Funding Provided By Kaiser Permanente Community Benefit D 1 2 4 1 3 Health Impact of Matching Latino Patients with Spanish-Speaking Primary Care Providers Research Area Health Care Delivery and Comparative Health Systems Latinos with diabetes and limited English proficiency (LEP) have poorer health outcomes compared to English-speaking Latinos or whites In this study researchers are evaluating whether LEP Latino patients who switch from a monolingual primary care physician (i e , one who does not speak Spanish) to a bilingual primary care physician experience beneficial changes in health and behaviors Any observed changes are being compared to reference groups, which include English-speaking Latino or non-Hispanic white diabetes patients who also switch providers Primary Funding Provided By Health Policy and Disparities Research Program D 1 2 4 1 4 Impact of Health Reform on Smoking and Treatment Utilization Research Area Behavioral Health and Mental Health In this study researchers are examining how the implementation of landmark health care legislation has affected the population of smokers in a private health care delivery system, their treatment utilization, and smoking cessation outcomes over time The study is designed to test whether newly insured patients have a higher percentage of comorbidities and differential use of tobacco cessation counseling Primary Funding Provided By Tobacco-Related Disease Research Program

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D 2 Health Sciences and Medical Libraries	KFH actively supports medical libraries and other health resource and information dissemination services These programs give medical staff and the greater professional community access to health-related research conducted within and outside of KFH Medical libraries participated in an inter-loan system with other community hospitals, supported students in training and education programs to conduct literature searches, and conducted searches for community clinics and other community-based organizations on advances in medical treatment, clinical protocols and new development on specific health issues In 2015, health sciences and medical libraries in California, Hawaii, and Oregon completed thousands of requests for general knowledge and literature searches for research purposes One example of the resources available to the community is the KFH Sunnyside medical library It is one of two KFH regional libraries in Oregon, and is open 5 days a week The library supports the local community, students, residents, and KP members The library services available to the community are promoted on the KFH Sunnyside Medical Library external internet site These services include in-depth research, answering reference questions, providing consumer health information and document delivery Community members are invited to check out books from the updated consumer health book collection and its medical and nursing book collections The community patrons are issued a library card The library has a dedicated community computer that is available to the public The computer is used daily by volunteers, interpreters, student interns, family members of patients, KP members and the community In addition to providing health information to community members, library staff advises patrons of all skill and reading levels about how to access appropriate health information and resources online D 3 Educational Theatre Programs (ETP) Confronted with an urgent need for preventive health information in the communities we serve, the Educational Theatre Programs (ETP) was created to inspire children, teens and adults to make informed decisions about their health and to build stronger, healthier communities The Educational Theatre Program uses live theatre, music, comedy, and drama and these educational programs were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists Performances are delivered by professional actors who are also trained as peer health educators, and are performed free of charge for the community ETP also provides schools and organizations with supplementary educational materials, such as workbooks, parent and teacher guides, and student wallet cards to reinforce the messages presented on stage ETP performances are localized to suit local cultures, norms, and audience on a regular basis The 2015 productions focused heavily on healthy eating and active living, nutrition, and mental health, depending on the health priorities of the area as identified in their respective Community Health Needs Assessments KFH in California, Northwest (Oregon, Washington) spent $10 million to provide more than 460,000 children and adults the opportunity to view or participate in one of the more than 3,700 performances, workshops, and other educational interactions offered during 2015 D 4 Health Professional Training and Education KFH spent approximately $101 million (at cost, net of $19 million in related revenues) to provide continuing medical education to healthcare professionals affiliated with colleges and universities and other health care providers D 4 1 Graduate Medical Education KFH provides training and education for medical residents and interns in the interest of educating the next generation of physicians The nationally acclaimed program attracts some of the top medical school graduates in the United States and serves as a national model by exposing future health care providers to an integrated health care delivery system Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care In 2015, KFH contributed $73 million (at cost, net of $19 million of related revenues) to educate approximately 875 independent and more than 2,300 affiliated interns and residents in California, Hawaii, Oregon, and Washington 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 As a part of receiving training in a Kaiser Foundation Hospital setting, exposure to understanding culturally competent care is heavily emphasized To further understand barriers to receiving health care in the community, KFH also offers a one-year Community Medicine Fellowship in Southern California These are full-time positions where fellows may work in multiple community settings, providing direct care, exploring connections in personal professional goals for community service, and identifying opportunities for systems-based improvements In addition, in the Northwest region, KFH Sunnysides Department of Graduate Medical Education serves as a training resource for 21 affiliated residency programs, providing a variety of specialties options for the residents, fellows, medical and affiliated clinician students from both local and national institutions Each academic year more than 400 trainees participate in the program The KFH Sunnyside medical library services are also available to residents and students D 4 2 Nurse Practitioner and Other Non-Physician Training Programs During 2015, KFH supported approximately 2,500 students pursuing a career in the allied health care field and spent $22 million on training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals The following are descriptions of training programs offered D 4 3 Kaiser Permanente School of Allied Health Sciences (KPSAHS) The Kaiser Permanente School of Allied Health Sciences (KPSAHS), located in Richmond, California, was originally established in 1989 as a radiology program in response to the severe shortage of radiology technologists Due to the continued national shortage of medical imaging and therapy workforce, KPSAHS expanded the school to include 18-month programs in sonography, nuclear medicine and radiation therapy In addition, the school provides courses in anatomy and physiology and advanced/basic phlebotomy D 4 4 Community College Partnerships In Southern California, KFH partners with community colleges as a clinical affiliate for radiologic technology, diagnostic medical sonography (ultrasound), and/or nuclear medicine Students officially enrolled in these programs complete a clinical internship as an integral part of the curriculum D 4 5 Online Curriculum for Nurses and Medical Assistants KFH has opened access to the Ambulatory Practice website, which offers online education modules used internally by nurses and medical assistants This website is free to the community and provides community partners with learning opportunities designed to develop knowledge and skills that will enable them to implement evidence-based practices through research while supporting a proactive patient-centered care delivery system For more information, visit https //www ambulatorypractice org/community-partners/cb-online-education D 4 6 Pharmacy Residency Programs Through the pharmacist residency programs in California, licensed pharmacists gain additional experience and training in the provision of pharmaceutical care and administrative pharmacy services in an integrated managed care organization during a one- or two-year postgraduate education and training program These programs enable residents to improve their clinical knowledge and skills while enhancing continuity of patient care in a wide range of ambulatory, intermediate and hospital settings D 4 7 Physical Therapy Orthopedic Residency Program The Physical Therapy Orthopedic Residency Program provides education in the specialty area of orthopedic physical therapy This program offers physical therapy residency positions at non-KFH facilities in southern California Program graduates are able to sit for board certification examinations in orthopedic physical therapy, and apply to participate in a physical therapy fellowship program D 4 8 Board of Registered Nurses (BORN) Work Study Program The Board of Registered Nurses work study program gives nursing students valuable direct clinical experience before graduation, allowing them to enter the workplace with additional confidence and competence This program provides s

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E Other Community Benefit investments	In 2015, Kaiser Foundation Hospitals spent approximately $28 6 million to support Community Benefit activities and programs beyond the national streams of w ork This included the administrative expenses of regional Community Benefit departments dedicated to supporting the organizations Community Benefit programs and services and coordinating related initiatives The follow ing is an example of programs funded in this area E 1 Tumor Board and Cancer Registry KFH spent $1 4 million to support the Tumor Board and Cancer Registry in the Northw est and Haw aii regions Besides being a statistical database utilized by clinicians and researchers w ithin the regions, the registry submits statistics to the National Cancer Data Base annually The Cancer Program, w hich oversees the registry, is surveyed for accreditation every three years by the American College of Surgeons Commission on Cancer E 2 Grants and Donations Tow ards Additional Needs in the Community During 2015, Kaiser Foundation Hospital spent approximately $3 4 million to support Community Benefit activities and programs beyond the national streams of w ork The follow ing is an example of a charitable contribution funded in this area E 2 1 Contributions to Community Foundation Kaiser Foundation Hospitals made a contribution of $500,000 to the Northw est Health Foundation Fund II This contribution is dedicated tow ards efforts in creating a Total Health approach emphasizing the role of non-medical needs in the community, as unmet social, behavioral and environment needs limit the ability of the community to achieve health and overall w ellbeing The range of activities addressing the Total Health of the communities KFHP Inc serves may include social and emotional w ellness, mental health, adverse childhood events, basic needs in transportation and housing, behavior change, and safe and healthy environments F Environmental Stew ardship Poor environmental quality contributes to disease and economic insecurity Kaiser Foundation Hospitals has committed itself to protecting and improving the natural environment as a key component of its mission to improve the health of the community it serves Although costs associated w ith this initiative are not included in the dollars reported as Community Benefit investments, efforts in this area contribute to advancing a broader vision emphasizing healthy people and healthy environments w hile also improving health care quality and affordability To fulfill the organizations commitment to the natural environment, KFH maintains a governance structure for environmental stew ardship that enables the organization to continually improve its environmental performance This structure includes clearly defined roles, responsibilities, plans and routines, and has resulted in the follow ing five organizational focus areas These have been selected based on their ability to result in the greatest impact on the environmental forces that shape environmental and human health - Finding safe alternatives to harmful industrial chemicals - Responding to climate change - Promoting sustainable farming and food choices - Reducing, reusing, and recycling to eliminate w aste - Conserving w ater In each of these focus areas, KFH has established ambitious goals (including a target to reduce total greenhouse gas emissions by 30% by 2020, compared to a 2008 baseline), implemented initiatives, achieved measurable improvements, and regularly reported progress to the board of directors, staff, and the general public F 1 Performance Metrics During 2015, key performance indicators for Kaiser Foundation Hospitals included F 1 1 In California, Oregon, Washington, and Haw aii, including KP Information Technology F 1 1 1 Medical product categories for w hich at least 99% of purchased products w ere free of harmful polyvinyl chloride (PVC) and bis(2-ethylhexyl) phthalate (DEHP) included 1 Breast pumps, 2 Enteral nutrition products, 3 Exam gloves, and 4 Vascular catheters F 1 1 2 Purchased or contracted to purchase over 65 million kilow att-hours of renew able energy (including over 16 million kilow att-hours of electricity generated by solar panels hosted at our facilities, and over 37 million kilow att-hours of Green-e Certified Renew able Energy Certificates for one of our national data centers), thus reducing our organizations annual greenhouse gas emissions by over 26,000 metric tons of CO2-equivalent (including a reduction of over 17,000 metric tons of CO2-equivalent for one of our national data centers) F 1 1 3 Improved our w ater use intensity (gallons/rentable square foot) by approximately 15% (not including data centers) compared to our 2013 baseline, and improved the Water Usage Effectiveness of our national data centers by approximately 17% compared to our 2013 baseline F 1 1 4 Improved our energy use intensity (kBtu/rentable square foot) by 2% (not including data centers) compared to our 2010 baseline year, and improved the Pow er Usage Effectiveness of our national data centers by approximately 23% compared to our 2010 baseline F 1 1 5 Responsibly reused, recycled or composted over 28,000 tons of materials F 1 1 6 Provided meals to patients containing approximately 378,000 pounds of sustainably produced meat and poultry (see Note 1) Note 1 - Poultry/Pork must fulfill at least one of the follow ing criteria TO BE SUSTAINABLE 1 PRODUCED WITHOUT ANTIBIOTICS LABELED "RAISED WITHOUT ANTIBIOTICS"NO ANTIBIOTICS ADMINISTERED" ORE "NEVER EVER 3" as allow ed by USDA, 2 Locally produced Poultry and pork raised AND processed w ithin a 250-mile radius of the Kaiser Permanente facility, 3 Certified as humanely and/or sustainably grow n Carries one or more of the follow ing third-party certified eco-labels focused on humane and sustainable production practices - USDA Certified Organic, Certified Humane Raised & Handled, Food Alliance Certified, Animal Welfare Approved, Salmon Safe or Non-GMO Project Verified Beef, pork, and other meats must fulfill at least one of the follow ing criteria to be SUSTAINABLE 1 PRODUCED WITHOUT ANTIBIOTICS LABELED "RAISED WITHOUT ANTIBIOTICS"NO ANTIBIOTICS ADMINISTERED" AS ALLOWED BY USDA, 2 PRODUCED WIHTOUT ADDED HORMONES LABELED "NO HORMONES ADDED" AS ALLOWED BY USDA, 3 GRASS FED LABELED "USDA GRASS-FED 4 LOCALLY PRODUCED Beef, lamb and other meats raised AND processed w ithin a 250-mile radius of the Kaiser Permanente facility, 5 Certified as humanely and/or sustainably produced Carries one or more of the follow ing third-party certified eco-labels focused on humane and sustainable production practices - USDA Certified Organic, Certified Humane Raised & Handled, Food Alliance Certified, Animal Welfare Approved, Salmon Safe, American Grassfed or Non-GMO Project Verified

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part v, line 4b	BRAZIL CHILE CHINA COLOMBIA CZECH REPUPLIC DENMARK GHANA GREECE INDIA INDONESIA ISRAEL KENYA REPUBLIC OF KOREA MALAYSIA NIGERIA PHILIPPINIES POLAND TAIWAN THAILAND TURKEY

Return Reference	Explanation
form 990, Part VI, Line 4	Significate changes to governing documents The bylaw s of the corporation w ere amended in 2015 w ith the follow ing significant changes On March 12, 2015, Article C, Directors, Section C-2, Number and Qualification w as amended to change the number of Directors from "up to 15" to "a range of 13 to 17", and Article E, Committees and Professional Staffs, Section E-7 Compensation Committee, B(2)(d) w as revised to clarify w hich compensation and benefit plan design changes are to be review ed and approved by the Committee

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HOSPITALS

Employer identification number
94-1105628

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KP ONCALL LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-2166347	CALL CENTER	CA	43,540,145	18,568,294	KFH
(2) KAISER PERMANENTE VENTURES LLC SERIES A ONE KAISER PLAZA 15L OAKLAND, CA 94612 27-2252521	INVESTMENT	DE	-3,362,156	44,618,449	KFH
(3) NEWPORT GARFIELD LLC 19540 JAMBOREE ROAD SUITE 400 IRVINE, CA 92612 90-0512284	INVESTMENT	DE	-1,929,878	185,605,514	KFH
(4) KAISER PERMANENTE VENTURES LLC SERIES C ONE KAISER PLAZA 15L OAKLAND, CA 94612 47-2924619	INVESTMENT	DE	0	18,144,701	kfh
(5) MAUI HEALTH SYSTEM a kaiser foundation ONE KAISER PLAZE 15L OAKLAND, CA 94612 81-1559375	HEALTH CARE	HI	0	0	kfh

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PANTHEON GLOBAL HO FUND LP 600 MONTEREY STREET 23RD FLOOR SAN FRANCISCO, CA 94111 80-0948707	INVESTMENT	DE	KFH	UNRELATED	-428,748	227,552,740		No	0		No	100 000 %
(2) WELLINGTON TRUST COMPANY NA CTF GLOBAL 280 CONGRESS ST BOSTON, MA 02210 20-3879807	INVESTMENT	MA	KFH	EXCL UNDER SEC 512	52,561,504	332,776,066		No	0		No	87 462 %
(3) NXT CAPITAL SENIOR LOAN FUND I LLC 191 N WACKER DR SUITE 1200 CHICAGO, IL 60606 37-1651297	INVESTMENT	DE	KFH	EXCL UNDER SEC 512	25,457,179	370,699,886		No	0		No	89 278 %
(4) GOLDMAN SACHS HO FUND B LP 30 HUDSON STREET 15TH FLOOR JERSEY CITY, NJ 07302 46-4966204	INVESTMENT	NJ	KFH	UNRELATED	7,825,130	197,348,375		No	0		No	99 996 %
(5) AG KFHDL FUND LP 245 PARK AVE 26TH FL NEW YORK, NY 10167 47-3496708	INVESTMENT	NY	KFH	EXCL UNDER SEC 512	365,526	15,964,208		No	0		No	99 800 %
PANTHEON GLOBAL REAL ASSETS HO **(6)** FUND LP 600 MONTGOMERY ST 234RD FL SAN FRANCISCO, CA 94111 47-4226360	INVESTMENT	DE	KFH	UNRELATED	-662,774	103,381,121		No	0		No	100 000 %

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	(i) No
KAISER PERMANENTE **(1)** INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP				Yes	
KAISER PERMANENTE **(2)** INSURANCE COMPANY ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP				Yes	
KAISER PROPERTIES **(3)** SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3259432	REAL ESTATE	CA	NA	C CORP				Yes	
(4) OAK TREE ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP				Yes	
(5) GV-KF FUND LP C/O GSAM TAX DEPT 30 HUDSON ST 15 JERSEY CITY, NJ 07302 98-1087932	INVESTMENT	CJ	KFH	C CORP			100 000 %	Yes	
KAISER COLORADO **(6)** HOLDINGS ONE KAISER PLAZA 15L OAKLAND, CA 94612	Health care	CO	NA	C CORP				Yes	

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

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: 94-1105628
Name: KAISER FOUNDATION HOSPITALS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
KAISER FDN HEALTH PLAN OF COLORADO ONE KAISER PLAZA 15L OAKLAND, CA 94612 84-0591617	HEALTH CARE	CO	501(c)(3)	9	KFHP INC	Yes	
KAISER FDN HEALTH PLAN OF GEORGIA INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 58-1592076	HEALTH CARE	GA	501(c)(3)	9	KFHP INC	Yes	
KFHP OF THE MID-ATLANTIC STATES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 52-0954463	HEALTH CARE	MD	501(c)(3)	9	KFHP INC	Yes	
KAISER FDN HEALTH PLAN OF THE NORTHWEST ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0798039	HEALTH CARE	OR	501(c)(3)	9	KFHP INC	Yes	
KAISER FOUNDATION HEALTH PLAN INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-1340523	HEALTH CARE	CA	501(c)(3)	9	NA		No
CAMP BOWIE SERVICE CENTER ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299123	ADMIN	CA	501(c)(3)	11 - I	KFHP INC	Yes	
KAISER HOSPITAL ASSET MANAGEMENT INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299125	ASSET MGT	CA	501(c)(3)	11 - I	KFH	Yes	
KAISER HEALTH PLAN ASSET MANAGEMENT INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299124	ASSET MGT	CA	501(c)(3)	11 - I	KFHP INC	Yes	
LOKAHI ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-2171891	WC Placement	HI	501(c)(3)	11 - I	KFHP INC	Yes	
KAISER HEALTH ALTERNATIVES ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(c)(3)	9	KFHP INC	Yes	
KAISER FDN HEALTH PLAN OF WASHINGTON ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0480268	HEALTH CARE	WA	501(c)(3)	11 - I	KFHP INC	Yes	
1800 HARRISON FOUNDATION ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(c)(3)	11 - II	KFHP INC	Yes	
KAISER HOSPITAL ASSISTANCE CORPORATION ONE KAISER PLAZA 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501(c)(3)	11 - I	KFH	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	KAISER FOUNDATION HEALTH PLAN INC	a	53,455,781	PER AGREEMENT
(1)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	A	139,684	PER AGREEMENT
(2)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	A	17,839,630	PER AGREEMENT
(3)	KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	A	12,973,549	PER AGREEMENT
(4)	kp oncall	a	94,557	PER AGREEMENT
(5)	kaiser foundation health plan of washington	a	86,196	PER AGREEMENT
(6)	KAISER FOUNDATION HEALTH PLAN OF THE NW	B	175,000,000	PER AGREEMENT
(7)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	B	84,794	PER AGREEMENT
(8)	KAISER PERMANENTE VENTURES LLC - SERIES A	b	53,543,881	PER AGREEMENT
(9)	KAISER PERMANENTE VENTURES LLC - SERIES C	B	18,144,701	PER AGREEMENT
(10)	PANTHEON GLOBAL HO FUND LP	B	145,500,000	PER AGREEMENT
(11)	goldman sachs ho fund b lp	B	110,613,662	PER AGREEMENT
(12)	WELLINGTON TRUST COMPANY NA CTF GLOBAL	B	4,235,066	PER AGREEMENT
(13)	NXT CAPITAL SENIOR LOAN FUND I LLC	B	153,438,923	PER AGREEMENT
(14)	AG KFHDL FUND LP	B	15,800,000	PER AGREEMENT
(15)	PANTHEON GLOBAL REAL ASSETS HO FUND LP	B	105,320,868	PER AGREEMENT
(16)	WELLINGTON TRUST COMPANY NA CTF GLOBAL	C	106,805,852	PER AGREEMENT
(17)	NXT CAPITAL SENIOR LOAN FUND I LLC	C	23,089,612	PER AGREEMENT
(18)	goldman sachs ho fund b lp	C	21,113,433	PER AGREEMENT
(19)	NXT CAPITAL SENIOR LOAN FUND I LLC	C	147,195,561	PER AGREEMENT
(20)	PANTHEON GLOBAL HO FUND LP	C	50,920,868	PER AGREEMENT
(21)	kaiser foundation health plan of washington	D	2,000,000,000	PER AGREEMENT
(22)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	D	53,000,000	PER AGREEMENT
(23)	KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	D	90,000,000	PER AGREEMENT
(24)	KAISER FOUNDATION HEALTH PLAN OF THE NW	G	2,372,398	PER AGREEMENT

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	KAISER HOSPITAL ASSET MANAGEMENT inc	H	16,579,004	PER AGREEMENT
(1)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	J	7,443,456	PER AGREEMENT
(2)	KAISER FOUNDATION HEALTH PLAN INC	K	164,532	PER AGREEMENT
(3)	KAISER HOSPITAL ASSET MANAGEMENT inc	K	186,320,093	PER AGREEMENT
(4)	KAISER FOUNDATION HEALTH PLAN INC	L	19,101,590,834	PER AGREEMENT
(5)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	L	794,345,084	PER AGREEMENT
(6)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	L	368,855,048	PER AGREEMENT
(7)	KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	L	520,624,640	PER AGREEMENT
(8)	KAISER FOUNDATION HEALTH PLAN OF THE NW	L	1,066,182,862	PER AGREEMENT
(9)	KAISER PERMANENTE INSURANCE COMPANY	L	273,353	PER AGREEMENT
(10)	LOKAHI ASSURANCE LTD	L	33,651,513	PER AGREEMENT
(11)	KAISER FOUNDATION HEALTH PLAN INC	M	2,084,230,056	PER AGREEMENT
(12)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	M	2,086,236	PER AGREEMENT
(13)	KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	M	647,500	PER AGREEMENT
(14)	KAISER FOUNDATION HEALTH PLAN OF THE NW	M	83,076,295	PER AGREEMENT
(15)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	M	24,331,015	PER AGREEMENT
(16)	KAISER PERMANENTE INSURANCE COMPANY	M	16,682,636	PER AGREEMENT
(17)	LOKAHI ASSURANCE LTD	M	129,989,770	PER AGREEMENT
(18)	KAISER FOUNDATION HEALTH PLAN INC	O	7,345,353	PER AGREEMENT
(19)	KAISER FOUNDATION HEALTH PLAN INC	P	12,778,616,136	PER AGREEMENT
(20)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	P	3,631,020	PER AGREEMENT
(21)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	P	281,093,500	PER AGREEMENT
(22)	KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	P	1,600,971	PER AGREEMENT
(23)	KAISER FOUNDATION HEALTH PLAN OF THE NW	P	252,194,900	PER AGREEMENT
(24)	kp oncall	P	1,850,076	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
(51)	KAISER FOUNDATION HEALTH PLAN INC	Q	6,596,226,608	PER AGREEMENT
(1)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	Q	7,914,618	PER AGREEMENT
(2)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	Q	30,388,768	PER AGREEMENT
(3)	KAISER FOUNDATION HEALTH PLAN OF THE MAS inc	Q	278,561,647	PER AGREEMENT
(4)	KAISER FOUNDATION HEALTH PLAN OF THE NW	Q	1,344,259,243	PER AGREEMENT
(5)	CAMP BOWIE SERVICE CENTER	Q	88,538,933	PER AGREEMENT
(6)	KAISER PERMANENTE INSURANCE COMPANY	Q	954,734	PER AGREEMENT
(7)	LOKAHI ASSURANCE LTD	Q	99,527,490	PER AGREEMENT
(8)	KP ONCALL	Q	5,101,240	PER AGREEMENT
(9)	KAISER FOUNDATION HEALTH PLAN INC	R	21,930,260,337	PER AGREEMENT
(10)	CAMP BOWIE SERVICE CENTER	R	57,519,194	PER AGREEMENT
(11)	LOKAHI ASSURANCE LTD	R	4,991,400	PER AGREEMENT
(12)	KAISER FOUNDATION HEALTH PLAN OF THE NW	R	56,117,694	PER AGREEMENT
(13)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA inc	R	114,905	PER AGREEMENT
(14)	KAISER HOSPITAL ASSET MANAGEMENT inc	R	4,079,239	PER AGREEMENT
(15)	KAISER FOUNDATION HEALTH PLAN INC	S	23,698,738,043	PER AGREEMENT
(16)	CAMP BOWIE SERVICE CENTER	S	130,627	PER AGREEMENT
(17)	LOKAHI ASSURANCE LTD	S	1,736,600	PER AGREEMENT
(18)	KAISER FOUNDATION HEALTH PLAN OF THE NW	S	25,245,647	PER AGREEMENT
(19)	KAISER HOSPITAL ASSET MANAGEMENT inc	S	26,136,065	PER AGREEMENT