

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 13,797,743,397 including grants of \$ 41,457,671) (Revenue \$ 15,615,904,896)

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 KFH provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs MFA - KFH offers financial assistance to help families and individuals that are unable to pay for all or part of the cost of urgent or emergent care provided in a Kaiser Permanente facility CHC - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 94,000 patients received comprehensive care for up to four years through this program

4b

(Code) (Expenses \$ 623,112,459 including grants of \$ 0) (Revenue \$ 262,210,973)

Medicaid and Other Government Sponsored Programs KFH is committed to improving the way Medicaid beneficiaries receive care, not only in our facilities, but also in the communities we serve In 2010, KFH participated in a number of government programs Medicaid Managed Care - provided comprehensive care for more than 191,000 managed care members, Medicaid Fee for Service - California and Hawaii participated in the State Children's Health Initiative - providing comprehensive health care, to more than 188,000 members

4c

(Code) (Expenses \$ 140,265,711 including grants of \$ 0) (Revenue \$ 0)

Medical Research Programs For more than 40 years, Kaiser Permanente researchers have leveraged modest grants financed through the Federal Government, KFH's Community Benefit Programs and other private foundations into major discoveries that have served our communities, influenced national policy, and informed medical practice throughout the nation and the world Many of the research studies address current health issues and improve care for common conditions where treatment is often linked to community-based efforts, and are broadly disseminated through articles and professional presentations Kaiser Permanente investigators in California, Hawaii, Oregon, and Washington participated in research and evaluation studies, partnering with several prominent academic research institutions, including Harvard University, Oregon Health & Sciences University, Stanford University, University of California (Los Angeles, Berkeley, and San Francisco), University of Southern California, University of Washington, National Institutes of Health, Agency for Healthcare Research and Quality and the Centers for Disease Control and Prevention

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

















(Expenses \$ 402,907,205 including grants of \$ 47,108,829) (Revenue \$ 25,263,582)

4e

Total program service expenses \$ 14,964,028,772

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	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? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? 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, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	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			
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 11 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 to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	4,586	
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	69,433	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				
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," 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 <input type="text"/> ID See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
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 to any question 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 14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 12		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	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	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CA , CO , DC , GA , HI , MD , OH , OR , VA , WA
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 make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> VP - NATIONAL TAX COMPLIANCE ONE KAISER PLAZA 15L OAKLAND, CA 94612 (510) 271-6385

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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	55,714,619	8,556,740

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►18,235

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

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
HENSEL PHELPS CONSTRUCTION CO 20 SIXTH AVENUE GEELY, CO 80632	CONSTRUCTION SERVICE	110,337,153
UCSF MEDICAL CENTER POB 39000 DEPT 3-9157 SAN FRANCISCO, CA 94139	HEALTHCARE SERVICES	102,314,488
BERGEN BRUNSWIG PO BOX 959 VALLEY FORGE, PA 19482	PHARMACEUTICAL	97,716,722
WHITING TURNER CONTRACTING CO 3 CORPORATE PARK IRVINE, CA 92606	CONSTRUCTION SERVICE	84,040,421
MCCARTHY BUILDING COMPANIES INC 9301 B IMPERIAL HIGHWAY DOWNEY, CA 90242	CONSTRUCTION SERVICE	154,715,680
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1,433		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	20,299,319		
	e	Government grants (contributions)	1e	66,122,366		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	47,099,467		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		133,521,152		
Program Service Revenue	2a	HOSPITAL SERV REV	900099	13,941,987,026	13,941,987,026	
	b	NON-PLAN & IND REV	900099	452,375,656	452,375,656	
	c	OTHR PRGM SERV REV	900099	1,443,065,947	1,443,065,947	
	d	MEDICARE PAYMENTS	900099	65,950,822	65,950,822	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		15,903,379,451		
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		181,206,301	-91,182
4		Income from investment of tax-exempt bond proceeds		0		
5		Royalties		1,731		1,731
6a		Gross Rents	(i) Real 1,197,575	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)	1,197,575			
d		Net rental income or (loss)		1,197,575		1,197,575
7a		Gross amount from sales of assets other than inventory	(i) Securities 4,937,578,016	(ii) Other 27,762,854		
b		Less cost or other basis and sales expenses	4,648,657,611	3,015,219		
c		Gain or (loss)	288,920,405	24,747,635		
d		Net gain or (loss)		313,668,040		313,668,040
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	722210	16,385,572			16,385,572
b	PARKING GARAGES	812930	7,494,978			7,494,978
c	KP ONCALL	900099	34,074,062		4,401,950	29,672,112
d	All other revenue		1,308,928		-3,018,982	4,327,910
e	Total. Add lines 11a-11d		59,263,540			
12	Total revenue. See Instructions		16,592,237,790	15,903,379,451	1,291,786	554,045,401

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	88,566,500	88,566,500		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0	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)	0			
7	Other salaries and wages	4,296,330,031	4,190,981,001	105,349,030	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	468,274,217	456,791,804	11,482,413	
9	Other employee benefits	1,048,646,312	1,022,932,768	25,713,544	
10	Payroll taxes	436,333,719	425,634,510	10,699,209	
a	Fees for services (non-employees) Management	0			
b	Legal	483,280		483,280	
c	Accounting	2,661,826		2,661,826	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	30,310,868	29,567,624	743,244	
g	Other	0			
12	Advertising and promotion	3,311,569		3,311,569	
13	Office expenses	1,900,515,386	1,853,913,414	46,601,972	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	177,212,865	172,867,481	4,345,384	
17	Travel	18,131,861	17,687,255	444,606	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,523,461		8,523,461	
20	Interest	115,977,242	113,133,399	2,843,843	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	672,380,902	655,893,650	16,487,252	
23	Insurance	58,316,595	56,886,631	1,429,964	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BASIC CONTRACTUAL PAYMENTS	2,611,036,463	2,611,036,463		
b	PURCHASED MEDICAL SERVICES	2,303,273,915	2,303,273,915		
c	PURCHASED NON-MEDICAL SVC	589,974,750	575,508,155	14,466,595	
d	BAD DEBT EXPENSE	245,705,279	245,705,279		
e	EMPLOYEE RELATED EXPENSES	4,692,644	4,577,577	115,067	
f	All other expenses	139,887,760	139,071,346	816,414	
25	Total functional expenses. Add lines 1 through 24f	15,220,547,445	14,964,028,772	256,518,673	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)	
					Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing				57,732,324	1	37,015,352
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				342,960,176	4	264,067,372
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					5	
	6	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) Schedule L					6	
	7	Notes and loans receivable, net				24,440,925	7	215,356,692
	8	Inventories for sale or use				378,063,079	8	357,691,588
	9	Prepaid expenses and deferred charges				126,524,054	9	246,189,527
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	23,006,124,254				
	b	Less accumulated depreciation	10b	9,828,335,689	12,352,211,445	10c	13,177,788,565	
	11	Investments—publicly traded securities			8,015,376,625	11	9,738,877,605	
	12	Investments—other securities See Part IV, line 11			1,307,665,124	12	1,588,745,055	
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets			4,200,000	14	7,366,237	
	15	Other assets See Part IV, line 11			144,005,984	15	112,598,674	
16	Total assets. Add lines 1 through 15 (must equal line 34)			22,753,179,736	16	25,745,696,667		
Liabilities	17	Accounts payable and accrued expenses			2,093,032,552	17	2,255,184,139	
	18	Grants payable				18		
	19	Deferred revenue			540	19	31,147,451	
	20	Tax-exempt bond liabilities			5,502,555,362	20	5,490,197,030	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			813,202,418	23	1,289,691,972	
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D			6,426,718,159	25	7,600,100,448	
	26	Total liabilities. Add lines 17 through 25			14,835,509,031	26	16,666,321,040	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				27		
	28	Temporarily restricted net assets				28		
	29	Permanently restricted net assets				29		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				30		
	31	Paid-in or capital surplus, or land, building or equipment fund			13,299,700	31	11,778,805	
	32	Retained earnings, endowment, accumulated income, or other funds			7,904,371,005	32	9,067,596,822	
	33	Total net assets or fund balances			7,917,670,705	33	9,079,375,627	
34	Total liabilities and net assets/fund balances			22,753,179,736	34	25,745,696,667		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,592,237,790
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,220,547,445
3	Revenue less expenses Subtract line 2 from line 1	3	1,371,690,345
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,917,670,705
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-209,985,423
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,079,375,627

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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. ▶ See separate instructions.

OMB No 1545-0047

2010

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)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

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

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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—2009. If the organization did not check the 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—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
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 IIIPart 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 94-1105628

Name: KAISER FOUNDATION HOSPITALS

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christine K Cassel Director	2 5	X						0	172,625	0
Thomas W Chapman Edd Director	2 8	X						0	185,427	59,810
Daniel P Garcia SVP, Chief Compliance Officer	20 0	X		X				0	1,280,238	73,787
William R Graber Director	2 25	X						0	232,123	0
J Eugene Grigsby III PhD Director	2 25	X						0	193,743	0
George C Halvorson Chairman and CEO	13 0	X		X				0	7,667,335	76,092
Judith Johansen Director	2 1	X						0	184,560	0
Kim J Kaiser Director	3 0	X						0	122,875	0
Philip Marineau Director	2 0	X						0	193,623	0
Jenny J Ming Director	2 0	X						0	182,748	0
Edward Pei Director	3 0	X						0	168,250	16,500
J Neal Purcell Director	3 0	X						0	219,738	0
Cynthia Telles PHD Director	2 3	X						0	182,647	0
Sandra Thompkins Director	2 0	X						0	166,951	0
Gregory A Adams Region President - NCAL	25 0			X				0	1,232,518	269,122
Peter Andruszkiewicz Regional President, Georgia	25 0			X				0	645,209	157,929
Anthony A Barrueta SVP, Government Relations	22 0			X				0	571,456	116,411
Raymond J Baxter SVP, Comm Benefit, Research &	25 0			X				0	1,336,781	75,549
Benjamin K Chu Region President - SCAL	25 0			X				0	1,372,162	272,291
Charles E Columbus SVP, Chief Human Resources Off	25 0			X				0	797,854	110,755
Steven Doshay Senior Counsel	15 0			X				0	259,987	54,672
Philip Fasano EVP & CIO	25 0			X				0	1,762,184	306,487
Jerry C Fleming SVP, Health Plan Manager	20 0			X				0	1,021,122	183,648
Diane E Gage Lofgren SVP, Brand Mgmt & Communicatio	25 0			X				0	802,687	151,731
Jennifer M Gardner Special Asst to BOD	17 0			X				0	103,247	54,938

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	(C) Position (check all that apply)						(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			
Sandra A Golze VP, Regional Counsel - NCAL	25 0			X				0	391,834	98,692
Mitchell J Goodstein SVP, Actuarial, U/W & Pricing	5 0			X				0	899,064	159,889
Marilyn Kawamura Region President - Mid-Atlantic	15 0			X				0	961,205	207,332
Patricia Kennedy-Scott Region President - Ohio	10 0			X				0	714,655	166,810
Kathryn Lancaster EVP & CFO	12 0			X				0	1,558,076	296,474
Janet A Liang Region President - Hawaii	25 0			X				0	677,785	140,790
Donna Lynne Region President - Colorado	24 0			X				0	820,658	182,750
Andrew R McCulloch Region President - Northwest	25 0			X				0	813,153	207,622
Judith M Mears VP & Asst Gen Counsel	3 0			X				0	405,969	97,948
Thomas R Meier SVP, Corporate Treasurer	15 0			X				0	647,785	107,439
Indrajit Obeysekere Section Head	21 0			X				0	312,955	54,587
Donald H Orndoff SVP, NFS	13 0			X				0	508,058	70,932
Paul B Records SVP, Human Resources	25 0			X				0	2,241,536	83,758
Frank P Richardson VP, Regional Counsel - HI	25 0			X				0	251,732	42,092
Rochelle M Roth Senior Director, QRM	18 0			X				0	182,639	51,575
Jacqueline Sellers Senior Counsel	50 0			X				0	259,476	69,102
Arthur M Southam EVP, Health Plan Operations	5 0			X				0	2,020,299	353,928
Deborah Stokes SVP, Corp Controller, CAO	12 4			X				0	622,642	123,860
Bernard J Tyson President & COO	12 0			X				0	1,942,514	359,961
Herman M Weil SVP, Federal & State Programs	25 0			X				0	750,346	256,145
Jed Weissberg SVP, Quality & Care Delivery E	25 0			X				0	723,731	220,719
Carlos Zaragoza VP, Practice Leader - Labor &	25 0			X				0	424,685	137,471
Steven R Zatzkin SVP, General Counsel & Secreta	12 0			X				0	1,247,253	97,716
Victoria B Zatzkin VP, Off of Brd & Corp Gov Svcs	14 0			X				0	311,369	83,647
Mark S Zemelman SVP, General Counsel & Secreta	15 0			X				0	806,199	150,636

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	(C) Position (check all that apply)						(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			
Terry L Austen SVP & Area Mgr - San Jose	30 0				X			0	486,728	170,240
Mary Ann Barnes SVP, Exec Dir - San Diego	30 0				X			0	512,079	123,977
Michael O Brady SVP, Infrastructure Mgmt Group	30 0				X			0	592,939	99,617
Virginia C Campbell SVP & Area Mgr - Diablo	30 0				X			0	459,857	97,937
William B Caswell SVP, Operations	30 0				X			0	642,176	109,997
Judith L Coffey SVP & Area Mgr - Marin/Sonoma	30 0				X			0	537,264	212,718
Mark E Costa Exec Dir - Los Angeles	30 0				X			0	431,496	85,837
Richard D Daniels SVP, Business Info Officer - H	30 0				X			0	810,813	129,413
Elizabeth Jane Finley SVP & Exec Dir - Bellflower	30 0				X			0	484,647	106,317
Edward S Glavis SVP & Area Mgr - North Valley	30 0				X			0	575,132	121,789
Corwin Nathaniel Harper SVP & Area Mgr - Central Valle	30 0				X			0	414,389	86,556
Linda J Jensen SVP & Area Mgr - San Mateo	30 0				X			0	444,569	118,840
Gerald A McCall SVP Operations	30 0				X			0	702,038	136,721
Colleen M McKeown SVP & Area Mgr - Greater So A	30 0				X			0	488,781	109,656
Julie Miller-Phipps SVP & Exec Dir - Orange	30 0				X			0	517,244	110,012
Nathaniel L Oubre SVP & Area Mgr - East Bay	30 0				X			0	565,303	103,877
Thomas J Risse VP, CFO - Hawaii	30 0				X			0	509,309	53,227
Christine Robisch SVP & Area Manager - San Franc	30 0				X			0	418,500	89,259
Max Villalobos SVP & Area Manager - Napa/Sola	30 0				X			0	557,658	96,591
Vita M Willett Exec Dir - Riverside	30 0				X			0	397,442	101,298
Anne D Barr VP Integrated Planng & Delvry	30 0					X		0	515,538	51,701
Diane Comer SVP, Business Info Officer - H	30 0					X		0	549,384	95,590
Lazaro M Garcia VP, Data Center Svcs	20 0					X		0	582,134	150,985
Garry L Hurlbut VP, COO-KPIT	30 0					X		0	654,517	72,003
Henry Neidermeier VP, Technology SOX & Complianc	30 0					X		0	742,253	108,964

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christine L Malcolm FORMER SVP	0 0						X	0	568,721	12,021

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

4d. Other program services					
(Code) (Expenses \$	402,907,205	including grants of \$	47,108,829) (Revenue \$	25,263,582)
SEE part III, line 4 a-d description					

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's 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 XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		867,382,714		867,382,714
b Buildings		14,461,041,241	6,067,060,360	8,393,980,881
c Leasehold improvements		163,969,728	128,368,259	35,601,469
d Equipment		2,239,050,521	1,599,433,698	639,616,823
e Other		5,274,680,050	2,033,473,371	3,241,206,679
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				13,177,788,565

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
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 facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part XIV Supplemental Information		
Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information		
Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART X	NOT REQUIRED

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) Amount
	DUE TO RELATED ENTITIES	811,950,348
	RESERVE FOR UNCLAIMED PROPERTY	773,448
	RESERVE FOR WORKERS COMP RISKS	304,900,109
	RESERVE FOR PROF/PUBLIC LIAB	1,447,120
	RESERVE FOR SELF-INS RISK AUTO	140,000
	RESERVE FOR MEDICARE	8,835,996
	RESERVE FOR RESTRUCTURING CHGS	8,926,942
	POST RETIREMENT LIABILITIES	6,067,326,214
	OTHER LIABILITIES	302,323,193
	OTHER CURRENT LIABILITIES	93,477,078

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

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

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 Worksheets 1 and 2)			265,313,996	25,263,582	240,050,414	1 600 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			474,158,408	172,559,334	301,599,074	2 010 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			146,049,640	89,651,639	56,398,001	0 380 %
d Total Financial Assistance and Means-Tested Government Programs			885,522,044	287,474,555	598,047,489	3 990 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			35,248,915		35,248,915	0 240 %
f Health professions education (from Worksheet 5)			89,231,086	20,743,813	68,487,273	0 460 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			135,596,986	26,879,270	108,717,716	0 730 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			41,122,916		41,122,916	0 310 %
j Total Other Benefits			301,199,903	47,623,083	253,576,820	1 740 %
k Total. Add lines 7d and 7j)			1,186,721,947	335,097,638	851,624,309	5 730 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its 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		289,706	0	289,706	0 %
2	Economic development		170,000	0	170,000	0 %
3	Community support		1,612,934	0	1,612,934	0 010 %
4	Environmental improvements		107,000	0	107,000	0 %
5	Leadership development and training for community members		591,990	0	591,990	0 %
6	Coalition building		412,500	0	412,500	0 %
7	Community health improvement advocacy		2,128,253	0	2,128,253	0 010 %
8	Workforce development		545,030	0	545,030	0 %
9	Other		128,500	0	128,500	0 %
10	Total		5,985,913	0	5,985,913	0 020 %

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 Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	227,845,452
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	541,385
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	178,570,449
6	Enter Medicare allowable costs of care relating to payments on line 5	6	252,668,986
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-74,098,537
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: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes

Part IV

Management Companies and Joint Ventures

(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				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 38

Schedule H (Form 990) 2010

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - SUNSET

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - SAN DIEGO

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)	18		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d <input type="checkbox"/> Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services			
d <input type="checkbox"/> Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20		
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - FONTANA

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)	18	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d <input type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - ROSEVILLE

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - SANTA CLARA

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - BELLFLOWER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 6

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - OAKLAND

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 7

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If “Yes,” indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If “Yes,” indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If “Yes,” indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility’s web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility’s emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility’s admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If “Yes,” check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients’ bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)	18	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d <input type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL -WALNUT CREEK

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 8

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FDN HOSPITAL - SAN FRANCISCO

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 9

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If “Yes,” indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If “Yes,” indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If “Yes,” indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility’s web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility’s emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility’s admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If “Yes,” check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients’ bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - SACRAMENTO

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 10

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If “Yes,” indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If “Yes,” indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If “Yes,” indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility’s web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility’s emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility’s admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If “Yes,” check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients’ bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)	18	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d <input type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - RIVERSIDE

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 11

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)	18		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d <input type="checkbox"/> Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services			
d <input type="checkbox"/> Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20		
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FDN HOSP - SUNNYSIDE MEDICAL CTR

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 12

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:

KAISER FDN HOSPITAL - WOODLAND HILLS

Line Number of Hospital Facility (from Schedule H, Part V, Section A):

13

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:KAISER FOUNDATION HOSPITAL - HARBOR CITY

Line Number of Hospital Facility (from Schedule H, Part V, Section A):14

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:KAISER FOUNDATION HOSPITAL - HONOLULU

Line Number of Hospital Facility (from Schedule H, Part V, Section A):15

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL -BALDWIN PARK

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 16

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:KAISER FOUNDATION HOSPITAL - VALLEJO

Line Number of Hospital Facility (from Schedule H, Part V, Section A):17

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If “Yes,” indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If “Yes,” indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If “Yes,” indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility’s web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility’s emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility’s admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If “Yes,” check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients’ bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FDN HOSPITAL - PANORAMA CITY

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 18

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FDN HOSPITAL - SOUTH SACRAMENTO

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 19

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FDN HOSPITAL - W LOS ANGELES

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 20

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - HAYWARD

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 21

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL -ANAHEIM

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 22

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - SAN JOSE

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 23

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:

KAISER FOUNDATION HOSPITAL - IRVINE

Line Number of Hospital Facility (from Schedule H, Part V, Section A):

24

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL -REDWOOD CITY

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 25

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - SANTA ROSA

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 26

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:

KAISER FOUNDATION HOSPITAL - FRESNO

Line Number of Hospital Facility (from Schedule H, Part V, Section A):

27

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - MODESTO

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 28

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)	18	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d <input type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:KAISER FOUNDATION HOSPITAL - ANTIOCH

Line Number of Hospital Facility (from Schedule H, Part V, Section A):29

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FDN HOSPITAL -SOUTH SAN FRANCISCO

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 30

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:KAISER FOUNDATION HOSPITAL - SAN RAFAEL

Line Number of Hospital Facility (from Schedule H, Part V, Section A):31

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:KAISER FOUNDATION HOSPITAL - FREMONT

Line Number of Hospital Facility (from Schedule H, Part V, Section A):32

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:

KAISER FDN HOSPITAL - MORENO VALLEY

Line Number of Hospital Facility (from Schedule H, Part V, Section A):

33

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)	18	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d <input type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - VACAVILLE

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 34

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FOUNDATION HOSPITAL - RICHMOND

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 35

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility:KAISER FOUNDATION HOSPITAL - MANTECA

Line Number of Hospital Facility (from Schedule H, Part V, Section A):36

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If “Yes,” indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If “Yes,” indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If “Yes,” indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility’s web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility’s emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility’s admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If “Yes,” check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients’ bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FDN HOSPITAL - SANTA CLARA PHF

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 37

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)	18		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d <input type="checkbox"/> Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services			
d <input type="checkbox"/> Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20		
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: KAISER FDN HOSPITAL - MENTAL HEALTH CTR

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 38

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance?	12	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		

Part V

Facility Information (continued)

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

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 6

Name and address		Type of Facility (Describe)
1	BROOKSIDE RESIDENTIAL TREATMENT CENTER 10180 SOUTHEAST SUNNYSIDE RD CLACKAMAS, OR 97015	IMPATIENT MENTAL HEALTH SERVICES
2	BROOKSIDE RESIDENTIAL TREATMENT CENTER 10180 SOUTHEAST SUNNYSIDE RD CLACKAMAS, OR 97015	IMPATIENT MENTAL HEALTH SERVICES
3	BROOKSIDE RESIDENTIAL TREATMENT CENTER 10180 SOUTHEAST SUNNYSIDE RD CLACKAMAS, OR 97015	IMPATIENT MENTAL HEALTH SERVICES
4	BROOKSIDE RESIDENTIAL TREATMENT CENTER 10180 SOUTHEAST SUNNYSIDE RD CLACKAMAS, OR 97015	IMPATIENT MENTAL HEALTH SERVICES
5	BROOKSIDE RESIDENTIAL TREATMENT CENTER 10180 SOUTHEAST SUNNYSIDE RD CLACKAMAS, OR 97015	IMPATIENT MENTAL HEALTH SERVICES
6	BROOKSIDE RESIDENTIAL TREATMENT CENTER 10180 SOUTHEAST SUNNYSIDE RD CLACKAMAS, OR 97015	IMPATIENT MENTAL HEALTH SERVICES
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions. Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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

Identifier	ReturnReference	Explanation
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/H's commercial business lines. In order to calculate the percentages reported in column (f) bad debt was excluded from total expenses. Bad debt of \$245,705,279 was excluded from total expenses of \$15,220,547,445 reported in part ix, line 25, column (a)
Part II		In keeping with the organization's mission to provide high quality, affordable health care services and to improve the health of our members and the communities we serve, Kaiser Foundation Hospitals funded a variety of organizations, programs, and activities that address, support, and encourage Community Building. For IRS Schedule H reporting purposes these activities and grants are excluded from our Community Benefit totals and reported in Part II of IRS 990 Schedule H. 1 Physical Improvement Project support includes the provision or rehabilitation of housing for vulnerable populations, such as removing building materials that harm the health of residents, neighborhood improvement or revitalization projects, provision of housing for vulnerable patients upon discharge from an inpatient facility, housing for low-income seniors, and the development or maintenance of parks and playgrounds to promote physical activity. - KFHP in Northern California provided a grant to Playing and Learning in Adaptable Environments, Inc (PLAE) to support Pogo Park and its Blueprint for Healthy Living project. PLAE's goal is to transform Elm Playlot into a healthy place for local children to play, promoting physical activity and healthy food choices while providing families with access to affordable fresh fruit and vegetables. Innovation of the playlot is facilitated by Elm Plais Action Committee (EPAC), which implemented a comprehensive community engagement strategy focused on community revitalization. It included opportunities for youth engagement and development, workforce development, team building and management, fundraising, construction project planning and management, collaborating with multiple agencies, and developing service partnerships. This is an example of a whole community revitalization project that is transforming this Iron Triangle neighborhood, where one in every three households lives below the poverty line. Thus far, PLAE has reached 300 individuals. - KFHP in Southern California provided a \$100,000 grant to the Trust for Public Land (TPL) to assist cities and communities in the Los Angeles basin with the creation and expansion of parks and recreation areas located in underserved, low-income communities. Specifically, the grant supports the creation of fitness zones, custom-designed, easy-to-use outdoor gym equipment stations. The work also increases community awareness about the importance of open space within built environments, engages community members on health education issues, and creates and strengthens new and existing coalitions with nonprofit partners and public agencies to address open space equity issues throughout Los Angeles County. 2 Economic Development Initiatives support included contributions to assist small business development in neighborhoods with vulnerable populations, and creating new employment opportunities in areas with high rates of joblessness. - WISE (Women's Initiative for Self-Employment) received a \$70,000 grant to train, fund, and support low-income and minority women entrepreneurs to become self-sufficient, to create jobs, and to revitalize local communities. WISE has proven that women create jobs for themselves and others, access the mainstream economy, and increase their economic self-sufficiency when they are given business planning and financing support. By assisting women-owned businesses throughout the San Francisco Bay Area at seven training sites, WISE directly contributes to the economic growth of communities. - Watts Healthy Farmers Market received a grant to increase access to fresh produce for residents of Watts and surrounding low-income neighborhoods and provides local employment opportunities. 3 Community Support includes charitable contributions which support child care and mentoring programs for vulnerable populations or neighborhoods, neighborhood support groups, violence prevention programs, and disaster readiness and public health emergency activities, such as community disease surveillance or readiness training beyond what is required by accrediting bodies or government entities. - KFHP Sacramento and KFHP-South Sacramento awarded \$65,000 to City of Sacramento Office of Youth Development to support continued implementation of its comprehensive Street Outreach Program. Designed to raise community awareness, identify at-risk youth, and help them receive appropriate services to avoid risky behaviors, the program targets neighborhoods across Sacramento, including Del Paso Heights, North and South Natomas, Florin, Oak Park, and Meadowview. Based on the belief that it is best to reach at-risk youth in their community/environment and provide access to often unknown available resources prior to law enforcement contact or incarceration, the main objective is reconnecting disconnected youth. From 6pm to midnight, outreach teams comb select areas, providing information about and facilitating access to programs, training, and employment. Community-based organizations are required to collaborate with other community-based organizations to accomplish program goals. In the first 10 months of 2010, working with Roberts Family Development Center, the outreach team engaged 881 youth and adults and made 524 referrals to community organizations. - KFHP in Southern California provided support to numerous community programs including the Young Women's Christian Association (YWCA) Pasadena-Foothill Valley's Just For Girls (JFG), an education and mentoring after school program focused on the health and well-being of economically disadvantaged girls. JFG is designed to have girls succeed in academics and develop physical and emotionally healthy lifestyles. The participants in the program are primarily low-income, Latino and African American girls' ages 9 to 17. 4 Environmental Improvements include activities to address environmental hazards that affect community health, such as alleviation of water or air pollution, safe removal or treatment of garbage or other waste products, and other activities to protect the community from environmental hazards. Following are a few examples of the grants we provided to other non-profits to address environmental issues. - MedShare International, a nonprofit organization dedicated to improving the environment and healthcare through the efficient recovery and redistribution of surplus medical supplies and equipment to underserved health care facilities in Northern California and abroad received a grant to support their redistribution efforts. - Bay Area Community Resources (BACR) received a grant to support advocacy for ordinances that promote smoke-free multiunit housing and surrounding areas. As of this writing, two communities are slated to vote on ordinances this spring. This work has also spurred interest in introducing ordinances regarding tobacco sales to minors. BACR, founded in 1976, promotes the healthy development of individuals, families, and communities through direct services, volunteerism, and partnerships in Marin County and the San Francisco Bay Area. BACR's diverse programs focus on after-school programs, youth development, alcohol and drugs, tobacco, mental health, national service, and community health. - Stand Up To Falls, a City of Sacramento Department of Parks and recreation Older Adult Services program received a grant to support a reduction in the number of falls among older residents in Elk Grove and South Sacramento. Components include community workshops geared toward residents who have not experienced a fall but are entering the at-risk years, workshops designed for seniors who have already experienced a fall and now have a fear of falling, home safety modification, and a fall prevention-focused wellness newsletter. As of October 2010, 101 older adults with fall risk factors and concerns participated in four Fall Prevention 101 workshops and one Matter of Balance series (eight two-hour sessions). Participants learned about fall risks and fall reduction strategies, resources for further education and exercise opportunities, equipment, and home safety modification information. Approximately 95% of respondents reported that they had made lifestyle changes to reduce their fall risk, and 90% had made specific changes to their fitness activities. Rebuilding Together performed home safety assessments and necessary modifications (installation of safety equipment and elimination of unsafe conditions) for eight seniors. An additional 12 to 25 seniors will be assessed by the end of the grant period. The City of Sacramento used remaining grant funds to update and distribute 10,000 copies of a special 24-page newsletter, All about Falls, and 9,750 copies of an eight-page newsletter, which were distributed to individuals, agencies, and health care offices with senior clientele. - ICLEI - Local Governments for Sustainability USA received a grant to provide trainings, technical assistance, data collection tools, and report templates to seven cities.
Part III Line 4		The organization's financial statement is part of a combined report. The combined statement does not have a footnote related to bad debt. The organization reports Accounts Receivable - net. The calculation begins with gross revenue and multiplies that value by a bad debt percentage which is based on a look back period that is aligned with our reserve model timelines. For specific revenue types within Account Receivable, we applied that bad debt percentage to the general ledger self pay gross charges to determine the bad debt amount. Copy charge codes (less POS payments) we apply a bad debt ratio based on a lag model to give us our estimated copy bad debt. DHMO and HDHP is also based on a clarity report that pulls their respective gross charges and applies a ratio based on a lag model for those lines of business to calculate our estimated bad debt.
Part III Line 8		None of the amounts reported on Part III, line 7 has been treated as community benefit. The cost accounting system takes inputs from the General Ledger, utilization and other statistics, products from the chargemasters, and Relative Value Units (RVUs) to cost the individual products. These costs are then aggregated to form an encounter cost. Revenues received are applied to reduce the cost to a net loss, which is the reported value. Our systems aggregate these costs into the patient's assigned line of business to create our standard line of reporting.
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.
needs assessment		In California, Hawaii and Oregon each KFHP 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 2010.
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. Kaiser Permanente physicians and staff are a health source of information for patients requesting medical financial assistance. 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. Information is also publicly posted on our websites and in public entrances of hospitals, medical office buildings, urgent care and outpatient pharmacies. In addition, a special MFAP 800# hotline (in several languages) has been established. This number is included on all bill correspondence, brochures and signage. MFAP information can also be found on the publicly accessible KP web site. All patients identified as "self pay" and who 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 for charity care programs and self pay discounts. All brochures and applications are provided in English or other appropriate languages such as Spanish, Chinese, Armenian, Russian and Farsi.
community information		KFHP owns and operates 38 licensed hospitals, including five licensed hospitals with multiple campuses in California, Hawaii and Oregon. In California, KFHP medical centers are located in the cities of Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Harbor City, Hayward, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, 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. KFHP serves 7.3 million Kaiser Foundation Health Plan members in the four states in which it operates with 120,170 full time administrative, clerical and technical employees, as well as more than 14,146 Permanente physicians representing all specialties. Kaiser Permanente members are representative of the various ages and income groups as well as the social, ethnic, and culture distinction of each community located within KFHP service areas. ncal scal Hawaii nw Total population in area (mil) 11 6 21 6 1 3 2 2 Average family income \$98,459 \$85,050 \$90,072 \$78,278 % below fpl 14 16 11 14 % without public or private health ins 14 21 8 16 (SOURCE: US CENSUS 2010 AMERICAN COMMUNITY SURVEY S2701, CPO3, AND DPO3 LIMITED TO APPROXIMATE KAISER SERVICE AREAS (MSA) IN EACH OF THE 4 REGIONS (INCLUDES THE ENTIRE STATE OF HAWAII))
other information		promotion of the community health KFHP'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. KFHP's general community benefits are: Emergency departments - KFHP 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. Board of Directors - KFHP and KFHP have identical 14-member Boards of Directors. The board is comprised of individuals from the academic world and private industry who are representative of the community. George C. Halvorson serves as the Chairman and Chief Executive Officer for the KFHP and KFHP Boards of Directors. Reinvestment of Surplus Revenues - KFHP pays KFHP for hospital services and all surplus revenues are reinvested 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.
affiliated health care system		Kaiser Foundation Hospitals (KFH) and Kaiser Foundation Health Plan, Inc. (KFHP), with its five 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., Kaiser Foundation Health Plan of the Northwest, and Kaiser Foundation Health Plan of Ohio, 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, Oregon and Washington, Kaiser Permanente is comprised of several separate legal organizations. KFHP - 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 KFHP are separate corporations governed by identical boards of directors. KFHP accepts responsibility to provide or arrange necessary hospital services and facilities for Health Plan members. KFHP 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. KFHP also contracts with other community hospitals to provide hospital services to members for specialized care and other services. KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY Through the Kaiser Permanente mission, the organization contributes to the health of the communities in two related ways. First, Kaiser Permanente strives for excellence in serving its 8.7 million members through market-leading performance in quality, service and affordability. By doing so, Kaiser Permanente provides a discipline in the marketplace by demonstrating meaningful value and affordability, and generating resources to reinvest in the community's health. Second, Kaiser Permanente directly invests in improvements to community health by working to increase access for the underserved, disseminating care improvements, altering the social determinants of health, educating healthcare workers and consumers, and informing public policy. This latter approach, which Kaiser Permanente calls the Direct Community Benefit Investment (DCBI), is fundamental to being a nonprofit organization. It embodies the organization's commitment to improve the health of communities beyond services to Health Plan members. It is more than traditional corporate citizenship or corporate philanthropy. It is an intentional, planned, budgeted, measurable, accountable creation for better health in our communities. It is done in collaboration with, not in isolation from, the community. DCBI serves to fulfill Kaiser Permanente's social purpose, justify its tax-exempt status, and differentiate it from other health care organizations. This tradition of community benefit dates from the earliest days of the Program, when charitable care to non-employees, and later, nonmembers, was initiated. That heritage has continued through the years in Kaiser Permanente's early participation in publicly financed programs such as Medicaid and Medicare, establishment of residency training and medical research programs, and later, in the development of the Educational Theatre, Safety Net Partnerships, Community Health Initiatives and Charitable Coverage Programs. The KFHP/H 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 committee of KFHP and KFHP 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.
state filing of community benefit report		KFHP 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. KFHP 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.
STATE FILING OF COMMUNITY BENEFIT REPORT	990 SCHEDULE H, PART VI	CA, OR, HI

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, measured by total revenue per facility, from largest to smallest)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
How many hospital facilities did the organization operate during the tax year? <u>38</u>										
Name and address										
1	KAISER FOUNDATION HOSPITAL - SUNSET 4867 SUNSET BLVD LOS ANGELES,CA 90027	X			X			X		
2	KAISER FOUNDATION HOSPITAL - SAN DIEGO 4647 ZION AVE SAN DIEGO,CA 92120	X	X		X			X		
3	KAISER FOUNDATION HOSPITAL - FONTANA 9961 SIERRA AVE FONTANA,CA 92335	X	X		X			X		
4	KAISER FOUNDATION HOSPITAL - ROSEVILLE 1600 EUREKA RD ROSEVILLE,CA 95661	X	X		X			X		
5	KAISER FOUNDATION HOSPITAL - SANTA CLARA 700 LAWRENCE EXPRESSWAY SANTA CLARA,CA 95051	X	X		X			X		
6	KAISER FOUNDATION HOSPITAL - BELLFLOWER 9400 E ROSECRANS AVE BELLFLOWER,CA 90706	X	X		X			X		
7	KAISER FOUNDATION HOSPITAL - OAKLAND 280 W MACARTHUR BLVD OAKLAND,CA 94611	X	X		X			X		
8	KAISER FOUNDATION HOSPITAL -WALNUT CREEK 1425 S MAIN ST WALNUT CREEK,CA 94596	X	X		X			X		
9	KAISER FDN HOSPITAL - SAN FRANCISCO 2425 GEARY BLVD SAN FRANCISCO,CA 94115	X	X		X			X		
10	KAISER FOUNDATION HOSPITAL - SACRAMENTO 2025 MORSE AVE SACRAMENTO,CA 95825	X	X		X			X		
11	KAISER FOUNDATION HOSPITAL - RIVERSIDE 10800 MAGNOLIA AVE RIVERSIDE,CA 92505	X	X		X			X		
12	KAISER FDN HOSP - SUNNYSIDE MEDICAL CTR 10180 SOUTHEAST SUNNYSIDE RD CLACKAMAS,OR 97015	X	X		X			X		
13	KAISER FDN HOSPITAL - WOODLAND HILLS 5601 DE SOTO AVE WOODLAND HILLS,CA 91367	X	X		X			X		
14	KAISER FOUNDATION HOSPITAL - HARBOR CITY 25825 S VERMONT AVE HARBOR CITY,CA 90710	X	X		X			X		
15	KAISER FOUNDATION HOSPITAL - HONOLULU 3288 MOANALUA RD HONOLULU,HI 96819	X	X		X			X		
16	KAISER FOUNDATION HOSPITAL -BALDWIN PARK 1011 BALDWIN PARK BLVD BALDWIN PARK,CA 91706	X	X		X			X		
17	KAISER FOUNDATION HOSPITAL - VALLEJO 975 SERENO DR VALLEJO,CA 94589	X	X		X			X		
18	KAISER FDN HOSPITAL - PANORAMA CITY 13652 CANTARA ST PANORAMA CITY,CA 91402	X	X		X			X		
19	KAISER FDN HOSPITAL - SOUTH SACRAMENTO 6600 BRUCEVILLE RD SOUTH SACRAMENTO,CA 95823	X	X		X			X		
20	KAISER FDN HOSPITAL - WLOS ANGELES 6041 CADILLAC AVE WLOS ANGELES,CA 90034	X	X		X			X		
21	KAISER FOUNDATION HOSPITAL - HAYWARD 27400 HESPERIAN BLVD HAYWARD,CA 94545	X	X		X			X		
22	KAISER FOUNDATION HOSPITAL -ANAHEIM 441 N LAKEVIEW AVE ANAHEIM,CA 92807	X	X		X			X		
23	KAISER FOUNDATION HOSPITAL - SAN JOSE 250 HOSPITAL PARKWAY SAN JOSE,CA 95119	X	X		X			X		
24	KAISER FOUNDATION HOSPITAL - IRVINE 6640 ALTON PARKWAY IRVINE,CA 92618	X	X		X			X		
25	KAISER FOUNDATION HOSPITAL -REDWOOD CITY 1150 VETERANS BLVD REDWOOD CITY,CA 94063	X	X		X			X		
26	KAISER FOUNDATION HOSPITAL - SANTA ROSA 401 BICENTENNIAL WAY SANTA ROSA,CA 95403	X	X		X			X		
27	KAISER FOUNDATION HOSPITAL - FRESNO 7300 N FRESNO ST FRESNO,CA 93720	X	X		X			X		
28	KAISER FOUNDATION HOSPITAL - MODESTO 4601 DALE RD MODESTO,CA 95356	X	X					X		
29	KAISER FOUNDATION HOSPITAL - ANTIOCH 4501 SAND CREEK RD ANTIOCH,CA 94531	X	X					X		
30	KAISER FDN HOSPITAL -SOUTH SAN FRANCISCO 1200 EL CAMINO REAL SOUTH SAN FRANCISCO,CA 94080	X	X					X		
31	KAISER FOUNDATION HOSPITAL - SAN RAFAEL 90 MONTECILLO RD SAN RAFAEL,CA 94903	X	X		X			X		
32	KAISER FOUNDATION HOSPITAL - FREMONT 39400 PASEO PADRE PARKWAY FREMONT,CA 94538	X	X		X			X		
33	KAISER FDN HOSPITAL - MORENO VALLEY 27300 IRIS AVE MORENO VALLEY,CA 92555	X	X		X			X		
34	KAISER FOUNDATION HOSPITAL - VACAVILLE 1 QUALITY DR VACAVILLE,CA 95688	X	X					X		
35	KAISER FOUNDATION HOSPITAL - RICHMOND 901 NEVIN ST RICHMOND,CA 94804	X	X		X			X		
36	KAISER FOUNDATION HOSPITAL - MANTECA 1777 WYOSEMITE AVE MANTECA,CA 95336	X	X					X		
37	KAISER FDN HOSPITAL - SANTA CLARA PHF 3840 HOMESTEAD ROAD SANTA CLARA,CA 95051	X	X		X			X		
38	KAISER FDN HOSPITAL - MENTAL HEALTH CTR 765 W College St LOS ANGELES,CA 90012	X	X		X			X		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HOSPITALS

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations

938

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANTS	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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 Black Men of the Bay Area1638 12th St Oakland, CA 946071404	94-3065997	501(c)(3)	66,500				Youth Movement, Fundraising & Awards Gala
A Better LA1150 S Olive St 340 Los Angeles, CA 90015	20-2274095	501(c)(3)	50,000				Summer Night Lights 2010
A More Excellent Way Health Improvement Org215 Lighthouse Dr Vallejo, CA 945904030	14-2011697	501(c)(3)	15,000				Breastfeeding Peer Counselor Program
A Place Called Home2830 South Central Ave Los Angeles, CA 90011	95-4427291	501(c)(3)	7,500				APCH Counseling Program
A Window Between Worlds 710 4th Ave 5 Venice, CA 90291	95-4448606	501(c)(3)	7,000				Children's Windows Art Program
A Milton Miller Memorial Fund Inc dba Disability R919 Albany St Los Angeles, CA 90015	95-2960607	501(c)(3)	25,000				Cancer Legal Resource Center (a program of)
ABC Unified School District 16700 Norwalk Blvd Cerritos, CA 90703	95-2380644	GOVT ENTITY	12,000				Bridge Builders Youth Development Program
Abode Services40849 Fremont Blvd Fremont, CA 94538	94-3087060	501(c)(3)	7,400				Fifth Annual Journey Home Breakfast, GSAA Communit
Access California Services 2180 West Crescent Ave C Anaheim, CA 92801	33-0826205	501(c)(3)	10,000				Health Care Access
Access Institute for Psychological Services110 Gough St 301 San Francisco, CA 941025945	01-0595862	501(c)(3)	15,000				In-school Mental Health Program grant
Afgan Care22470 Foothill Blvd Hayward, CA 94541	94-3132203	501(c)(3)	14,000				Senior Health Fair, Health Management and Educatio
Afghan Elderly Association (AEA)3300 Capitol Ave Bldg B Fremont, CA 94536	94-3290111	501(c)(3)	7,000				Weight Control Project

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
African American Prostate Cancer Initiative9521 Folsom Blvd R Sacramento,CA 95827	94-3387471	501(c)(3)	10,000				Health Fair/ Healthy Men, Healthy Families Worksho
Agricultural Institute of Marin76 San Pablo Ave 200 San Rafael,CA 949034169	86-1156712	501(c)(3)	8,500				Intergenerational Nutrition Education
america's health insurance plans601 Pennsylvania Avenue NW Washington,DC 20004	36-2087641	501(c)(3)	1,000,000				Charitable donations
AIDS Assistance Program 1276 North Palm Canyon Dr 108 Palm Springs,CA 92262	33-0566442	501(c)(3)	8,000				Food Voucher Program
AIDS Project Los Angeles Inc611 S Kingsley Dr Los Angeles,CA 90005	95-3842506	501(c)(3)	5,500				APLA Dental Services
AIDS Research Alliance of America1400 South Grand Ave 701 Los Angeles,CA 90015	95-4264845	501(c)(3)	12,000				Accessing HIV/AIDS Clinical Trials - Partnership
AIDS Services Center Inc 909 South Fair Oaks Ave Pasadena,CA 91105	95-4165358	501(c)(3)	18,100				HIV/AIDS Clinical Services
AIDS Services Foundation of Orange County17982 Skypark Circle J Irvine,CA 92614	33-0126481	501(c)(3)	22,875				HIV Case Management Program
Airport Marina Counseling Service7891 La Tijera Blvd Los Angeles,CA 90045	95-2224149	501(c)(3)	9,000				Comprehensive Mental Health Services for Low Incom
Alameda County1000 San Leandro Blvd 300 San Leandro,CA 94577	94-6000501	GOVT ENTITY	44,000				Let's CHAT Pregnancy
Alameda County Deputy Sheriff's Assoc16378 E 14th St 101 San Leandro,CA 94578	83-0410537	GOVT ENTITY	16,500				Urban Garden Party
Alameda County Health Care Foundation2001 Broadway M Oakland,CA 94602	94-3103136	501(c)(3)	87,500				Capacity Bldg, Cardiac Care Proj

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albert Schweitzer Fellowship Inc330 Brookline Ave Boston, MA 02215	13-1982786	501(c)(3)	63,333				The Los Angeles Schweitzer Fellows Program
Albertina Kerr Centers Foundation Inc424 NE 22nd Ave Portland, OR 972322809	93-1297104	501(c)(3)	15,000				Crisis Psychiatric I Care Program
Aldea Inc3299 Claremont Way Napa, CA 945583382	94-2159248	501(c)(3)	20,000				Therapy Program
Alexandria House426 South Alexandria Ave Los Angeles, CA 90020	95-4809755	501(c)(3)	10,000				Counseling Program for Homeless Women and Children
All for Health Health for All 519 E Broadway Glendale, CA 91205	95-4773684	501(c)(3)	10,000				Outreach Program to Uninsured Youth
Al-Shifa Clinic Inc2034-B Mallory St San Bernardino, CA 92407	33-0855769	501(c)(3)	65,000				general operating support
AltaMed Health Services Corp500 Citadel Dr 490 Los Angeles, CA 90040	95-2810095	501(c)(3)	9,400				HIV/AIDS Oral Health Care Expansion Project
Alternatives for Better Living 701 School St Napa, CA 94559	94-3306094	501(c)(3)	7,241				Teen Anger Mgmt & Violence Prevention
Alzheimer's Association or No CA and Nevada1060 La Avenida St Mountain View, CA 940431422	94-2897949	501(c)(3)	35,000				Community Education
Alzheimer's Disease and Related Disorders Associat 17771 Cowan 200 Irvine, CA 92614	95-3702013	501(c)(3)	12,000				Alzheimer's Association Physician Outreach and Ed
Alzheimer's Services of the East Bay561 A St Hayward, CA 94541	94-3081330	501(c)(3)	10,000				Prevention and Management of Diabetes and Cardiova
Ambrose Recreation and Park District3105 Willow Pass Rd Bay Point, CA 945653217	94-1622656	GOVT ENTITY	18,000				Garden Project, After School Staff Wellness

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American Cancer Society 1710 Webster Oakland, CA 94604	94-1170350	501(c)(3)	46,978				Community Giving Campaign on behalf of Northern Ca
American Diabetes Association 4600 Roseville Rd 130 Sacramento, CA 95660	13-1623888	501(c)(3)	41,185				Father of the Year, World Diabetes Day
American Diabetes Association Inc 5060 Shoreham Dr 100 San Diego, CA 92122	13-1623888	501(c)(3)	15,000				Por tu Familia Diabetes Awareness and Prevention
American Heart Assoc East Bay Division 426 17th St 300 Oakland, CA 94612 2816	13-5613797	501(c)(3)	163,070				Start! Bay Area Heart Walk
American Heart Association Inc 816 South Figueroa St Los Angeles, CA 90017	13-5613797	501(c)(3)	10,000				event support
American Lung Association in CA 424 Pendleton Way Oakland, CA 94621	94-0362650	501(c)(3)	70,000				Oakland Kicks Asthma, So Alameda Asthma Management
American Lung Association in California 1570 East 17th St Santa Ana, CA 92705	94-0362650	501(c)(3)	10,000				Southern California Asthma Management Program (SCA
American Lung Association of California 441 Mac Kay Dr San Bernardino, CA 92408	94-0362650	501(c)(3)	10,000				Comprehensive School-Based Asthma Management Ope
American Red Cross Bay Area 85 Second St 8th Fl San Francisco, CA 94105 3459	94-3045430	501(c)(3)	36,000				CPR Saturday
Antelope Valley College Foundation 3041 West Ave K Lancaster, CA 93536 5426	95-4398700	501(c)(3)	10,000				Antelope Valley College Counseling Center Program
Antelope Valley Community Clinic 45074 10th St West 109 Lancaster, CA 93534	26-0574826	501(c)(3)	75,000				Diabetes Self Management Education and Community O
Antelope Valley Domestic Violence Council 1150 West Ave I Lancaster, CA 93539	95-3582588	501(c)(3)	10,000				Sexual Assault Response Service Program

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Antelope Valley Partners for Health45104 10TH St West Lancaster, CA 93534	47-0957404	501(c)(3)	15,000				Asthma Management Project Program
APPLE FamilyWorks4 Joseph Court San Rafael, CA 949032609	94-2540980	501(c)(3)	10,000				Explorando La Maternidad Juntas/ Exploring Motherh
ARC Riverside8138 Mar Vista Court Riverside, CA 92504	95-1907771	501(c)(3)	10,000				The NineZero Project
Area Agency on Aging Serving Napa Solano400 Contra Costa St Vallejo, CA 945905950	94-2742309	501(c)(3)	25,000				Latino Outreach Coordinator
Arrowhead United Way646 North D St San Bernardino, CA 92402	95-1934586	501(c)(3)	13,000				Community Health Awareness Program
Arthritis Association of Kern County1800 Westwind Dr Bldg 500 Bakersfield, CA 93301	95-3669747	501(c)(3)	10,000				IMPROVING THE CHRONIC DISEASE MANAGEMENT AND PREVE
Ashland Free Medical Clinic 50 E Lewelling San Lorenzo HS Room San Lorenzo, CA 94580	68-0554276	501(c)(3)	7,000				Diabetes and Asthma Project
Asian & Pacific Islander Wellness Center730 Polk St 4th Fl San Francisco, CA 941097813	94-3096109	501(c)(3)	15,000				Community Education & Screening Program grant
Asian American Recovery Services1115 Mission Rd South San Francisco, CA 940801302	94-3007538	501(c)(3)	35,000				Community Outreach & Engagement Program
Asian Americans for Community Involvement 2400 Moorpark Ave 300 San Jose, CA 951282680	94-2292491	501(c)(3)	23,220				Senior Wellness Program, Annual Fundraising Lunche
Asian Community Center of Sacramento Valley7311 Greenhaven Dr 187 Sacramento, CA 95831	94-2271380	501(c)(3)	22,791				Chronic Disease Self Management Program
Asian Community Mental Health Board310 8th St 201 Oakland, CA 946076526	94-2248390	501(c)(3)	17,500				Anniversary Gala and Awards Ceremony, Healthy Eati

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Asian Pacific American Legal Center of Southern Ca 1145 Wilshire Blvd Second Fl Los Angeles, CA 90017	95-3854152	501(c)(3)	9,450				27th Anniversary Dinner
Asian Pacific Health Care Venture Inc1530 Hillhurst Ave 200 Los Angeles, CA 90027	95-4177752	501(c)(3)	75,000				2009 KP QI Initiative
Asian Resources Inc5709 Stockton Blvd Sacramento, CA 958241613	94-2658135	501(c)(3)	6,320				Anniversary Dinner, CACHE Program
Aspiranet400 Oyster Point Blvd 501 South San Francisco, CA 940807600	94-2442955	501(c)(3)	18,000				CRREST
Assistance League of Redlands700 E Redlands Blvd U-290 Redlands, CA 92374	95-2131653	501(c)(3)	15,000				Dental Center
Assistance League of San Bernardino580 West 6th St San Bernardino, CA 92410	95-6065105	501(c)(3)	15,000				Children's Dental Health Center
Asthma Resource Center of San Francisco Inc527 Baker St San Francisco, CA 941025411	94-3320216	501(c)(3)	25,000				Grant Reduce Asthma Disparities and Model Cultura
Aurora Dawn Foundation 4766 Serra Ave Fremont, CA 945381135	94-3183217	501(c)(3)	15,000				GFV Nutrition and Education
Axis Community Health Inc 4361 RailRoad Ave Pleasanton, CA 945666611	94-2232394	501(c)(3)	30,000				Leadership Develop Grant, Access to Health Care fo
Azusa Pacific University901 E Alosta Ave Azusa, CA 91702	95-1744369	501(c)(3)	21,500				Healthcare Outreach for the Homeless at ESGVCH Eme
Bakersfield City School District Educational Found 1300 Baker St Bakersfield, CA 933054399	77-0235399	501(c)(3)	10,000				Building a Healthy Body
Baldwin Park Unified School District4640 North Maine Ave Baldwin Park, CA 91706	95-6000213	GOVT ENTITY	12,500				The Moveable Feast

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Baldwin Park Unified School District4640 North Maine Ave Baldwin Park, CA 91706	95-6000213	GOVT ENTITY	22,500				The Moveable Feast - Nutrition Education in the Co
Bay Area After School All Stars514 Valley Way Milpitas, CA 950354106	77-0441284	501(c)(3)	15,000				Fit for Learning
Bay Area Bicycle Coalition571 Valley St San Francisco, CA 94131	94-3023347	501(c)(3)	35,000				Bike to Work Day
Bay Area Community Resources171 Carlos Dr San Rafael, CA 949032005	94-2346815	501(c)(3)	28,500				Marin Smoke-Free Cities Proj, Grant-Straight Forwa
Bay Area Council Foundation201 California St San Francisco, CA 94111	20-1826827	501(c)(3)	80,600				Annual Dinner Hall of Fame
Bay Area Partnership for Children and Youth1611 Telegraph Ave 404 Oakland, CA 94612	04-3653529	501(c)(3)	75,000				Summer Learning and Wellness Initiative
Bay Area Rescue Mission2114 Macdonald Ave Richmond, CA 948013311	94-6124054	501(c)(3)	50,000				Essential Services Program
Bay Area Sports Organizing Committee81 Encina Ave upper Fl Palo Alto, CA 94301	94-3052945	501(c)(3)	10,000				Senior Games
Bay Area Womens Sports Initiative1922 The Alameda 100 San Jose, CA 95126	55-0897084	501(c)(3)	35,348				Programs in Gilroy, Expanding BAWSI Girls program
Benicia Community Action Council480 Military East Benicia, CA 945102813	68-0294153	501(c)(3)	7,500				Senior's Home Delivered Meals project
Benicia Unified School District350 East K St Benicia, CA 945103437	30-0385724	GOVT ENTITY	20,000				Nutrition Education Program
Bethany Services1600 East Truxton Ave Bakersfield, CA 93305	95-2858936	501(c)(3)	50,000				David L Harmon Center

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Big Brothers Big Sisters Northwest1827 NE 44th Ave 100 Portland, OR 97213	93-1303640	501(c)(3)	7,500				African American Mentoring Program
Big Brothers Big Sisters of Central CA905 N Fulton St Fresno, CA 937283411	94-1668376	501(c)(3)	25,260				Mentoring Children of Prisoners
Big Brothers Big Sisters of North Bay Inc1652 West Texas Ave 201 Fairfield, CA 945335952	94-2502278	501(c)(3)	20,000				Operation Thrive Mentoring Program
Big Brothers Big Sisters of Ventura County Incorpo445 Rosewood St Q Fillmore, CA 93010	20-3425568	501(c)(3)	15,000				One Step a La Vez Towards a Healthier Me!
Bikes Belong Foundation 1928 Pearl St Boulder, CO 80302	20-4306888	501(c)(3)	45,000				Safe Routes to School National Partnership 2010-20
Bill Wilson Center3490 The Alameda Santa Clara, CA 950504333	94-2221849	501(c)(3)	15,000				2nd Street One-Stop Drop -In Center
Black Coalition on AIDS 2800 Third St San Francisco, CA 941073502	94-3098879	501(c)(3)	10,000				Grant - Treatment Adherence ABC's
BOSTON UNIVERSITY85 East Newton St Boston, MA 02118	04-2103547	501(c)(3)	148,287				Pass Through from Northern California region for v
Boys & Girls Club of Fontana 7723 Almeria Ave Fontana, CA 92336	33-0443344	501(c)(3)	10,000				SMART Moves (Skills Mastery and Resistance Trainin
Boys & Girls Club of Redlands Inc1251 Clay St Redlands, CA 92374	95-6187083	501(c)(3)	10,000				Triple Play (Childhood Oversight)
Boys & Girls Club of San Gabriel Valley2740 Mountain View Rd El Monte, CA 91732	95-2307624	501(c)(3)	15,000				Serving the needs of the Hungry
Boys & Girls Clubs North San Mateo County201 West Orange Ave South San Francisco, CA 940804445	94-1497000	501(c)(3)	30,000				Nutrition, Cooking and Fitness Programs

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Boys & Girls Clubs of Huntington Valley16582 Brookhurst St Fountain Valley, CA 92708	95-6192466	501(c)(3)	10,000				Triple Play A Game Plan for the Mind, Body, and S
Boys & Girls Clubs of Silicon 518 Valley Way Milpitas, CA 95035	94-1294898	501(c)(3)	22,500				Triple Play Mind Body Soul
Boys & Girls Clubs of Southwest County28790 Pujol St Temecula, CA 92590	33-0475756	501(c)(3)	8,000				Triple Play at Alberhill Ranch Clubhouse
Boys and Girls Club of Greater Sacramento5212 Lemon Hill Ave Sacramento, CA 95824	68-0338324	501(c)(3)	5,299				Summer Program, Triple Play- Sponsor a Kid
Boys and Girls Club of Petaluma203 Maria Dr Petaluma, CA 949542301	94-1244390	501(c)(3)	10,920				SMART MOVES, Annual Crab Feed
Boys and Girls Club of the Coastsides600 Church St Half Moon Bay, CA 94019	94-3193725	501(c)(3)	9,500				Healthy Eating - Active Training
Boys and Girls Clubs of Anaheim Inc311 East Broadway Anaheim, CA 92805	33-0356284	501(c)(3)	10,000				Motel Kids Outreach Program
Boys and Girls Clubs of Carson2255 E 220th St 175 Long Beach, CA 90810	33-0475452	501(c)(3)	10,000				Triple Play
Boys and Girls Clubs of Greater Sacramento5212 Lemon Hill Ave Sacramento, CA 95824	68-0338324	501(c)(3)	19,840				Gang Prevention Support, Triple Play
Breast Cancer Connections 390 Cambridge Ave Palo Alto, CA 94306	77-0417605	501(c)(3)	20,000				The Gabriella Patser Program
Breast Cancer Emergency Fund12 Grace St 300 San Francisco, CA 941032607	20-3203899	501(c)(3)	18,750				this Old Bag
Breathe CA Golden Gate Public Health Partn2171 Junipero Serra Blvd 720 Daly City, CA 940141982	94-0836760	501(c)(3)	9,500				Breath of Life Walk, 2010 Clean Air Awards,

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Breathe CA of Sacramento-Emigrant Trails909 12th St Sacramento, CA 958142931	94-1641240	501(c)(3)	25,500				Emigrant Trails Bike Trek, Asthma Toolkit 'Your As
Breathe California of the Bay Area1469 Park Ave San Jose,CA 951262530	94-1156307	501(c)(3)	15,000				Children's Asthma Program
Brighter Beginnings2648 International Blvd Oakland,CA 94601	94-2949749	501(c)(3)	62,000				Self-Care IS Health Care, Staff Wellness Retreat,
Building a Generation129 East Vine St Redlands,CA 92373	54-2104001	501(c)(3)	10,000				Family Focus Mental Health Initiative
Buttonwillow Union School District42600 Highway 58 Buttonwillow,CA 93206	95-6000425	GOVT ENTITY	10,000				Buttonwillow Union School District Family Resource
Calif Center for Public Health Advocacy1947 Galileo Ct 101 Davis,CA 956184882	95-4723901	501(c)(3)	46,366				CA Convergence-CA Beverage Policy Campaign
California Academy of Family Physicians Foundation1520 Pacific Ave San Francisco,CA 941092627	94-2938597	501(c)(3)	20,000				2010 Family Medicine Summit
California Association of Food Banks1624 Franklin St 722 Oakland,CA 94612	68-0392816	501(c)(3)	100,000				Better Nutrition Through Food Banking Healthy Ea
California Black Chamber Foundation2951 Sunrise Blvd 175 Rancho Cordova,CA 95742	68-0416294	501(c)(3)	10,000				Business Economic Summit & Scholarship Awards Banq
California Black Women's Health Project101 North La Brea Ave 610 Inglewood,CA 90301	95-4702923	501(c)(3)	7,500				Policy Summit
California Center For Public Health Advocacy1947 Galileo Ct 101 Davis,CA 956184882	95-4723901	501(c)(3)	166,667				Healthy Eating Active Living Cities Campaign
California Community Foundation445 South Figueroa St 3400 Los Angeles,CA 90071	95-3510055	501(c)(3)	11,000,000				The Southern California Kaiser Permanente Fund for

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California Dragon Boat Association268 Bush St 888 San Francisco, CA 94104	52-2153488	501(c)(3)	10,000				San Francisco International Boat Festival
California Elected Women's Assoc for Education268 Bush St 888 San Francisco, CA 94104	51-0184448	501(c)(3)	10,000				2010 Event and (Statewide)
California Family Health Council Inc3600 Wilshire Blvd 600 Los Angeles, CA 900102603	95-2564024	501(c)(3)	205,000				Core Support
California Food Policy Advocates436 14th St 1220 Oakland, CA 946122723	94-3163142	501(c)(3)	325,000				Nutrition Policy for Healthy Eating in Hard Times
California Institute for Nursing and Health Care663 13th St 300 Oakland, CA 94612	82-0570413	501(c)(3)	395,000				Los Angeles Simulation Collaborative
California Parenting Institute 3650 Standish Ave Santa Rosa, CA 954078113	94-2541640	501(c)(3)	11,580				Child Abuse Treatment Project (CHAT), 4-A-Child Ev
California Primary Care Association1231 I St 400 Sacramento, CA 95814	94-3215565	501(c)(3)	425,000				Core Support, Nutrition Policy for Healthy Eating
California Public Health Association North555 - 12th St 10th Fl Oakland, CA 946074046	94-3111992	501(c)(3)	10,000				Building CPHA-N Operational Capacity
California School Health Centers Assoc1203 Preservation Park Way 302 Oakland, CA 94612	94-3201896	501(c)(3)	105,000				Strengthening School Health Centers in West Contra
California State Univ Fresno Foundation4910 N Chestnut Ave Fresno, CA 93726	94-6003272	501(c)(3)	13,800				Health Career Connections
California State University Bakersfield9001 Stockdale Highway Bakersfield, CA 93311	77-0314545	GOVT ENTITY	25,000				Community Preventative Health Collaborative
California State University Northridge Foundation18111 Nordhoff St Northridge, CA 913308285	95-6196006	501(c)(3)	85,000				Faculty Enhancement Program

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California WIC Association 1107 Ninth St 625 Sacramento, CA 95814	68-0271696	501(c)(3)	100,000				Core Operating Support
Camarillo Health Care District 3639 E Las Posas Rd 117 Camarillo, CA 93010	95-2834854	GOVT ENTITY	90,000				Ventura County Healthier Living Program Expansion
Cangress 530 S Main St Los Angeles, CA 90013	02-0661629	501(c)(3)	10,000				Health Promotion and Education
Caring Connections Collaborative 16703 S Clark Ave Bellflower, CA 90706	33-0953881	501(c)(3)	21,000				Caring Connections Support for Students
Cascadia Behavioral Healthcare Inc 874 NE 19th Portland, OR 97207	93-0770054	501(c)(3)	50,000				Families and Children Together
Catalyst Foundation for Aids Awareness and Care 44758 Elm Ave Lancaster, CA 93534	77-0357456	501(c)(3)	15,500				ACE Study-Based, Trauma Informed Primary Medical C
Catholic Charities of Santa Clara County 2625 Zanker Rd San Jose, CA 951342130	94-2762269	501(c)(3)	92,000				Day Break Respite & Caregiver Support Services, Es
Catholic Charities of the Diocese Oakland 433 Jefferson St Oakland, CA 946073592	94-2677202	501(c)(3)	80,000				Multicultural Senior Svc Network-Health Promotion,
Catholic Charities of the Diocese Sta Rosa 987 Airway Court Santa Rosa, CA 954032048	94-2479393	501(c)(3)	50,000				Essential Services Program - Emergency Services fo
Catholic Charities of the Diocese Stockton 400 12th St 4 Modesto, CA 953542410	94-1629114	501(c)(3)	78,876				Children's Health Initiative, Food Stamp Outreach
Catholic Charities San Bernardino Riverside1450 North D St San Bernardino, CA 92405	95-3516461	501(c)(3)	16,000				Hope in the City-Healthcare Initiative
Catholic Healthcare West 185 Berry St 300 San Francisco, CA 94107	94-1196203	501(c)(3)	80,000				Quality Improvement in Perinatal Care to Reduce Di

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Center for Community Health & Well-Being1900 T St Sacramento, CA 958116822	68-0248303	501(c)(3)	20,000				Access to Healthcare
Center for Domestic Peace 734 A St San Rafael, CA 949013923	94-2415856	501(c)(3)	20,000				Women?s Community Advocacy Project
Center for Healthcare Decisions3400 Data Dr Rancho Cordova, CA 956707956	68-0441958	501(c)(3)	10,000				Putting POLST into Action
Center for Human Development391 Taylor Blvd 120 Pleasant Hill, CA 945232275	94-2520840	501(c)(3)	52,444				Wellness Challenge, Teens Nix Tobacco, Enrollment
Center for Individual and Family Counseling5445 Laurel Canyon Blvd North Hollywood, CA 91607	51-0204566	501(c)(3)	7,500				CIFC School Based Mental Health Program
Center for the Pacific Asian Family Inc543 North Fairfax Ave 108 Los Angeles, CA 90036	95-3532351	501(c)(3)	11,000				Domestic Violence Intervention Program for API sur
Center Joint Unified School District3401 Scotland Dr Antelope, CA 95843	94-6002490	GOVT ENTITY	8,000				Healthy Eating Active Living Program
Center on Policy Initiatives 3727 Camino Del Rio South 100 San Diego, CA 92108	33-0824881	501(c)(3)	75,000				expansion of health care coverage for low-income p
Centinela Youth Services Inc 11539 Hawthorne Blvd Fl 5 Hawthorne, CA 90250	95-3821576	501(c)(3)	9,500				Student Police and Diversity Dialogues
Central City Concern232 NW 6th Ave Portland, OR 97209	93-0728816	501(c)(3)	80,000				Recuperative Care Program (RCP)
Central City Lutheran Mission1354 North G St San Bernardino, CA 92405	33-0634580	501(c)(3)	11,000				Mental Health Services for HIV + Underserved Person
Central Valley Childrens Services Network1911 North Helm Fresno, CA 937271614	77-0026968	501(c)(3)	54,467				Ages & Stages Assessment Proj, Huron Family Resour

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Central Valley Health Network Inc2000 O St 100 Sacramento, CA 95811	68-0429643	501(c)(3)	47,000				Promising Practices Forum & Annual CVHN Conference
Centralia School District 6625 La Palma Ave Buena Park, CA 90620	95-6000552	GOVT ENTITY	10,000				Expansion of Health Services to Danbrook Neighborh
Centro Binacional para Desarrollo Indigena744 N Abby St Fresno, CA 937011051	77-0337939	501(c)(3)	30,000				Na Yivi Daatun Uvi Gente Saludable 2
Centro de Salud-HEW 1 San Ysidro Health Center4004 Beyer Blvd San Ysidro, CA 92173	95-2801772	501(c)(3)	72,000				Support for 990 uninsured patients
Cesar E Chavez Foundation 634 S Spring St 400 Los Angeles, CA 90014	77-0379630	501(c)(3)	9,175				10th Annual Si Se Puede 'Yes We Can' Awards Dinner
Chabot College Foundation 25555 Hesperian Blvd 220 Hayward, CA 94545	20-0027721	501(c)(3)	20,000				Chabot College Empower, Kreative Korner Creative A
Charles Drew University of Medicine & Science1731 E 120th St Los Angeles, CA 90059	95-6151774	501(c)(3)	10,000				Saturday Science Academy
Child & Family Center Foundation21545 Centre Pointe Parkway Santa Clarita, CA 91350	95-4705370	501(c)(3)	8,400				School-Based Mental Health Prevention and Early In
Child Abuse Prevention Council Sacramento4700 Roseville Rd North Highlands, CA 956605143	94-2833431	501(c)(3)	27,150				Infant Safe Sleeping Campaign, Inspirations Boogi
Child Advocates of Silicon Valley509 Valley Way Bldg 2 Milpitas, CA 950354105	77-0250773	501(c)(3)	15,000				Healthy Choices for Foster Youth
Child Care Coordinating Council San Mateo2121 S El Camino Real A-100 San Mateo, CA 944031819	94-2226587	501(c)(3)	26,741				Child Care Food Program, Child Care Coordinating C
Childhood Matters221 Oak St B Oakland, CA 946074511	26-0098527	501(c)(3)	43,300				Childhood Matters and Nuestros Ninos Radio Shows

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Children Now1212 Broadway 5th Fl Oakland, CA 946121805	94-3059243	501(c)(3)	30,000				Expanding California Children's Access to and Use
Children's Cancer Association433 NW 4th Ave 100 Portland, OR 97209	93-1181662	501(c)(3)	15,000				LifeSupport Family Enrichment Program
Childrens Dental Center300 South Buckthorn St Inglewood, CA 90301	95-4533883	501(c)(3)	12,000				Dental Home Initiative
Childrens Dental Foundation 455 E Columbia St Long Beach, CA 90806	95-2111124	501(c)(3)	20,000				A Dental Home for Underserved Children
Children's Health Initiative Napa County2610 Jefferson St 110 Napa, CA 94559	25-1924934	501(c)(3)	16,000				Anniversary Benefit Celebration
Children's Hospital & Research Ctr Oakland747 52nd St Oakland, CA 94618	94-0382330	501(c)(3)	10,000				Camp Breathe Easy, Asthma Forum
Children's Network of Solano County2320 Courage Dr 107 Fairfield, CA 94533	68-0014506	501(c)(3)	8,640				Family Centered Asthma Education Program
Children's Service Fund9680 Citrus Ave Fontana, CA 92334	33-0035918	501(c)(3)	15,000				Immediate Dental and Medical Assistance for Childr
Chinatown Service Center 767 North Hills St 400 Los Angeles, CA 90012	95-2918844	501(c)(3)	135,000				39th Anniversary Dinner & Silent Auction
Christian Help Center2166 Sacramento St Vallejo, CA 94592	94-2825148	501(c)(3)	50,000				2010 Essential Services Program
Christie's Place Inc2440 Third Ave San Diego, CA 92101	91-1878632	501(c)(3)	12,000				Coordinated Service Center
City of Baldwin Park14403 E Pacific Ave Baldwin Park, CA 91706	95-6005574	GOVT ENTITY	22,491				PRIDE Platoon

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City of Fontana16860 Valencia Ave Fontana, CA 92335	95-6004770	GOVT ENTITY	10,000				Healthy Fontana Expand Healthy Jr Chef Program
City of Fremont3300 Capitol Ave Bldg B Fremont, CA 94538	94-6027361	GOVT ENTITY	30,000				Health Prevention and Maintenance Classes for Seni
City of Fresno770 North San Pablo Ave Fresno, CA 93728	94-6000338	GOVT ENTITY	60,000				Healthy Lifestyle Fitness Camp
City of La Mesa4975 Memorial Dr La Mesa, CA 91942	95-6000731	GOVT ENTITY	30,000				Local Partnership Grant Ready Set Live Well P
City of Livermore1052 S Livermore Ave Livermore, CA 945684813	94-6000359	GOVT ENTITY	35,000				Cooking Together, Live Well Livermore Healthy City
City of Long Beach Department of Health and Human2525 Grand Ave Long Beach, CA 90815	95-6000733	GOVT ENTITY	50,000				Weed and Seed Youth Leadership Program
City of Montclair5111 Benito St Montclair, CA 91763	95-6005731	GOVT ENTITY	65,000				Capacity Building
City of Oakland Department of Human Svc150 Frank Ogawa Plaza 4223 Oakland, CA 94612	94-6000384	GOVT ENTITY	15,000				Summer Food Service Prog,
City of Oakland Office of the MayorOne Frank H Ogawa Plaza 3rd Fl Oakland, CA 946121932	94-6000384	GOVT ENTITY	20,000				Mayor's Summer Job Program
City of Pasadena - Public Health Department1845 N Fair Oaks Ave Rm 2408 Pasadena, CA 91103	95-6000759	GOVT ENTITY	50,000				Scholastic Partnership for Immunization Initiative
City of Portland OregonCity Hall 1221 SW 4th Ave Rm 110 Portland, OR 97204	93-6002236	GOVT ENTITY	147,000				Sunday Parkways
City of Sacramento Ofc of Youth DevelopmentCity Hall 915 I St 5th Fl Sacramento, CA 95814	94-6000410	GOVT ENTITY	106,160				Street Outreach Program

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City of San Bernardino1350 South E St San Bernardino, CA 92408	95-6000772	GOVT ENTITY	25,000				City of San Bernardino Open Swim and Learn-to-Swim
City of Union City34009 Alvarado-Niles Rd Union City, CA 94587	94-6036941	GOVT ENTITY	18,000				10th Street Community Center
Clinica Sierra Vista1430 Truxtun Ave Fourth Fl Bakersfield, CA 93301	95-2707101	501(c)(3)	113,937				2009 KP QI Initiative
Clovis Unified School District1450 Herndon Ave Clovis, CA 93611	94-2840774	GOVT ENTITY	10,000				Medical Supplies for School Based Health Centers
Coalition of Orange County Community Clinics17701 Cowan Ave 220 Irvine, CA 92614	95-2900725	501(c)(3)	265,000				expand access to specialty care services
Coastside Adult Day Health Center645 Correas Half Moon Bay, CA 940191962	94-2935784	501(c)(3)	11,000				Memory Enhancement Prog, Donation to purchase medi
Coastside Medical Dental Clinics210 San Mateo Rd 104 Half Moon Bay, CA 940191708	94-3390196	501(c)(3)	9,047				Helping Seniors Smile
Coalition for Livable Future107 SE Washington 239 Portland, OR 97214	93-1278845	501(c)(3)	20,000				Regional Atlas 2 0 Disease & Health Outcome Data
Collaborative Autism Training Support ProgSSU-Psychology 1801 East Cotati Ave Rohnert Park, CA 94928	99-0157509	GOVT ENTITY	6,000				Child & Family Autism Support & Community Educatio
COLUMBIA UNIVERSITY1700 Broadway New York, NY 10019	13-1624202	501(c)(3)	160,209				Pass Through from Northern California region for v
Committee For Economic Development2000 L Street NW 700 Washington, DC 20036	13-1623973	501(c)(3)	10,000				charitable donations
Common Ground - The Westside HIV Community Center2012 Lincoln Blvd Santa Monica, CA 90405	95-4460765	501(c)(3)	6,000				HIV Care Services

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CommuniCare Health Centers2051 John Jones Rd Davis,CA 956169701	94-2188574	501(c)(3)	40,000				Integrated Behavioral Health Program
Communities Advocating Emerging AIDS Relief1718 1/2 Florida Ave NW Washington,DC 200091361	94-2922039	501(c)(3)	7,250				Partnership Award Reception
Community Action Marin29 Mary St San Rafael,CA 94901	94-6136365	501(c)(3)	7,500				Breast Cancer Awareness
Community Action Partnership of Kern300 19th St Bakersfield,CA 93301	95-2402760	501(c)(3)	40,000				Piccolo Xpress Chemistry Analyzer
Community Action Partnership of San Bernardino Cou696 South Tippecanoe Ave San Bernardino,CA 92415	95-2376882	501(c)(3)	30,000				Healthy Eating In Hard Times San Bernardino Count
Community Action Partnership of Sonoma Co 1300 North Dutton Ave Santa Rosa,CA 954014610	94-1648949	501(c)(3)	10,000				Healthy Communities
Community Alliance with Family Farmers Fdtn36355 Russell Blvd Davis,CA 95616	94-2914745	501(c)(3)	50,000				Supporting Local Food System Activities in Norther
Community Chaplaincy7812 El Reno Ave Elverta,CA 95626	20-0241444	501(c)(3)	15,000				Four volunteer academies for 2011-2012
Community Child Care Coord Council Alameda22351 City Center Dr 200 Hayward,CA 94541	23-7218859	501(c)(3)	31,500				4C?s Asthma Friendly Environments for Children,
Community Child Care Council of Sonoma Co131-A Stony Circle 300 Santa Rosa,CA 94501	94-2274620	501(c)(3)	10,143				Healthy Habits for Life
Community Choices1101 Broadway 110 Vancouver,WA 98660	91-2094479	501(c)(3)	25,000				Building Health Equity in our Community - Enhancin
Community Clinic Association of Los Angeles County1055 Wilshire Blvd 1400 Los Angeles,CA 90017	95-4576023	501(c)(3)	176,500				2011 Consortia Core Operating Support

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Community Clinics Health Network7535 Metropolitan Dr San Diego, CA 92108	33-0759107	501(c)(3)	500,000				Project A -L-L
Community Coalition For Substance Abuse Prevention 8101 South Vermont Ave Los Angeles, CA 90044	95-4298811	501(c)(3)	25,000				20th Anniversary Gala Dinner
Community Cycling Center 1700 NE Alberta Portland,OR 97211	93-1127186	501(c)(3)	15,000				Pride - A media advocacy campaign to change percep
Community Family Guidance Center10929 South St 208B Cerritos, CA 90703	95-3083776	501(c)(3)	10,000				CFGC Parenting Groups
Community Health Alliance of Pasadena1855 North Fair Oaks Ave 200 Pasadena, CA 91103	95-4536824	501(c)(3)	9,400				2010 Fundraising Gala
Community Health Awareness Council711 Church St Mountain View, CA 940412030	94-2223670	501(c)(3)	18,800				Challenge Team Champions for Youth Breakfast
Community Health Councils Inc3731 Stocker St 201 Los Angeles, CA 90008	95-4487664	501(c)(3)	30,000				Local Partnership Grant Improve access and qualit
Community Health Partners 1452 Hudson St 208 Longview, WA 98632	91-2016542	501(c)(3)	25,000				Cowlitz Free Medical Center
Community Health Systems Inc22675 Alessandro Blvd Moreno Valley, CA 92553	33-0056551	501(c)(3)	65,000				Capacity Building Funds
Community Initiatives354 Pine St 700 San Francisco, CA 94104	94-3255070	501(c)(3)	10,000				Grant - Get-Moving, Get-Well, Get-to-the-Doctor
Community Institute for Psychotherapy1330 Lincoln Ave 201 San Rafael, CA 949012141	94-2499583	501(c)(3)	10,000				Help for Disadvantaged Families and Individuals at
Community Medical Centers Inc (EIP)7210 Murray Dr Stockton, CA 952103339	94-2437106	501(c)(3)	98,389				Support Svcs, Chronic Disease Self Management Prog

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Community Partners1000 North Alameda St 240 Los Angeles, CA 90012	95-4302067	501(c)(3)	785,000				Technical Assistance Provider
Community Partnership Families-San Joaquin4707 Kentfield Rd C Stockton, CA 95207	68-0475602	501(c)(3)	140,000				Mobile FRC , Essential Services Prog-Proj Family Ec
Community Pride Project 5625 Stockton Blvd Sacramento, CA 95824	20-0364162	501(c)(3)	27,450				Increased Access to Care Through Peer Based Outrea
Community Resource Project Inc250 Harris Ave Sacramento, CA 95838	94-2280427	501(c)(3)	50,000				Essential Services Program - Utility Assistance Su
Community Resources for Independent Living439 A St Hayward, CA 945415013	94-2598873	501(c)(3)	12,000				Healthy Living Workshops and Medical Services Case
Community Services Agency 204 Stierlin Rd Mountain View, CA 940434618	94-1422465	501(c)(3)	17,000				Senior Services Case Management
Community Services Planning Council909 12th St 200 Sacramento, CA 95814	94-1201196	501(c)(3)	105,000				Children's Report Card, People's Guide to Health,
Community Settlement Association of Riverside 4366 Bermuda Ave Riverside, CA 925075040	95-0642985	501(c)(3)	15,000				project support - Counseling and Assessment for Family effectiveness
Community Svc Educ & Research Fund (CSERF)5380 Elvas Ave Sacramento, CA 958192300	23-7003581	501(c)(3)	15,000				SPIRIT Partnership
Comprehensive Youth Services of Fresno Inc3795 E Shields Ave Fresno, CA 937267029	94-2219412	501(c)(3)	50,000				John Steinbeck Elementary School Student Assistan
Conejo Free Clinic80 East Hillcrest Dr 102 Thousand Oaks, CA 91360	95-3177953	501(c)(3)	7,500				Medical Services Program
Congressional District Programs Inc6201 Leesburg Pike Falls Church, VA 22044	65-0970090	501(c)(3)	10,000				Diabetic Amputation Prevention Foundation's Black

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Continuing Development Incorporated111 North Market St 500 San Jose, CA 95113	94-2376637	501(c)(3)	37,000				5 Keys Classes-Health Referrals
Contra Costa Child Care Council1035 Detroit Ave 200 Concord, CA 945182478	94-2383037	501(c)(3)	23,750				Sponsorship of Rethink Your Drink Contra Costa
Contra Costa County50 Douglas Dr Martinez, CA 945534098	94-6000509	GOVT ENTITY	65,500				Project HOPE , Monument Nutrition Exercise & Wellne
Contra Costa County Office of Education77 Santa Barbara Rd Pleasant Hill, CA 945234215	94-2675635	GOVT ENTITY	20,000				Community Challenge
Contra Costa Crisis Center PO BOX 3364 Walnut Creek, CA 94598	94-1747227	501(c)(3)	72,000				211 Contra Costa, Employee Wellness Prog
Contra Costa Interfaith Sponsoring Comm724 Ferry St Martinez, CA 945531624	68-0361176	501(c)(3)	17,250				Community Health Project
COPE Family Center1340 Fourth St Napa, CA 945592924	94-2322399	501(c)(3)	20,000				Home Visitation Program
Cope Health Solutions2400 South Flower St Lowman Buildin Los Angeles, CA 90007	47-0864952	501(c)(3)	27,000				2010 Annual Awards Gala
Coppertower Family Medical Center Inc6 Tarman Dr Cloverdale, CA 954253932	68-0345901	501(c)(3)	15,000				Every Body In, No Body Out
CORA (Comm Overcoming Relationship Abuse)1633 Bayshore Highway 280 Burlingame, CA 940101515	94-2481188	501(c)(3)	47,830				Helping Hands Event, Donation to reproduce and pri
Cornerstone Community Development Corp1395 Bancroft Ave San Leandro, CA 945775103	94-3100741	501(c)(3)	30,000				Building Futures Free from Family Violence
CORO Northern California Inc601 Montgomery St 800 San Francisco, CA 941112611	94-3117758	501(c)(3)	59,560				Exploring Leadership - Operational Support

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Coro Southern California Inc 1000 N Alameda St 240 Los Angeles, CA 90012	95-4274561	501(c)(3)	11,500				35th Annual Crystal Eagle Awards Gala Dinner
Corona-Norco Family Young Mens Christian Associati 1331 River Rd Corona, CA 92882	95-2879893	501(c)(3)	14,000				UNITY HELPS - Healthy Eating and Lifestyle Program
Council of Community Clinics 7535 Metropolitan Dr San Diego, CA 92108	95-3008850	501(c)(3)	400,000				Specialty Care Initiative Phase II San Diego Spec
Council Of Orange County Society Of St Vincent De 8014 Marine Way Irvine, CA 926182235	95-3033494	501(c)(3)	45,000				Healthy Eating In Hard Times Second Harvest Food
Council on Aging Services for Seniors 30 Kawana Springs Rd Santa Rosa, CA 954046309	94-6138714	501(c)(3)	10,000				Transportation for Seniors grant
County of Kern 1700 Mount Vernon Ave Bakersfield, CA 93305	95-6000925	501(c)(3)	450,000				Specialty Care Initiative Phase II Decentralize s
County of Los Angeles Department of Public Health 313 N Figueroa St 8th Fl Room 806 Los Angeles, CA 90012	95-6000927	GOVT ENTITY	105,000				Child Obesity Prevention
County of Orange - Social Services Agency 888 North Main St Santa Ana, CA 92701	95-6000928	GOVT ENTITY	75,000				Healthy Eating In Hard Times One-e-App Orange Cou
County of San Bernardino 120 Carousel Mall San Bernardino, CA 92415	95-6002748	GOVT ENTITY	50,000				Federally Qualified Health Center (FQHC) Strategic
County of San Diego Health & Human Services Agency 1700 Pacific Highway San Diego, CA 921012417	95-6000934	GOVT ENTITY	20,000				TB Testing Among HIV/AIDS Population
County of Santa Clara 1400 Parkmoor 120B San Jose, CA 95126	94-6000533	501(c)(3)	28,500				Walk & Bike to School Week
County of Ventura 2323 Knoll Dr 3rd Fl Ventura, CA 93003	95-6000944	GOVT ENTITY	330,000				Local Partnership Grant Community Gardens

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Court Appointed Special Advocates Fresno Co1252 Fulton Mall Fresno, CA 937211916	77-0401361	501(c)(3)	52,500				Advocating for Healthy and Successful Lives for Ad
Court Appointed Special Advocates of Kern County 2000 24th St 130 Bakersfield, CA 93301	77-0344298	501(c)(3)	10,000				Middle Years Health and Wellness Project
Cover The Homeless Ministry1332 South Orange Dr Los Angeles, CA 90019	91-2094255	501(c)(3)	7,000				Life with a Purpose
CSULA University Auxiliary Services Inc5151 State University Dr FA 130 Los Angeles, CA 90032	95-4016653	501(c)(3)	74,160				Health Policy Outreach Center (HPOC)
Culver City Education FoundationPO Box 4178 Culver City, CA 90231	95-3641300	501(c)(3)	9,000				CCEF is a charitable non-profit organization dedic
Daly City Peninsula Partnership Collaborat101 Lake Merced Blvd Daly City, CA 940151048	06-1734338	501(c)(3)	26,000				HART Program Healthy Aging Response Team
Darin M Camarena Health Centers344 E 6th St Madera, CA 936383631	94-2503904	501(c)(3)	6,000				Annual Scholarship Fundraiser, Natl Health Center
Delta 2000301 West 10th St 2 Antioch, CA 94509	68-0420357	Other	21,000				Get Fit
Desarollo Familiar205 39th St Richmond, CA 948052212	94-2751073	501(c)(3)	30,000				Proyecto Bienestar, Youth Matters
Desert AIDS Project1695 North Sunrise Way Palm Springs, CA 92262	33-0068583	501(c)(3)	30,000				Counseling, Testing and Referral Program
DIVA Foundation9000 Sunset Blvd 709 West Hollywood, CA 90069	95-4419536	501(c)(3)	52,500				Ladies First, DIVAS Simply Singing
Dixon Family Services155 N 2nd St Dixon, CA 95620	68-0041829	501(c)(3)	17,000				Mental Health Continuum of Care Project

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Dixon Unified School District 180 South First St 6 Dixon,CA 956203447	32-0183755	GOVT ENTITY	20,000				Health Access & Oral Health Improvement
Doctors Medical Center Foundation 730 McHenry Ave Modesto,CA 953505413	51-0140385	501(c)(3)	49,988				Prevention of Type 2 Diabetes in Children Through
Downey Unified School District co True Lasting Co 13220 Bellflower Blvd Downey,CA 90242	95-6006586	GOVT ENTITY	20,000				Access to Health Care Services
Drug Abuse Alternatives Center 2403 Professional Dr 102 Santa Rosa,CA 95403	94-1694676	501(c)(3)	7,000				The Perinatal Day Treatment Prog, Annual Addiction
Dunwoody United Methodist Church Inc 1548 Mt Vernon Rd Dunwoody,GA 30338	58-1994231	501(c)(3)	6,250				Charitable Donation
Early Childhood Mental Health Program 4101 Macdonald Ave Richmond,CA 948052333	94-2883469	501(c)(3)	20,000				Los Buenos Padres
Earth Team 2525 10th St Unit B Berkeley,CA 94710	68-0347329	501(c)(3)	25,000				An Air pollution and Asthma Research and Action Pr
East Bay Agency for Children 303 Van Buren Ave Oakland,CA 94610	94-1358309	501(c)(3)	10,000				Child Assault Prevention
East Co Faith Based Subcom Child Welfare 4549 Delta Fair Blvd Antioch,CA 945093950	20-8682635	501(c)(3)	15,000				Kitchen starter sets/Food boxes
East County Kids-N-Motion 3444 Chandler Circle Bay Point,CA 945656913	41-2207708	501(c)(3)	10,000				IMPLEMENTATION PROJECT FOR EAST COUNTY KIDS - N -
East San Gabriel Valley Coalition for the Homeless St John Vianney Church 1345 Turnbull Hacienda Heights,CA 91745	95-4508436	501(c)(3)	18,000				Emergency Assistance Center
East Valley Community Health Center Inc 420 South Glendora Ave West Covina,CA 91790	23-7068586	501(c)(3)	325,437				Specialty Care Initiative Phase II

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Eating Disorders Resource Center2105 S Bascom Ave 220 Campbell, CA 95008	68-0616393	501(c)(3)	12,500				Every Body's Beautiful Essay contest & ED Awarenes
Eden I&R Inc570 B St Hayward, CA 94541	94-2339050	501(c)(3)	50,000				211 Alameda County
Eden Youth & Family Center680 West Tennyson Rd Hayward, CA 94544	94-2442586	501(c)(3)	9,300				Healthy Alternatives for a New Start
El Centro de Accion Social37 E Del Mar Blvd Pasadena, CA 91105	51-0192257	501(c)(3)	35,000				2010 Summer School in the Park Program
El Centro de Libertad1230 A Hopkins Redwood City, CA 940621674	94-3189174	501(c)(3)	15,000				Youth Intervention Program
El Concilio del Condado de Ventura301 South C St Oxnard, CA 930305808	95-3792795	501(c)(3)	7,500				Youth for Success
El Concilio of San Mateo County1419 Burlingame Ave N Burlingame, CA 940104122	94-2772110	501(c)(3)	20,000				'Nuestro Canto de Salud' Project
El MonteSo El Monte Emergency Resources Associati2645 Lee Ave 6 South El Monte, CA 91733	95-6097318	501(c)(3)	9,500				Meeting Health Needs to Strengthen Families
El Sol Neighborhood Educational Center1717 West 5th St San Bernardino, CA 92401	33-0552297	501(c)(3)	20,000				Promotores de Salud/Community Health Promoters
El Viento Foundation17261 Oak Lane Huntington Beach, CA 92647	33-0905269	501(c)(3)	10,000				El Viento Swim Program Encouraging Healthful Livi
Elementary Institute of Science608 51ST St San Diego, CA 92114	94-1669545	501(c)(3)	20,779				Project Safeway
Elk Grove Food Bank Services8820 Elk Grove Blvd Elk Grove, CA 956241876	38-3664737	501(c)(3)	10,000				Mobile Pantry

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Elk Grove Unified School District9510 Elk Grove-Florin Rd Elk Grove, CA 956241801	94-6002501	GOVT ENTITY	61,174				Don't Buy the Lie, Student Health Access and Refer
Emergency Housing Consortium Santa Clara Co 507 Valley Way Milpitas, CA 95035	94-2684272	501(c)(3)	50,000				Medical Respite Program
Emergency Shelter Program Inc1180 B St Hayward, CA 94541	94-2212241	501(c)(3)	11,000				ESP Community Health Outreach, Annual Dinner and A
Enroll America1201 New York Avenue NW 1100 Washington,DC 20005	27-1661221	501(c)(3)	75,000				Charitable donations
Essential Health Clinic266 West Main St Hillsboro,OR 97123	38-3672046	501(c)(3)	25,000				Maintaining Hillsboro Clinic Service Level
Evergreen Habitat for Humanity521 E 33rd St Vancouver,WA 98660	91-1557462	501(c)(3)	8,500				Women's Build
Every Neighborhood Partnership7676 N Palm 101 Fresno, CA 937115783	87-0814198	501(c)(3)	7,500				Off The Front Bicycle Program
Explorit Science Center2801 2nd St Davis,CA 956187717	68-0010584	501(c)(3)	12,300				Corporate Science Challenge
Face to Face Sonoma County AIDS873 Second St Santa Rosa, CA 954044621	68-0052664	501(c)(3)	11,500				Art for Life
Fairfield Police Activity League1250 Travis Blvd 350 Fairfield, CA 945334836	26-1184406	GOVT ENTITY	20,000				Biggest Winner
Fairfield-Suisun Community Action Council416 Union Ave Fairfield, CA 94533	68-0041385	501(c)(3)	30,000				Interim Care Program-Solano County
Fairfield-Suisun Unified School District2490 Hillborn Rd Fairfield, CA 94533	94-6001297	GOVT ENTITY	15,000				Eat Healthy Be Healthy Program

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Faith In Action3303 Whitemarsh Lane Fairfield, CA 945347135	68-0431992	501(c)(3)	15,000				Children's Health Access Program
Familia Unida Living with Multiple Sclerosis4716 East Cesar E Chavez Ave Los Angeles, CA 90022	91-1898199	501(c)(3)	7,000				Health Access Personal Investment (H A P I)
Families Forward9221 Irvine Blvd Irvine, CA 92618	33-0086043	501(c)(3)	11,310				Community Cares Program
Family Bridges Inc168 11th St Oakland, CA 946074841	94-1725018	501(c)(3)	6,854				Superstar Benefit Concert
Family Emergency Shelter Coalition21455 Birch St 5 Hayward, CA 94541	94-3029991	501(c)(3)	10,000				Annual Shelter Shuffle Walk
Family Health Care Centers of Greater Los Angeles6501 South Garfield Ave Bell Gardens, CA 90201	95-1641454	501(c)(3)	23,000				Diabetic Podiatric Care
Family Health Centers of San Diego Inc823 Gateway Center Way San Diego, CA 92102	95-2833205	501(c)(3)	40,000				City Heights Family Health Center Project
Family Service Agency of San Bernardino1669 North E St San Bernardino, CA 92405	95-1641436	501(c)(3)	10,000				Therapeutic Counseling and Educational Support Ser
Family Service Agency of San Francisco1010 Gough St San Francisco, CA 941097622	94-1156530	501(c)(3)	10,000				Grant - Healthy Families Healthy Lives
Family Service Agency of Sonoma County Inc751 Lombardi Court C Santa Rosa, CA 954076793	94-1617635	501(c)(3)	10,000				The Culturally Sensitive Intern Training and Affor
Family Service Association of Redlands612 Lawton St Redlands, CA 92374	95-1655614	501(c)(3)	10,000				Healthy Families
Family Services of the Desert Inc81-711 Hwy 111 101 Indio, CA 92201	95-2549152	501(c)(3)	15,000				Mental Health Counseling

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Family Violence Law Center PO Box 22009 Oakland, CA 946232009	94-2527939	501(c)(3)	16,712				Stand for Peace
Feeding America San Diego 9151 Rehco Rd B San Diego, CA 921213288	26-0457477	501(c)(3)	45,000				Healthy Eating In Hard Times Cold Storage for Fre
Fighting Back Partnership 505 Santa Clara St 3rd Fl Vallejo, CA 94590	68-0298092	501(c)(3)	35,000				Vallejo Family Strengthening Project
Filipinos for Affirmative Action Inc 310 8th St 306 Oakland, CA 946076526	94-2218907	501(c)(3)	30,660				Katarungan Rooted and Rising
Folsom Cordova Unified School District 909 Mormon St Folsom, CA 956302412	94-6002505	GOVT ENTITY	30,000				SPARK Program, Free Summer Lunch Program
Food Bank of Contra Costa and Solano 4010 Nelson Ave Concord, CA 945201200	94-2418054	501(c)(3)	58,490				Farm 2 Kids prog, An Afternoon in the Admiral's Ga
Food In Need of Distribution Inc 83775 Citrus Ave Indio, CA 92201	33-0006007	501(c)(3)	49,420				Healthy Eating In Hard Times Food Stamp Outreach
FOOD Inc 3403 East Central Ave Fresno, CA 937252542	77-0320851	501(c)(3)	100,000				BackPack Program
FOOD Share Inc 4156 Southbank Rd Oxnard, CA 93036	77-0018162	501(c)(3)	40,000				Healthy Eating In Hard Times SNAP Outreach
Foothill AIDS Project 233 W Harrison Ave Claremont, CA 91711	33-0341665	501(c)(3)	20,000				Integrated Treatment Program for People Living wit
Foothill Family Service 2500 E Foothill Blvd 300 Pasadena, CA 91107	95-1690990	501(c)(3)	14,000				Adolescent Family Life Program
Foothill Family Shelter Inc 1501 W Ninth St D Upland, CA 91786	33-0341818	501(c)(3)	11,000				Bright Smiles for Bright Futures

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Foothill Unity Center415 West Chestnut Ave Monrovia, CA 91016	95-4310817	501(c)(3)	15,000				Dental Care for Children
Foundation for AIDS Research120 Wall St 13th Fl New York, NY 10005	13-3163817	501(c)(3)	10,000				San Francisco Fall Gala
Foundation for the California State University San5500 University Parkway San Bernardino, CA 924072318	95-6067343	501(c)(3)	10,000				Weighing Your Choices Initiative
Fred Finch Youth Center3800 Coolidge Ave Oakland, CA 946023311	94-0474080	501(c)(3)	20,000				Trauma-Informed Evidenced-Based Services
Free Clinic Of Simi Valley2060 Tapo St Simi Valley, CA 93063	23-7108154	501(c)(3)	25,000				support to expand primary care services
Free Clinic of SW Washington4100 Plomondon St Vancouver, WA 98661	91-1707542	501(c)(3)	7,500				Clinic Operation - MLK Day
Fresh Approach5060 Commercial Circle A Concord, CA 94520	26-2438206	501(c)(3)	82,000				Spring Into Health, Farmers' Market Food Stamp Inc
Fresno Child Abuse Prevention Council924 N Van Ness Ave Fresno, CA 937282428	94-2788744	501(c)(3)	7,575				Shaken Baby Syndrome Project
Fresno County Econ Opportunities Commission1920 Mariposa Mall 300 Fresno, CA 937211312	94-1606519	501(c)(3)	115,000				SOUL (School of Unlimited Learning) - Career Choic
Fresno Healthy Communities Access Partners2043 Divisadero St Fresno, CA 93701	20-4210175	501(c)(3)	50,000				OERU III Partnership
Fresno Philharmonic Association2377 West Shaw Ave 101 Fresno, CA 937113438	94-1309738	501(c)(3)	15,000				Youth and Family Concerts
Fresno Rescue Mission310 G St Fresno, CA 937063421	94-1279785	501(c)(3)	5,500				Wellness Program

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Fresno Street Saints1727 L St Fresno, CA 937211119	90-0388971	501(c)(3)	34,080				Summer Youth Employment Training
Fresno Unified School District4784 E Dayton Ave Fresno, CA 937266406	94-6002206	GOVT ENTITY	33,100				New Nursing and Medical Supplies for Special Needs
Friends For Youth Inc1741 Broadway Redwood City, CA 94063	94-2961034	501(c)(3)	9,000				Alcohol, Drug, and Violence Prevention Project
Friends of Children with Special Needs2300 Peralta Blvd Fremont, CA 94539	77-0446853	501(c)(3)	9,700				The Biggest Loser and Healthiest Winner
Full Circle Treatment Center 730 Sunrise Ave 250 Roseville, CA 95661	20-8680425	501(c)(3)	25,000				Intensive Outpatient Treatment Scholarship/Sliding
Fuller Theological Seminary 135 North Oakland Pasadena, CA 91182	95-1699394	501(c)(3)	25,000				Mental Health Services
GEISINGER CLINIC100 N Academy Ave Danville, PA 178224400	23-6291113	501(c)(3)	108,007				Pass Through from Northern California region for v
Generations Community Wellness Centers1250 Oakmead Parkway 109 Sunnyvale, CA 94085	20-0737711	501(c)(3)	40,000				Early Childhood Movetrition
GEORGETOWN UNIVERSITY2121 Wisconsin Ave Washington, DC 20007	53-0196603	501(c)(3)	44,203				Pass Through from Northern California region for v
Gilda's Club of the Desert 625 E Palm Canyon Dr 7A Cathedral City, CA 92234	33-0911108	501(c)(3)	15,000				Basic III Plus Cancer Survivor Program
Girl Scouts of Central California South1377 West Shaw Ave Fresno, CA 93711	94-6000662	501(c)(3)	15,000				Girls of Healthy Futures
Girls Incorporated of Alameda County13666 East 14th St San Leandro, CA 945782538	94-1558073	501(c)(3)	17,000				HEART , WOW!

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Girls Incorp of W Contra Costa County260 Broadway Richmond, CA 94804	51-0172193	501(c)(3)	8,000				Sexual Health/STD Prevention Forum
Give Every Child A Chance 610 Commerce Court Manteca, CA 953365068	68-0399384	501(c)(3)	42,544				Eating Appropriately Teaches Success
Giving Back Hope IncPO Box 31337 Los Angeles, CA 90031	43-2060726	501(c)(3)	8,000				Annual Outreach Event and Monthly Lunches
Glendale Community Free Health Clinic134 N Kenwood St Glendale, CA 91206	87-0732681	501(c)(3)	10,000				Disease management for Free Clinic patients
Glide Memorial United Methodist Church330 Ellis St 4th Fl 418 San Francisco, CA 94102	94-1156481	501(c)(3)	50,000				2010 Essential Services Program - Glide Integrated
Go kids Inc8120 Arroyo Circle Gilroy, CA 95020	94-2535812	501(c)(3)	20,000				Viva La Vida
Golden State Warriors Foundation1011 Broadway Oakland, CA 946074019	94-3253780	501(c)(3)	75,000				Corporate HEAL Get Fit Timeout
Goodwill Serving the People of Southern Los Angele800 W Pacific Coast Highway Long Beach, CA 90806	95-1644017	501(c)(3)	25,000				Healthcare Training Program
Gospel Center Rescue Mission Inc445 S San Joaquin St Stockton, CA 952033537	94-1375835	501(c)(3)	79,672				New Life Addiction Treatment Program
Governor's Council on Physical Fitness and Sports PO Box 25445 Los Angeles, CA 90025	20-1937322	501(c)(3)	150,000				Charitable donations
Grandparents as Parents Inc 22048 Sherman Way 217 Canoga Park, CA 91303	33-0592916	501(c)(3)	17,500				Spanish Language Support Services for Kinship Care
Grossmont-Cuyamaca Community College District Auxi8800 Grossmont College Dr El Cajon, CA 920201799	33-0905402	501(c)(3)	50,000				Counseling and case management support for healthc

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GROUP HEALTH COOPERATIVE1730 Minor Ave Seattle,WA 98101	91-0511770	501(c)(3)	654,124				Pass Through from Northern California region for v
Group Health FoundationPO Box 34590 Seattle,WA 98124	91-1246278	501(c)(3)	10,000				Charitable donations
Growing Gardens2003 NE 42nd Ave 3 Portland,OR 97213	93-1213728	501(c)(3)	12,500				Home Garden Program
Guru Granth Sahib Foundation Inc1805 Hill Ave Hayward,CA 94541	94-3157327	501(c)(3)	8,000				Health Improvement Project
H Street Clinic1329 North H St San Bernardino,CA 92405	20-8191393	501(c)(3)	78,000				Capacity building
Habitat for Humanity Fresno County2219 San Joaquin Fresno,CA 93721	77-0076649	501(c)(3)	15,000				MLK Jr Day of Service 2010 - Fresno
Habitat for Humanity Portland Metro East1478 NE Killingsworth Portland,OR 972110527	93-0801200	501(c)(3)	10,000				Portland Pride Build
Habitat for Humanity Stanislaus630 Kearney Ave Modesto,CA 95354	77-0233512	501(c)(3)	15,000				MLK Jr Day of Service 2010(Central Valley) - Mode
Hamburger Home7120 Franklin Ave Los Angeles,CA 90046	95-1693616	501(c)(3)	10,000				Therapeutic Component in Residential Treatment for
Hands On Bay Area135 Bluxome St 2nd Fl San Francisco,CA 94107	77-0195144	501(c)(3)	97,500				MLK Day of Service (San Mateo/So San Francisco)
Harbor Area Gang Alternatives Program Inc309 W Opp St Wilmington,CA 90744	33-0322451	501(c)(3)	15,000				Gangfree Life Middle School Gang Prevention Progra
Harbor City-Harbor Gateway Boys & Girls Club1220 West 256th St Harbor City,CA 90710	33-0450797	501(c)(3)	13,000				Gateway/Torrance and Harbor Gateway-Gardena Expans

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Harbor Free Clinic Inc593 W 6th St San Pedro,CA 90731	23-7103245	501(c)(3)	9,500				Prenatal Care, up to 36 weeks
Harriett Buhai Center for Family Law3250 Wilshire Blvd 710 Los Angeles,CA 90010	95-3943493	501(c)(3)	12,000				Community College Domestic Violence Outreach and E
HARVARD PILGRIM HEALTH CAREPO Box 3672 Boston,MA 022413672	04-2452600	501(c)(3)	257,591				Pass Through from Northern California region for v
HARVARD UNIVERSITY 1350 Massachusetts Ave Cambridge,MA 02138	04-2103580	501(c)(3)	43,094				Pass Through from Northern California region for v
Hathaway-Sycamores Child and Family Services210 South DeLacey Ave 110 Pasadena,CA 91105	95-1691005	501(c)(3)	10,000				Center for Grief & Loss
Hayward Community Gardens 25051 Whitman St Hayward,CA 94544	94-2440240	501(c)(3)	6,000				HumanHealth in Correlation to Environmental Health
Hayward Unified School District24411 Amador St Hayward,CA 94540	94-1693499	GOVT ENTITY	20,000				Not the City for Obesity
HC2 The Healthy Community Consortium200 Douglas St Petaluma,CA 94952	68-0475211	501(c)(3)	15,000				Annual Partnership Funding
Health Care Interpreter Network6400 Hollis St 9 Emeryville,CA 94608	26-3075264	501(c)(3)	150,000				Core Support for the HCIN
Health Educ Council Serving Pop At Risk3950 Industrial Blvd 600 West Sacramento,CA 956916509	68-0249296	501(c)(3)	25,000				South Sacramento Farm Stand
Health Education Research and Evaluation Foundatio 9370 Chesapeake Dr 220 San Diego,CA 92123	33-0496092	501(c)(3)	100,000				San Diego County Childhood Obesity Initiative
HEALTH PARTNERS RESEARCHPO Box 1524 Minneapolis,MN 554401524	41-1670163	501(c)(3)	225,618				Pass Through from Northern California region for v

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Health Professions Education Foundation400 R St 460 Sacramento, CA 958116213	68-0178150	501(c)(3)	60,000				Allied Healthcare Scholarship Program
Health Research Association Inc1640 Marengo St 7th Flr Los Angeles, CA 90033	95-1683862	501(c)(3)	300,000				Specialty Care Initiative Phase II Camino De Salu
HEALTH RESEARCH INCPO Box 2966 Buffalo, NY 142402966	14-1402155	501(c)(3)	198,563				Pass Through from Northern California region for v
Healthcare Foundation6230 Claremont Ave Oakland, CA 94618	86-1174825	501(c)(3)	60,000				Models of Healthcare Interpreting
Healthy Aging Association 121 Downey Ave 102 Modesto, CA 953541235	77-0546574	501(c)(3)	35,000				'Young at Heart' Fall Prevention Education/Outreac
Healthy Smiles for Kids of Orange County10602 Chapman Ave 200 Garden Grove, CA 92840	38-3675065	501(c)(3)	20,000				Increasing Access to Care - Healthy Smiles' IV Sed
Healthy Smiles Mobile Dental Foundation1275 West Shaw 101 Fresno, CA 937113710	77-0530538	501(c)(3)	46,600				Smiles for Migrant Children
Heart of Los Angeles Youth Inc2701 Wilshire Blvd Los Angeles, CA 90057	95-4397418	501(c)(3)	7,000				Youth and Family Counseling Program
Helen Vine Detox Center301 Smith Ranch Rd San Rafael, CA 94903	91-1767175	501(c)(3)	10,000				Operational support
HENRY FORD HEALTH SYSTEM1 Ford Place-5C69 Detroit, MI 48202	38-1357020	501(c)(3)	80,693				Pass Through from Northern California region for v
Herald Family Rebuilding Center39155 Liberty St D450 Fremont, CA 94538	26-1431045	501(c)(3)	10,000				Break The Silence
Hispanas Organized Political Equality CA634 South Spring St 920 Los Angeles, CA 900143903	95-4718409	501(c)(3)	13,800				Latinas Action Day and Corporate Sponsorship 2010

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Hispanic College Fund Inc 1301 K St NW 450-A West Washington,DC 20005	52-1809680	501(c)(3)	25,000				2010 Los Angeles Hispanic Youth Institute Kick Off
Hmong Women's Heritage Association2245 Florin Rd Sacramento,CA 95822	68-0350323	501(c)(3)	5,500				Youth Leadership Training, Hmong Health Family Hea
Hollywood Community Housing Corporation5020 Santa Monica Blvd Los Angeles,CA 90029	95-4198215	501(c)(3)	7,000				Supportive Services / Group Therapy
Hollywood Sunset Free Clinic 3324 Sunset Blvd Los Angeles,CA 90026	23-7074488	501(c)(3)	8,500				Access To Primary Care Program
Holy Family Day Homes of San Francisco299 Dolores St San Francisco,CA 94103	94-1156492	501(c)(3)	15,000				Charitable Donation
Hooked On Nature4848 San Felipe Rd 150-230 San Jose,CA 95135	68-0628398	501(c)(3)	15,000				The Learning Project
Hope Productions Foundation 2020 Hurley Way 185 Sacramento,CA 95825	26-2365867	501(c)(3)	10,000				2011 Grant Applicant Training
Horizon House Inc22652 Second St Hayward,CA 94541	94-2365021	501(c)(3)	5,500				Gay Prom June 12, 2010
Horn of Africa Community in North America5296 University Ave F San Diego,CA 92105	33-0696380	501(c)(3)	26,000				Families Together Program
House of Ruth IncPO Box 459 Claremont,CA 91711	95-3276033	501(c)(3)	10,000				Child Abuse Treatment Program
Huckleberry Youth Programs Inc3310 Geary Blvd San Francisco,CA 941183324	94-1687559	501(c)(3)	25,000				Huckleberry Wellness Academy - Marin
Hughson Family Resource Center Inc2413 3rd St Hughson,CA 953260234	87-0729778	501(c)(3)	47,200				Neighborhood Connections for Southeast Stanislaus

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Human Options Inc5540 Trabuco Rd 100 Irvine, CA 92620	95-3667817	501(c)(3)	12,500				Low Cost Counseling for Domestic Violence Victims
Hunger Action Los Angeles 961 S Mariposa 205 Los Angeles, CA 90006	20-5142259	501(c)(3)	25,000				General support
ICLEI - Local Governments for Sustainability USA180 Canal St 401 Boston, MA 02114	04-3116623	501(c)(3)	25,000				Greenhouse gas inventories program
Imperial Beach Community Clinic949 Palm Ave Imperial Beach, CA 91932	23-7209592	501(c)(3)	33,854				Sustains family practice residency providers parti
Indian Health Center of Santa Clara Valley1333 Meridian Ave San Jose, CA 951255212	94-2476242	501(c)(3)	20,000				American Indian Elders Wellness Program
Individuals Now Inc Soc Advocates for Youth3440 Airway Dr E Santa Rosa, CA 954032065	94-1711490	501(c)(3)	20,000				Cloverdale Environmental Prevention Program
Inland Congregations United for Change Sponsoring1441 North D St 208 San Bernardino, CA 924054730	33-0480298	501(c)(3)	75,000				Healthy Living in San Bernardino and Healthy Foods
Inland Counties1737 Atlanta Ave H5 Riverside, CA 92507	23-7058717	501(c)(3)	10,000				The Pink Ribbon Place Free Mammography Program
Inland Counties Regional Center1365 S Waterman San Bernardino, CA 92408	23-7121672	501(c)(3)	20,000				Access to Medical/Health Services and Equipment Pr
Inland Valley Council of Churches1753 N Park Ave Pomona, CA 91768	95-2674837	501(c)(3)	10,000				Urban Gleaning Network Study and Pilot Project
INMED Partnerships for Children Inc409 East Palmer St Compton, CA 90221	52-1482339	501(c)(3)	23,000				Teen Pregnancy and STD Prevention Mentoring Progra
InnVision The Way Home 1900 The Alameda 400 San Jose, CA 951252344	77-0033628	501(c)(3)	40,000				Healthcare for the Homeless, 2010 Essential Svc P

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Inside Out Community Arts Inc2210 Lincoln Blvd Venice, CA 90291	95-4647876	501(c)(3)	10,000				Neighborhood Arts Program
Institute on Aging3330 Geary Blvd San Francisco, CA 941183347	94-2978977	501(c)(3)	15,000				2010 Grant - Medication Oversight Program (MOP)
Instituto Familiar De La Raza Inc2919 Mission St San Francisco, CA 941103917	94-2523608	501(c)(3)	10,000				2010 Grant - La Cultura Cura Case Management Progr
Intercommunity Child Guidance Center dba The Whole10155 Colima Rd Whittier, CA 90603	95-2031148	501(c)(3)	17,500				general operating support
Interfaith Council of Solano County724 Ohio St Fairfield, CA 945336236	68-0440432	501(c)(3)	25,000				Mental Health Screening
International Association for Human Values708 Tramway Dr Milpitas, CA 950353607	52-2178069	501(c)(3)	10,000				YES! in High Schools
International Community Foundation2505 N Ave National City, CA 91950	26-1640148	501(c)(3)	15,000				Olivewood Gardens
International Rescue Committee Inc5348 University Ave 205 San Diego, CA 92105	13-5660870	501(c)(3)	21,977				Healthy eating interventions for recently-arrived
Interval House6615 E Pacific Coast Highway 170 Long Beach, CA 90803	95-3389113	501(c)(3)	10,000				Interval House Health & Wellness Program for Victi
Irvine Community Alliance Fund1 Civic Center Plaza Irvine, CA 92623	33-0258368	501(c)(3)	25,000				Irvine Children's Health Program
Jack London Aquatic Center Inc115 Embarcadero Oakland, CA 946065138	94-3204535	501(c)(3)	15,000				Aquatic Summer Camps
Jefferson Union High School District2780 Junipero Serra Blvd Daly City, CA 940154132	94-3083772	GOVT ENTITY	27,000				Mental Health Svc , JUHSD-Youth Training Youth

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Jewish Community Free Clinic490 City Center Dr Rohnert Park, CA 949282403	94-3386103	501(c)(3)	16,000				Free Immunizations, Labs and In-House Pharmacy
Jewish Family & Childrens Service of Long Beach-We 3801 E Willow St Long Beach,CA 90815	95-2273033	501(c)(3)	15,000				Low Income Counseling Program
Jewish Family & Children's Svcs East Bay2484 Shattuck Ave 210 Berkeley,CA 947042076	94-3250304	501(c)(3)	32,220				Multicultural Mind-Body Education and Health Navig
Jewish Family and Children's Services600 Fifth Ave San Rafael,CA 949013348	94-1156528	501(c)(3)	10,000				Care Management for Medically Ill and Disabled Adu
Jewish Family Service of Silicon Valley14855 Oka Rd 202 Los Gatos,CA 950321956	94-2536452	501(c)(3)	15,000				TO LIFE! Healthy Living Program
JWCH Institute Inc1910 West Sunset Blvd 650 Los Angeles,CA 90026	95-2289916	501(c)(3)	177,550				Eligibility Services Program
KFHP CO10350 East Dakota Ave Denver,CO 80231	84-0591617	501(c)(3)	8,685,089				Reimbursement for various projects
KFHP GA3495 Piedmont Rd NE Atlanta,GA 30305	58-1592076	501(c)(3)	1,615,658				Reimbursement for various projects
KFHP MAS1 KAISER PLAZA 15L Oakland,CA 946123610	52-0954463	501(c)(3)	18,900				Reimbursement for various projects
KFHP OH1001 LAKESIDE AVE E 1200 Cleveland,OH 441141172	34-0922268	501(c)(3)	235,047				Reimbursement for various projects
KFHP SCAL393 E Walnut St Pasadena,CA 91188	94-1340523	501(c)(3)	8,839,512				Reimbursement for various projects
Kern County Children and Families Commission2724 L St Bakersfield,CA 93301	77-0529128	GOVT ENTITY	20,000				Medically Vulnerable Care Coordination Project

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Kidango44000 Old Warm Springs Blvd Fremont, CA 94538	94-2581686	501(c)(3)	6,500				Healthy Children and Healthy Families Program
Kids Breakfast Club TKBC 22542 Second St Hayward, CA 94541	94-3273619	501(c)(3)	17,000				Healthy Kids, Healthy Future - Newark Program
Kids Come First Community Clinic1501A South Bon View Ave Ontario, CA 91761	33-0969025	501(c)(3)	65,000				capacity building
Kids Community Clinic of Burbank400 W Elmwood Ave Burbank, CA 91506	95-4791296	501(c)(3)	12,000				20 Healthy Smiles
KidsFirst7311 Galilee Rd 105 Roseville, CA 956787207	68-0195225	501(c)(3)	26,950				Differential Response Keeping Kids Safe
Korean American Family Service Center3727 West 6th St 320 Los Angeles, CA 90020	95-3899329	501(c)(3)	6,500				Korean American Family Violence Intervention Progr
KVIE 62030 West El Camino Ave Sacramento, CA 95833	94-1421463	501(c)(3)	10,000				Collision Course- Teenage Addiction Epidemic
LAS Best200 North Spring St M-120 Los Angeles, CA 90012	95-4311058	501(c)(3)	9,720				15th Annual Family Brunch
La Casa Community Center 203 E Mission Rd San Gabriel, CA 91776	95-1660846	501(c)(3)	14,700				Teen Violence Prevention Project
La Casa De Las Madres1663 Mission St 225 San Francisco, CA 941032474	94-2330864	501(c)(3)	15,000				2010 Grant - Teen Program
La Clinica De La Raza1450 Fruitvale Ave Oakland, CA 94601	94-1744108	501(c)(3)	161,000				Oakley Satellite Clinic, 6th Annual Pittsburg Bina
La Maestra Family Clinic Inc 4185 Fairmount Ave San Diego, CA 92105	33-0473171	501(c)(3)	40,859				Increase access to medical care to uninsured and l

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LA Voice760 S Westmoreland Ave 336 Los Angeles, CA 90005	95-4781974	501(c)(3)	30,000				Local Partnership Grant Food Access & Safety Proj
Labor's Training and Community Development Allianc4265 Fairmont Ave 210 San Diego, CA 92105	95-6136389	501(c)(3)	25,000				webcam project
LACER Afterschool Programs 1718 North Cherokee Ave A Hollywood, CA 90028	95-3890819	501(c)(3)	12,000				LACER Afterschool Programs
Laguna Honda Hospital Volunteers Inc90 New Montgomery St Fl 11 San Francisco, CA 941054514	94-6065339	501(c)(3)	14,000				Hospital and Rehabilitation Center Gala
LAMP Inc526 San Pedro St Los Angeles, CA 90013	95-3993742	501(c)(3)	50,000				New Lease on Life Supportive Housing Program
Larkin Street Youth Services 701 Sutter St 2 San Francisco, CA 941096434	94-2917999	501(c)(3)	9,250				2010 Paving the Way Gala, March 4, 2010
Latinas Contra Cancer255 North Market St 175 San Jose, CA 95112	56-2412069	501(c)(3)	16,667				National Latino Cancer Summit (Statewide)
Latino Community Foundation225 Bush St 500 San Francisco, CA 94104	81-0564400	501(c)(3)	54,450				Children and Youth Initiative
Latino Health Access1701 N Main St 200 Santa Ana, CA 92706	33-0562943	501(c)(3)	21,500				Core Support for Prevention & Management of Diabet
Latino Health Collaborative 1800 Western Ave 402 San Bernardino, CA 92411	02-0778114	501(c)(3)	30,000				Local Partnership Grant Healthy City Coalition
Latino Leadership Council 2945 Bell Rd Auburn, CA 956032540	27-0970476	501(c)(3)	27,168				CREER en tu Salud Promotora program
Lavender Youth Recreation and Info Center127 Collingwood St San Francisco, CA 941142414	94-3227296	501(c)(3)	10,000				2010 Grant - 'Let's Talk About Sex' HIV & STI Pre

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League of California Cities 1400 K St Sacramento, CA 95814	94-6000835	GOVT ENTITY	8,500				2010 GLBTLO Caucus membership and participation (S
League of Volunteers 36120 Ruschin Dr Newark, CA 94560	94-2638329	501(c)(3)	8,000				Summer Recreation in the Park
Learning and Loving Education Center 16890 Church St 16 Morgan Hill, CA 95037	20-3270605	501(c)(3)	10,000				Project Our Future
Legal Aid Society of San Mateo County 521 E 5th Ave San Mateo, CA 94402	94-1451894	501(c)(3)	25,000				Domestic Violence and Abuse Prevention Project
Leukemia & Lymphoma Society Inc The 221 Main St 1650 San Francisco, CA 94105	13-5644916	501(c)(3)	25,500				Nike Women's Marathon Contribution, Embracing Surv
Life Foundation 677 Ala Moana Blvd 226 Honolulu, HI 96813	99-0230542	501(c)(3)	7,500				Native Hawaiian HIV Prevention and Care Services
LifeLong Medical Care 2344 Sixth St Berkeley, CA 94710 2412	94-2502308	501(c)(3)	250,000				West Berkeley Family Practice - Renovation & Expan
LIFT3 Support Group PO BOX 5251 Shelter Vallejo, CA 94590	87-0723514	501(c)(3)	20,000				Lifestyle Improvements Through Financial Incentive
Lighthouse Counseling & Family Resource Ctr 427 A St 400 Lincoln, CA 95648	35-2252834	501(c)(3)	22,500				Safety Net Services Program Differential Response
Lincoln Child Center 4368 Lincoln Ave Oakland, CA 94602 2529	94-1156501	501(c)(3)	15,000				Student Resource Center at Barack Obama Academy
Live Oak Adult Day Services 1147 Minnesota Ave San Jose, CA 95125	77-0069106	501(c)(3)	10,000				Adult Day Care
Livermore Valley Joint Unified School Distr 685 East Jack London Blvd Livermore, CA 94551 1855	94-2175582	GOVT ENTITY	6,000				Healthy Futures Nosotras en Control/ We are in Ch

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Loaves and Fishes of Contra Costa1985 Bonifacio St 100 Concord, CA 94520	68-0018077	501(c)(3)	15,000				Food and supplies to feed the hungry of Contra Cos
Loma Linda UniversityNichol Hall 24951 North Circle Dr Loma Linda, CA 92350	95-1816009	501(c)(3)	9,050				Healthy People 2011
Los Amigos Research and Education Institute Inc4601 E Imperial Hwy Building 900 A Downey, CA 90242	95-1911180	501(c)(3)	75,000				2009 KP QI Initiative
Los Angeles Alliance for a New Economy464 Lucas Ave 202 Los Angeles, CA 90017	95-4459427	501(c)(3)	8,875				2010 Annual City of Justice Awards Dinner
Los Angeles Brotherhood Crusade Inc200 E Slauson Ave Los Angeles, CA 90011	95-2543819	501(c)(3)	10,000				2010 Bremond / Bakewell Pioneer of African America
Los Angeles Conservation Corps605 West Olympic Blvd 450 Los Angeles, CA 90015	95-4002138	501(c)(3)	8,000				EcoAcademy Health Enrichment Team
Los Angeles Free Clinic dba The Saban Free Clinic8405 Beverly Blvd Los Angeles, CA 90048	95-2539105	501(c)(3)	12,000				Integrated medical, dental, behavioral health, hea
Los Angeles Jewish Aids ServicesPO Box 480241 Los Angeles, CA 90048	95-4232540	501(c)(3)	6,000				Project Chicken Soup
Los Angeles Regional Foodbank1734 E 41st St Los Angeles, CA 900581502	95-3135649	501(c)(3)	82,200				Healthy Eating In Hard Times Bolstering Nutrition
Los Angeles Retarded Citizens Foundation29890 N Bouquet Canyon Rd Santa Clarita, CA 91390	95-2134243	501(c)(3)	7,680				Activities Program
Los Angeles Youth Network 1754 Taft St Los Angeles, CA 90028	95-3953979	501(c)(3)	7,000				Emergency Youth Shelter
LOVELACE CLINIC FOUNDATION2309 Renard Place SE Albuquerque, NM 87106	85-0392796	501(c)(3)	78,777				Pass Through from Northern California region for v

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Lowell Joint School District 11019 Valley Home Ave Whittier, CA 90603	95-6001974	GOVT ENTITY	6,000				Healthy Lifestyle Challenge
Low-Income Families Empowerment Through Ed 1880 Fairway Dr San Leandro, CA 94577	94-3348126	501(c)(3)	15,000				Healthy Mama's, Healthy Families
Loyola Marymount University 1 LMU Dr University Hall 4119 Los Angeles, CA 90045	95-1643334	501(c)(3)	50,000				Leadership Initiative
Lutheran Social Service of Northern CA 3734 Broadway Sacramento, CA 95817	94-1659687	501(c)(3)	7,000				Faith and Homeless Families
Making Waves Education Program 200-24th St Richmond, CA 948041804	94-3267851	501(c)(3)	20,000				Mental Health Services for Wave-Makers
Mama's Kitchen 1875 Second Ave San Diego, CA 92101	33-0434246	501(c)(3)	12,000				AIDS Nutrition Program
March of Dimes Foundation 1050 Sansome St 4th Fl San Francisco, CA 94111	13-1846366	501(c)(3)	8,500				Signature Chefs Auction
Marin AIDS Project 910 Irwin St San Rafael, CA 949013318	68-0072470	501(c)(3)	20,000				HIV Harm Reduction
Marin Community Food Bank 75 Digital Dr Novato, CA 94949	68-0044262	501(c)(3)	10,000				Brown Bag Supplemental Food Program for Marin's Lo
Marin Community Foundation 5 Hamilton Landing 200 Novato, CA 94949	94-3007979	501(c)(3)	12,500				Support for Healthy Marin Partnership
Marjaree Mason Center Inc Community Service Center 1600 M St Fresno, CA 937211122	94-1156639	501(c)(3)	40,000				Children's Healthy Relationships Program
MARSHFIELD CLINIC RESEARCH 1000 North Oak Ave 1R3 Marshfield, WI 54449	39-0452970	501(c)(3)	77,114				Pass Through from Northern California region for v

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Marthas Village and Kitchen Inc83791 Date Ave Indio, CA 922014737	33-0777892	501(c)(3)	20,000				Martha's Medical Clinic
Martin Luther King Jr Freedom Center333 East 8th St Oakland, CA 946062844	94-3390034	501(c)(3)	50,000				All of Us Around the Table Together
Mary's Mercy Center IncPO Box 7563 San Bernardino, CA 92411	33-0632426	501(c)(3)	10,000				Installation of a Children's Fitness Zone for Phys
MASSACHUSETTS GENERAL HOSPITAL50 Staniford St Boston, MA 021142696	04-2697983	501(c)(3)	309,989				Pass Through from Northern California region for v
Mayview Community Health Center270 Grant Ave Palo Alto, CA 943061911	94-2239648	501(c)(3)	15,000				Services for a Better Life for At Risk Youth
Meals on Wheels Family&Comm Svcs Contra Co1300 Civic Dr Walnut Creek, CA 94596	68-0044205	501(c)(3)	8,920				Bay Point Exercise Program
Meals on Wheels of San Francisco Inc1375 Fairfax Ave San Francisco, CA 94124	94-1741155	501(c)(3)	24,500				23th Annual Star Chefs and Vintners, Gala, May 16,
Meals On Wheels of Solano County Inc95 Marina Center Suisun, CA 945852522	94-2453452	501(c)(3)	20,000				Elder Nutrition Meal Program - Home Delivered Meal
Medshare International2937 Alvarado St San Leandro, CA 94577	58-2433968	501(c)(3)	50,000				general operating support
MEND10641 N San Fernando Rd Pacoima, CA 91331	23-7306337	501(c)(3)	25,000				Health Services (Primary Care) Program
Mental Health America of Los Angeles506 W Jackson St Lancaster, CA 93534	95-1881491	501(c)(3)	6,500				Operation Healthy Homecoming - mental health educa
Mercy Foundation-Bakersfield PO Box 119 Bakersfield, CA 93302	77-0201321	501(c)(3)	10,000				The Children's Health Initiative coordinates activ

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Metro600 NE Grand Ave Portland, OR 97232	93-0636311	501(c)(3)	75,000				Vamanos ¹ Let's explore Cornelius, Forest Grove and
Mexican American Legal Defense and Educational Fund 634 S Spring St 11th Fl Los Angeles, CA 90014	74-1563270	501(c)(3)	9,130				2010 Los Angeles Awards Gala
Midnight Mission601 South San Pedro St Los Angeles, CA 90014	95-1691293	501(c)(3)	5,500				Mental Health Services with Case Management
Mid-Peninsula Boys & Girls Club Inc200 North Quebec St San Mateo, CA 944010860	94-1431583	501(c)(3)	20,000				Nutrition and Physical Fitness Program
Mission City Community Network Inc15206 Parthenia St North Hills, CA 91343	95-4226189	501(c)(3)	10,500				Reducing Health Disparities for Medically Underser
Mission Neighborhood Centers Inc362 Capp St San Francisco, CA 94110	94-1408150	501(c)(3)	38,500				Anniversary
Mixteco Indigena Community Organizing Project520 West 5th St G Oxnard, CA 93030	30-0045901	501(c)(3)	15,000				Mixteco Health Care Interpreter Program
Momentum for Mental Health438 N White Rd San Jose, CA 95127	94-1496052	501(c)(3)	15,000				Southeast Families United Child Development Center
MOMS Orange County1128 W Santa Ana Blvd Santa Ana, CA 92703	33-0518078	501(c)(3)	24,500				Healthy Beginnings, Bright Futures Luncheon and Aw
Montebello Unified School District123 South Montebello Blvd Montebello, CA 90640	95-6002104	501(c)(3)	10,000				USC Mobile Dental Free Clinic
Monument Community Partnership1760 Clayton Rd Concord, CA 945202700	68-0476982	501(c)(3)	41,000				The Neighborhood Action Teams Community Health Le
Monument Crisis Center2350 Monument Blvd B Concord, CA 945206910	41-2111171	501(c)(3)	31,400				MOCCHA Challenge Monument-Obesity/Weight, Cancer P

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Morrison Center1500 NE Irving St 250 Portland, OR 97232	93-0354176	501(c)(3)	15,000				Trauma-Focused Cognitive Behavioral Therapy
Mountain Health & Community Services IncPO Box 37 Campo, CA 91906	33-0164420	501(c)(3)	37,037				Direct service to fund uninsured and underinsured
Mountain View Whisman School District750-A San Pierre Way Mountain View, CA 94043	93-0991812	GOVT ENTITY	7,000				Kick Lead Dream Youth Soccer Camp
MOVE International1300 17th St Bakersfield, CA 93301	94-3227458	501(c)(3)	10,000				MOVE Toileting Program
Museum of the African Diaspora685 Mission St San Francisco, CA 94105	94-3338239	501(c)(3)	24,000				Nutrition Education 'Garden Club'
Music in Schools Today582 Market St 213 San Francisco, CA 94104	94-2920480	501(c)(3)	12,000				Gala Soiree
My Sister's House3053 Freeport Blvd 120 Sacramento, CA 958184346	68-0464114	501(c)(3)	15,000				Achieving Through Music
Napa Valley Hospice & Adult Day Services414 South Jefferson St napa, CA 94559	68-0393144	501(c)(3)	18,000				Latino Specialty Services
NapaSolano SANESART 1141 Pear Tree Lane 200 Napa, CA 935586486	68-0285816	501(c)(3)	20,000				Outreach Awareness and Prevention -
National Association of Community Health Centers 7200 Wisconsin Ave 210 Bethesda, MD 20814	52-0939952	501(c)(3)	10,000				2010 National Farmworker Health Conference
National Association of Latino Elected Officials N 1122 W Washington Blvd 3rd Flr Los Angeles, CA 90015	52-1212849	501(c)(3)	10,000				2010 National Policy Institute on Healthy Communit
National Coalition Against Domestic Violence1120 Lincoln St 1603 Denver, CO 80203	91-1081344	501(c)(3)	16,083				2010 Conference

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NATIONAL COMMITTEE FOR QUALITY ASSURANCE - NCQA1100 13th St NW Washington,DC 20005	52-1191985	501(c)(3)	12,468				Pass Through from Northern California region for v
National Fragile X Foundation 1615 Bonanza St 202 Walnut Creek,CA 94596	84-0960471	501(c)(3)	10,000				Continuing Garden Education for Where Food Comes F
National Governor's Assn Center for Best Practices 444 N Capitol St 267 Washington,DC 20001	23-7391796	501(c)(3)	75,000				Charitable donations
National Health Services Inc 659 South Central Valley Highway Shafter,CA 93263	95-3218000	501(c)(3)	10,000				Mobile Medical Services
National Kidney Foundation of No CA Inc131 Steuart St 520 San Francisco,CA 941051240	94-6130713	501(c)(3)	15,050				Champions of Hope Awards Sacramento, Authors Lunch
National League of Cities Institute1301 Pennsylvania Ave NW 550 Washington,DC 200041763	52-6055762	501(c)(3)	24,500				Strengthening Violence Prevention in California Ci
Native American Rehabilitation Association 1776 SW Madison Portland,OR 97205	23-7098400	501(c)(3)	50,000				Improving Health Outcomes in American Indians/Alas
Natomas Crossroads Church 1101 National Dr A Sacramento,CA 95834	26-3625632	501(c)(3)	30,000				Natomas Crossroads Clinic
Neighborhood Healthcare 425 North Date St Escondido,CA 92025	95-2796316	501(c)(3)	72,000				Providing Healthcare for uninsured patients in Nor
Neighborhood House Inc 7780 SW Capitol Hwy Portland,OR 97219	93-0386875	501(c)(3)	20,000				Emergency Food Box and Senior Food Programs
Neighborhood Legal Services of Los Angeles County1102 East Chevy Chase Dr Glendale,CA 91205	95-2408642	501(c)(3)	52,390				Medical Legal Community Partnership with Northeast
New Directions for Youth 7315 North Lankershim Blvd North Hollywood,CA 91605	95-2973008	501(c)(3)	12,300				Health Watch Program

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Next Door Solutions to Domestic Violence234 East Gish Rd 200 San Jose, CA 951124724	94-2420708	501(c)(3)	40,000				Teen Club/Youth Leadership Forum
North by Northeast Community Health Center4725 N Williams Ave Portland, OR 97212	72-1618287	501(c)(3)	27,500				Free Clinic
North County Health Project Inc150 Valpreda Rd San Marcos, CA 92069	95-2847102	501(c)(3)	72,000				Primary care and preventative health care services
Northeast Community Clinic2550 West Main St 301 Alhambra, CA 91801	95-2687213	501(c)(3)	49,500				core operating support
Northeast Valley Health Corporation1172 North Maclay Ave San Fernando, CA 91340	23-7120632	501(c)(3)	23,266				Santa Clarita Health Center Program
Northern California Center for Well-Being365 B Tesconi Circle Santa Rosa, CA 954014617	93-1144835	501(c)(3)	12,500				Project TRUE Teens R U Educated?
Northern California Community Development907 W Tennyson Rd Hayward, CA 945445205	68-0276554	501(c)(3)	15,000				Project S E E K (Sisters Embracing & Educating Ki
Norwalk La Mirada Unified School District12820 Pioneer Blvd Norwalk, CA 90650	95-6002228	GOVT ENTITY	15,347				Health on Wheels
Novato Youth Center680 Wilson Ave Novato, CA 94947	94-1735064	501(c)(3)	10,000				Transitional Aged Youth Substance Abuse Prevention
Oak View Renewal Partnership17241 Oak Lane Huntington Beach, CA 92647	61-1495237	501(c)(3)	25,000				Oak View Community Health Initiative
Oakland Based Urban Gardens (OBUGS)1724 Mandela Parkway 5 Oakland, CA 946072050	94-3345794	501(c)(3)	15,000				OBUGS In-School and After-School in the Garden
Oakland Metropolitan Chamber of Commerce475 14th St Oakland, CA 94612	95-3217684	501(c)(3)	50,000				Remember Them Launch

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Oakland School for the Arts 1800 San Pablo Ave Oakland, CA 94612	68-0463892	501(c)(3)	29,500				Gala supporting Programs
Occidental College1600 Campus Rd Los Angeles, CA 90041	95-1667177	501(c)(3)	52,500				Project of Occidental College Access to Healthy S
Ocean Park Community Center1453 16th St Santa Monica, CA 90404	95-6143865	501(c)(3)	6,500				Campion Mental Health Services
Odd Fellow- Rebekah Children's Home of CA290 IOF Ave Gilroy, CA 95020	94-1167402	501(c)(3)	15,000				School-Based LifeSkills Training
OK Program of Oakland1714 Franklin St 100-142 Oakland, CA 94612	26-4130155	501(c)(3)	30,000				O K Program of Oakland
Okizu Foundation16 Digital Dr 130 Novato, CA 949495755	68-0291178	501(c)(3)	38,000				Annual Celebration for Camp Okizu, Camp Okizu Volu
Olive Crest Treatment Center2130 E 4th St 200 Santa Ana, CA 92705	95-2877102	501(c)(3)	21,000				Bellflower Family Resource Center
Olive View UCLA Education and Research Institute I 14445 Olive View Dr Sylmar, CA 91342	95-2249539	501(c)(3)	115,000				Healthcare Access
Omega Boys Club of San Francisco1060 Tennessee St San Francisco, CA 941073016	94-3171846	501(c)(3)	15,000				2010 Grant - Alive & Free San Francisco
On Lok Day Services1333 Bush St San Francisco, CA 941095611	94-3101292	501(c)(3)	10,040				On Lok 30th Street Senior Center - Autumn Magic Ce
On The Move1801 Oak St Napa, CA 94559	75-3149095	501(c)(3)	25,000				McPherson Community Gardens Program
Ontario-Montclair School District950 West D St Ontario, CA 91762	95-6002267	GOVT ENTITY	15,000				Mental Health Access Point (MHAP)

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Open Heart Kitchen of Livermore Inc1141 Catalina Dr 137 Livermore,CA 94550	94-3396038	501(c)(3)	10,000				Childrens Weekend Box lunch Program and Hot Meal P
Open PATHS Counseling Center12655 West Washington Blvd 101 Los Angeles,CA 90066	95-3221061	501(c)(3)	9,000				Spanish Counseling Services
Operation Samahan Inc2835 Highland Ave B National City,CA 91950	95-3008798	501(c)(3)	35,123				Patient navigation and financial support for safet
Opportunity West598 Nevin Ave Richmond,CA 948013026	31-1685366	501(c)(3)	10,600				Turn Off your TV and a healthy Richmond campaign
Orange County Rescue Mission Health Care ServicesOne Hope Dr Tustin,CA 92782	33-0906866	501(c)(3)	10,000				Prescription Assistance Program
Orange County Sheriffs Advisory Council500 North Flower St Santa Ana,CA 92703	95-3498487	501(c)(3)	10,000				Drug Use is Life Abuse
Orangewood Children's Foundation1575 E 17th St Santa Ana,CA 92705	95-3616628	501(c)(3)	20,000				Independent Living Program-Health and Wellness Wor
Oregon Health Career Center 25195 SW Parkway 204 Wilsonville,OR 97070	93-1166189	501(c)(3)	309,139				Healthcare Career Scholarship Program
Oregon Primary Care Association110 SW Yamhill St 300 Portland,OR 97204	93-0877986	501(c)(3)	12,000				Instigating Health in the "Hood"
Our Saviour Center4368 Santa Anita Ave El Monte,CA 91731	95-1765149	501(c)(3)	15,000				Healthy Lifestyle for Kids
Outside In1132 SW 13th Ave Portland,OR 97205	93-0576549	501(c)(3)	7,500				Tattoo Removal- MLK Day
Pacific Asian Counseling Services8616 La Tijera Blvd 200 Los Angeles,CA 90045	95-4564739	501(c)(3)	10,500				Continuity of Care for Vulnerable Asian Pacific Is

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Pacifica's Environmental Family830 Rosita Rd Pacifica, CA 940443412	94-3229680	501(c)(3)	5,967				Garden Project in Pacifica, Donation to purchase p
Pacoima Beautiful11243 Glenoaks Blvd 1 Pacoima, CA 91331	95-4770745	501(c)(3)	30,000				Local Partnership Grant Youth United Toward Envir
Para Los Ninos500 Lucas Ave Los Angeles, CA 90017	95-3443276	501(c)(3)	15,000				Mental Health Program
Partners for a Hunger Free Oregon712 SE Hawthorne Blvd 202 Portland, OR 97214	20-4970868	501(c)(3)	75,000				Healthy Kids, Healthy Minds Project
Partners In Care Foundation Inc732 Mott St 150 San Fernando, CA 91340	95-3954057	501(c)(3)	72,400				2010 Vision & Excellence in Health Care Leadership
Partnership for Quality Care 555 West 57th Street 15th Fl New York, NY 10019	26-0355572	501(c)(3)	1,000,000				Charitable donations
Pasadena - Foothill Valley YWCA1200 North Fair Oaks Ave Pasadena, CA 91103	95-1644059	501(c)(3)	36,000				Just For Girls
Pasadena Educational Foundation351 South Hudson Pasadena, CA 91109	23-7149451	501(c)(3)	25,000				Student Health Services Project
Pasadena Senior Center85 East Holly St Pasadena, CA 91103	95-2085393	501(c)(3)	30,000				50th Anniversary Gala
PATH Achieve Glendale437 Fernando Court Glendale, CA 91204	20-4233822	501(c)(3)	6,000				PAG Access Center - Mental Health Services
Path of Life Ministries4495 Magnolia Ave Riverside, CA 92501	33-0724945	501(c)(3)	20,000				Health In Motion
Pathways Volunteer Hospice 3701 Michaelson St Lakewood, CA 90712	33-0241726	501(c)(3)	15,000				Improving Health Care and Access for Seniors

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PDAP of Ventura County Inc 450 Rosewood Ave 215 Camarillo, CA 93010	77-0209843	501(c)(3)	15,000				Substance Abuse Treatment for High-Risk Underserve
Peace Over Violence1015 Wilshire Blvd 200 Los Angeles, CA 90017	51-0179305	501(c)(3)	9,250				39th Annual Humanitarian Awards Fundraising Dinner
Pediatric Adolescent Diabetes Research & Education455 South Main St Orange, CA 92868	33-0099451	501(c)(3)	14,000				Diabetes Education Program
Pediatric Dental Initiative of No Coast1380 19th Hole Dr Windsor, CA 954927713	34-2012430	501(c)(3)	10,760				Hospital Dentistry and Early Childhood Cavities Pr
Peninsula Family Service24 Second Ave San Mateo, CA 944013828	94-1186169	501(c)(3)	26,200				Donation to support 26 addtl weekly Tai Chi Classe
PENNINGTON BIOMEDICAL RESEARCH 6400 Perkins Rd Baton Rouge, LA 708084124	72-1304948	501(c)(3)	68,416				Pass Through from Northern California region for v
People Assisting the Homeless340 North Madison Ave Los Angeles, CA 90004	95-3950196	501(c)(3)	45,000				PATHMall Health Collaborative - Partnership Grant
People Reaching Out5299 Auburn Blvd Sacramento, CA 95814	94-2795430	501(c)(3)	26,000				Youth in Action Summer Program
People United for a Better Life in Oakland3528 Foothill Blvd Oakland, CA 94601	26-0877633	501(c)(3)	15,000				Urban Youth Harvest
People's Grocery Inc909 7th St Oakland, CA 94607	75-3055917	501(c)(3)	17,500				Community HANDS (Health and Nutrition Demonstrator
Petaluma Health Center1304 Southpoint Blvd 110 Petaluma, CA 949547464	68-0437840	501(c)(3)	20,000				Support for Additional Application Assistors and E
Physicians for Social Responsibility Inc812 SW Morrison St 1050 Portland, OR 97205	93-0774594	501(c)(3)	41,994				Healthy Food in Health Care Project

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Planned Parenthood Los Angeles400 West 30th Los Angeles, CA 90007	95-2408623	501(c)(3)	25,000				ELA Youth Development - Partnership Grant
Planned Parenthood Shasta Diablo Inc2185 Pacheco St Concord, CA 945202309	94-1575233	501(c)(3)	60,000				Chlamydia Awareness Prog, El Cerrito Youth Peer Ed
Play and Learning in Adaptable Environments800 Hearst Ave Berkeley, CA 94710	94-2825563	501(c)(3)	20,000				Blueprint for Healthy Living
Playworks Education Energized477 Valley Way Milpitas, CA 95032	94-3251867	501(c)(3)	47,500				2nd Annual corporate Kickball Event, Playworks Sil
Pomona Community Health Center750 S Park Ave 101 Pomona, CA 91766	22-3914738	501(c)(3)	10,000				Clinic Primary Care
Positive Resource Center 785 Market St 10th Fl San Francisco, CA 941032017	94-3078431	501(c)(3)	20,000				2010 Grant - Employment Services for HIV+ Individu
Pretend City The Children's Museum of Orange Count29 Hubble Irvine, CA 92618	33-0761254	501(c)(3)	37,500				The Campaign to Create Pretend City
Prevention Institute221 Oak St Oakland, CA 946074595	94-3282858	501(c)(3)	95,000				Prevention Institute Core Support and Advancement
Professional Business Women of California PBWC 180 Sutter St 2nd Fl San Francisco, CA 94104	94-3093360	501(c)(3)	20,000				2010 Sponsorship Partnership
Project Access NOWPO Box 10953 Portland, OR 972960953	20-8928388	501(c)(3)	97,000				Project Access NOW
Project Angel Food922 Vine St Los Angeles, CA 90038	95-4115863	501(c)(3)	33,500				Home Delivered Meals
Project Homeless Connect Inc1380 Howard St 2nd Fl San Francisco, CA 941032649	20-4331462	501(c)(3)	30,000				Project Homeless Connect 37, December 8, 2010

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Project Re-connect3350 MacArthur Blvd Oakland, CA 94602	94-3140784	501(c)(3)	15,000				Project Re-Connect (PRC)
Project Sister Family Services363 South Park Ave 303 Pomona, CA 91769	23-7116161	501(c)(3)	10,000				Sexual Assault/Child Abuse Prevention and Educatio
Promotoras y Promotores Foundation1500 Camino del Sol Room 18 Oxnard, CA 93030	42-1618670	501(c)(3)	15,000				Evaluacion de Su Salud
PROTOTYPES Centers for Innovation in Health Mental 1000 North Alameda St 390 Los Angeles, CA 90012	95-4092046	501(c)(3)	10,000				Responsibility, Empowerment, Achievement, Commitme
Public Health Foundation Enterprises INC12801 CrossRds Parkway South 200 City of Industry, CA 91746	95-2557063	501(c)(3)	13,000				Aztecs Rising Gang Awareness Course
Public Health Institute1825 Bell St 203 Sacramento, CA 95825	94-1646278	501(c)(3)	372,857				California Task Force on Youth and Workplace Welln
Public Health Policy & Law 2201 Broadway 502 Oakland, CA 946123063	26-3710746	501(c)(3)	120,000				California Convergence Healthy Food Policy
Puente de la Costa Sur620 North St Pescadero, CA 94060	37-1484262	501(c)(3)	20,000				Community-Based Outreach, Enrollment, Retention, a
Purpose Center International 75 W Nuevo Rd 133 Perris, CA 92571	84-1693330	501(c)(3)	9,000				Healthy Heritage Cultural and Wellness Center
Quadriplegics United Against Dependency Inc5125 Sw Macadam Ave 205 Portland, OR 97239	93-0639118	501(c)(3)	15,000				Independence and Self-Reliance for People with Sev
Queen of the Valley Medical Center3448 Villa Lane 102 Napa, CA 94558	94-1243669	501(c)(3)	20,000				Healthy For Life
Quinn Community Outreach Corporation25400 Alessandro Blvd 101 Moreno Valley, CA 92553	33-0637525	501(c)(3)	15,000				Southern California Esperanza y Vida Project

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Rainbow Community Center 3024 Willow Pass Rd Concord,CA 945195277	68-0375857	501(c)(3)	7,000				Kind Hearts Program Nutrition Services
Rancho Los Amigos Foundation Inc7601 E Imperial Hwy Downey,CA 90242	95-3849600	501(c)(3)	29,000				24th Annual Amistad Gala
Rape Trauma Services1860 El Camino Real 406 Burlingame,CA 940103117	94-3215045	501(c)(3)	10,000				Rape and Sexual Abuse Prevention Program
Reading and Beyond4819 N Butler Ave Fresno,CA 93727	77-0508471	501(c)(3)	27,206				Get Healthy! Program
Rebuilding Together AlbanyBerkeleyEmeryville 3318 Adeline St Berkeley,CA 94703	94-3238591	501(c)(3)	15,000				MLK Day of Service 2010 - East Bay
Rebuilding Together Diablo Valley1647 Willow Pass Rd PMB 435 Concord,CA 94520	68-0364884	501(c)(3)	15,000				MLK Day of Service 2010- Diablo
Rebuilding Together Oakland 1111 Pine St A Oakland,CA 94607	94-3213325	501(c)(3)	30,000				MLK Jr Day of Service 2010 - GSAA
Rebuilding Together Peninsula 841 Kaynyne St Redwood City,CA 94063	94-3106209	501(c)(3)	7,500				MLK Jr Day of Service 2010 (NCAL Region)
Rebuilding Together Petaluma 402 Petaluma Blvd North Petaluma,CA 94952	91-1762902	501(c)(3)	15,000				Redwood City - MLK Day 2010 Day of Service
Rebuilding Together San FranciscoPier 28 San Francisco,CA 94105	94-3107808	501(c)(3)	15,000				MLK Jr Day of Service - 2010 (Napa/Solano)
Rebuilding Together Silicon Valley2827 Aiello Dr San Jose,CA 95111	77-0289381	501(c)(3)	30,000				MLK Day of Service 2010 Santa Clara/San Jose
Redwood Empire Food Bank 3320 Industrial Dr Santa Rosa,CA 954032056	68-0121855	501(c)(3)	42,500				Megan Furth Harvest Pantry at Link Lane, Expansion

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Regents of the University of California3333 California St 315 San Francisco, CA 941430962	94-3067788	501(c)(3)	96,000				Rural Doctors Academy
REGENTS OF THE UNIVERSITY OF MINNESOTA200 Oak St SE Minneapolis, MN 554552070	41-6007513	501(c)(3)	7,282				Pass Through from Northern California region for v
Regional Access Project 75105 Merle Dr 800 Palm Desert, CA 92211	33-0547453	501(c)(3)	10,000				Coachella Valley Health Initiative Healthcare Summ
Regional Parks Foundation 2950 Peralta Oaks Court Oakland, CA 946055320	23-7011877	501(c)(3)	55,000				Embrace Life to Thrive and Campership 2010
Richmond Children's Foundation125 Park Pl 230 Richmond, CA 948013980	94-3337754	501(c)(3)	24,265				Safety Net Initiative, Northern California Childre
River City Food BankPO Box 160204 Sacramento, CA 95816	91-1851398	501(c)(3)	41,000				Food Stamp Outreach Prog for Sacramento County, Em
Riverside Area Rape Crisis Center1845 Chicago Ave A Riverside, CA 92507	95-3245057	501(c)(3)	15,000				Child Abuse Prevention Programs
Riverside Community College Foundation4800 Magnolia Ave Riverside, CA 925069982	95-2993847	501(c)(3)	20,000				Dental Hygiene Program
Riverside Community Health Foundation4445-A Magnolia Ave Riverside, CA 92501	23-7276444	501(c)(3)	13,000				Riverside Community Diabetes Collaborative Communi
Riverside County Department of Public Health 4065 County Circle Dr 403 Riverside, CA 92503	95-6000930	GOVT ENTITY	30,000				Local Partnership Grant Riverside County Joint He
Riverside-San Bernardino County Indian Health Inc 11555 1/2 Potrero Rd Banning, CA 92220	95-2846605	501(c)(3)	50,000				planning and quality improvement project
Road Runners Club of America120 Ponderosa Court Folsom, CA 95630	94-3300121	501(c)(3)	30,000				Kaiser Youth Fitness Program

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Robert F Kennedy Institute of Community and Family544 N Avalon 309 Wilmington, CA 90744	33-0531975	501(c)(3)	6,250				Navigating Health Care Reform for Families Project
Roberts Family Development Center770 Darina Ave Sacramento, CA 958153120	68-0470557	501(c)(3)	23,400				Thursday Fitness, Junior Olympics and Dance Progra
Ronald McDonald House Charities of Southern Califo4560 Fountain Ave Los Angeles, CA 90029	95-3167869	501(c)(3)	20,000				Family Support at Ronald McDonald House
Rose Bowl Aquatics Center360 N Arroyo Blvd Pasadena, CA 91103	95-3994788	501(c)(3)	7,000				Fit for Life 2010 Conference
RotaCare Bay Area Inc815 Pollard Rd T1230 Los Gatos, CA 950321438	77-0328723	501(c)(3)	50,000				RotaCare Concord Free Health Clinic, Coastsides Cli
Ryse Inc205 41st St Richmond, CA 948042321	26-0692904	501(c)(3)	15,000				Education & Career Advancement Program
SAC Health System1454 E Second St San Bernardino, CA 92408	33-0664371	501(c)(3)	125,000				capacity building
Sacramento Area Congregations Together2510 J St 200 Sacramento, CA 958164858	94-3146791	501(c)(3)	14,750				Stand Together Luncheon 2010 Acting in Hope
Sacramento Children's Home2750 Sutterville Rd Sacramento, CA 958201024	94-1156588	501(c)(3)	15,000				Sacramento Crisis Nursery North
Sacramento City Unified School District5735 47th Ave Sacramento, CA 958244528	94-6002491	GOVT ENTITY	50,000				SCUSD Central Youth and Family Resource Center
Sacramento Loaves and Fishes1321 North C St Sacramento, CA 958110607	68-0189897	501(c)(3)	9,000				Guest Health Outreach Program
Sacramento Native American Health Ctr Inc2020 J St Sacramento, CA 958113120	20-4287737	501(c)(3)	97,137				Full Circle Chronic Disease Management Program

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Sacramento Neighborhood Housing Services2400 Alhambra Blvd Sacramento,CA 95817	68-0118032	501(c)(3)	20,000				Oak Park Farmers Market
Sacramento Public Policy Foundation1717 I St Sacramento,CA 95811	61-1614386	501(c)(3)	20,000				Sacramento Steps Forward
Sacramento Region Community Foundation740 University Ave 110 Sacramento,CA 95825	94-2891517	501(c)(3)	25,000				The Greater Sacramento Generosity Project
Sacred Heart Community Service1381 South First St San Jose,CA 951103431	23-7179787	501(c)(3)	15,000				Healthy Families
Safe Alternatives for Everyone Inc28910 Pujol St Temecula,CA 92590	91-1962947	501(c)(3)	15,000				Family Support Program
Salem Keizer School District 2450 Lancaster Dr NE130 Salem,OR 97309	93-6000763	GOVT ENTITY	60,000				Capacity Building Project
Salvation Army625 I St Modesto,CA 95354	94-1156347	501(c)(3)	89,500				Medical Clinic Supplies, 2010 Essential Services P
Samaritan House4031 Pacific Blvd San Mateo,CA 94403	23-7416272	501(c)(3)	30,500				Safe Harbor for Health
Samuel Dixon Family Health Center Inc25115 W Ave Stanford A-104 Valencia,CA 91355	95-4278726	501(c)(3)	15,000				Implementation of Dental Treatment Services for Lo
San Diego American Indian Health Center2602 First Ave 105 San Diego,CA 92103	95-3397369	501(c)(3)	15,000				Access to Healthcare for American Indians & Alaska
San Diego Council on Literacy2515 Camino Del Rio South 125 San Diego,CA 92108	33-0390376	501(c)(3)	15,000				Health Literacy San Diego
San Diego County Medical Society Foundation5575 Ruffin Rd 250 San Diego,CA 92123	95-2568714	501(c)(3)	45,503				Surgery Day Program Manager

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San Diego Family Care6973 Linda Vista Rd San Diego, CA 92111	95-2700856	501(c)(3)	34,206				provide medical care for unfunded, uninsured or un
San Diego Food Bank Corporation9850 Distribution Ave San Diego, CA 921041313	20-4374795	501(c)(3)	45,000				Healthy Eating In Hard Times Primarius Food Bank
San Diego Organizing Project4305 University Ave 530 San Diego, CA 92105	95-3284521	501(c)(3)	17,000				A Zone of Hope and Opportunity
San Diego Rescue Mission Inc120 Elm St San Diego, CA 92101	95-1874073	501(c)(3)	75,000				Recuperative Care Unit
San Diego Youth Services3255 Wing St San Diego, CA 92110	95-2648050	501(c)(3)	12,000				Peer Education Empowerment Program (PEEP)
San Francisco AIDS Foundation995 Market St 200 San Francisco, CA 94103	94-2927405	501(c)(3)	10,000				AIDS Walk San Francisco
San Francisco AIDS Fund12 Grace St 300 San Francisco, CA 940132679	94-2922039	501(c)(3)	22,260				2010 Grant - Eviction Prevention and Housing Stabi
San Francisco Community Clinic Consortium1550 Bryant St 450 San Francisco, CA 941034869	94-2897258	501(c)(3)	8,500				2010 SFCCC Gala Honoring Congresswoman Jackie Spei
San Francisco General Hospital Foundation2789 25th St 2028 San Francisco, CA 941103582	94-3189424	501(c)(3)	44,400				2010 Grant - Continue year 3 of the three year LEA
San Francisco School Alliance Foundation114 Sansome St 800 San Francisco, CA 941043818	94-3222869	501(c)(3)	50,000				Gateway to Fitness Project First Half Funding, Sep
San Francisco Study Center1095 Market St Room 601 San Francisco, CA 94103	94-2168838	501(c)(3)	36,222				2010 Grant - Gateway to Fitness - Spring and Summe
San Gabriel Unified School District408 Junipero Serra Dr San Gabriel, CA 91776	95-6000777	GOVT ENTITY	15,000				All Aboard!

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San Joaquin AIDS Foundation4330 N Pershing AveB-3 Stockton, CA 952076965	94-3018864	501(c)(3)	68,000				HIV Education, Intervention and Testing Program
San Joaquin County Human Services Agency102 S San Joaquin St Stockton, CA 952013213	94-6000531	GOVT ENTITY	93,038				2009 211 Information and Referral
San Joaquin County Office of Education2901Arch-Airport Rd Stockton, CA 952139030	68-0006282	GOVT ENTITY	67,456				Exercise Across California
San Jose Children's Discovery Museum180 Woz Way San Jose, CA 951102722	94-2870828	501(c)(3)	23,800				Kick Start Eat Smart
San Jose State UniversityMH 407 SJSU One Washington Square San Jose, CA 951920052	05-0520840	GOVT ENTITY	15,000				Campeonas 2
San Jose Unified School District855 Lenzen Ave San Jose, CA 95126	94-6002606	GOVT ENTITY	11,500				Pre-K Healthy Steps , Trace Elementary School Fire
San Juan Bautista Child Development Center1400 Parkmoor Ave 220 San Jose, CA 951263798	94-1747079	501(c)(3)	15,000				Health Initiative
San Leandro Boys and Girls Club401 Marina Blvd San Leandro, CA 94577	94-6003779	501(c)(3)	52,000				Thrive for Healthy Habits , Gala Auction for May 8,
San Leandro Public Library Foundation300 Estudillo Ave San Leandro, CA 94577	94-3180326	501(c)(3)	15,000				Literacy,Food and Fitness
Santa Clara City Library Foundation & Friends2635 Homestead Rd Santa Clara, CA 950515322	91-2125234	501(c)(3)	12,500				Kaiser Permanente Health & Wellness Collection
Santa Clara Unified School District1250 Pomeroy Ave Santa Clara, CA 95051	77-0219105	GOVT ENTITY	10,000				Pomeroy Healthy Behaviors Collaborative
Santa Clarita Valley Boys and Girls Club24909 Newhall Ave Newhall, CA 91321	95-2572622	501(c)(3)	9,000				Triple Play Expansion Project Program

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Santa Rosa Memorial Hospital 1165 Montgomery Dr Santa Rosa, CA 954054801	94-1231005	501(c)(3)	45,000				Sonoma Health Alliance - annual partnership fundin
School Health Clinics of Santa Clara County 5671 Santa Teresa Blvd 105 San Jose, CA 951236512	77-0031679	501(c)(3)	20,000				Continuing Nutritional Healthy Lifestyle Education
SCOTT AND WHITE MEMORIAL 5701 Airport Rd Temple, TX 76502	74-1166904	501(c)(3)	120,745				Pass Through from Northern California region for v
Second Harvest Fd Bank Santa Clara & San Mateo 750 Curtner Ave San Jose, CA 951252118	94-2614101	501(c)(3)	117,500				Produce Mobile Program
Second Harvest Food Bank San Joaquin & Stanislaus 1704 E Industrial Park Dr Manteca, CA 953376116	68-0376587	501(c)(3)	8,000				Food 4 Thought
Second Harvest Food Bank Serving Riverside & San Bernardino 2950-B Jefferson St Riverside, CA 92504	33-0072922	501(c)(3)	15,000				Fresh Produce Distribution Program
Senior Advocacy Services 3262 Airway Dr C Santa Rosa, CA 954032004	94-2684774	501(c)(3)	5,560				Pick of the Vine, Web design support
Senior Community Centers of San Diego 525 14th St 200 San Diego, CA 92101	95-2850121	501(c)(3)	25,000				Senior Health and Wellness Program
Senior Support of the Tri-Valley 5353 Sunol Blvd Pleasanton, CA 945967607	20-3225569	501(c)(3)	15,000				Weight Control for Heart Health and Diabetes and W sepsis mortality rate through improved early identification and treatment over the 2006-2007 baseline at 12 KP hospitals by the end of 2013
Seniors First 11566 D Ave Auburn, CA 95603	68-0430154	501(c)(3)	60,000				Home Safety Modification and Home Safety Repair Pr
Serotonin Surge Charities 1955 Cowell Blvd Davis, CA 956186325	68-0411254	501(c)(3)	50,000				Spring Break 2010
SERRA ANCILLARY CARE CORPORATION 825 Colorado Blvd 100 Los Angeles, CA 90041	95-4147364	501(c)(3)	18,609				Community Housing Options at Independent Supported

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Shane's Inspiration15213 Burbank Blvd Van Nuys, CA 91411	95-4760497	501(c)(3)	10,000				Together We Are Able
Shanti Orange County23001 Del Lago Dr B-1 Laguna Hills, CA 92653	33-0236592	501(c)(3)	15,000				PRISM Integrated Services Management Program
Shelter from the Storm73-555 Alessandro Dr D Palm Desert, CA 92260	33-0293124	501(c)(3)	20,000				Mental Health Services for Families Affected by Do
Shelter Inc of Contra Costa County1815 Arnold Dr Martinez, CA 945534110	68-0117241	501(c)(3)	20,000				Food Smarts Nutrition Workshops for Homeless Fam
Shelter Network of San Mateo County1450 Chapin Ave 2nd Fl Burlingame, CA 940104062	77-0160469	501(c)(3)	15,000				Child Development Center - First Step Families Cen
Shoulder to Shoulder3051 Fairfield St Sacramento, CA 95815	94-3343868	501(c)(3)	15,000				Healthy Youth Healthy Future
Sierra Vista Children's Center100 Poplar Ave Modesto, CA 95354	94-2158023	501(c)(3)	50,000				Mental Health Services for School Age Youth and Fa
Silicon Valley Christian Health Alliance2360 McLaughlin Ave San Jose, CA 951223560	33-1070182	501(c)(3)	20,000				Project Brightening Smiles
Silicon Valley Community Foundation2440 West El Camino Real 300 Mountain View, CA 94040	20-5205488	501(c)(3)	150,000				Emergency Grant for San Bruno Fire
Slavic Assistance Center Inc2117 Cottage Way Sacramento, CA 958251064	01-0620969	501(c)(3)	10,000				Access to Essential Services for the Slavic Commun
Socrates Opportunity Scholarship Foundation 24241 Park Granada Calabasas, CA 91302	95-4722980	501(c)(3)	44,000				Shape Up
Soil Born Farms Urban Agriculture Educ Proj3000 Hurley Way Sacramento, CA 958643732	20-0774693	501(c)(3)	30,000				Youth Corps 2010

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Solano Coalition for Better Health360 Campus Lane 200 Fairfield, CA 94534	94-3189914	501(c)(3)	62,000				Strategic Planning Support
Solano Community Foundation1261 Travis Blvd 320 Fairfield, CA 945334897	68-0354961	501(c)(3)	21,000				Education PlusI Mini-Grant Program
Solano County Health and Social Services Departmen2201 Courage Dr MS 9-100 Fairfield, CA 94533	94-6000538	GOVT ENTITY	68,000				Teen Pregnancy Prevention Proj, Rapid HIV Testing
Solano Midnight Sun Foundation198 Dobbins St D Vacaville, CA 95688	20-8124921	501(c)(3)	15,000				Breast Health Project
SONOMA COUNTY ADULT & YOUTH DEVELOPMENT7345 Burton Ave Rohnert Park, CA 949283300	94-2812489	501(c)(3)	18,300				The Rohnert Park-Cotati Healthy Family Outreach, E
Sonoma County Task Force for the Homeless3315 Airway Dr Santa Rosa, CA 954032005	68-0197522	501(c)(3)	16,000				Health Care for the Homeless Access & Care
South Bay Community Services1124 Bay Blvd D Chula Vista, CA 91910	95-2693142	501(c)(3)	17,000				Domestic Violence Support Services Program
South Bay Family Healthcare Center23430 Hawthorne Blvd 210 Torrance, CA 90505	23-7049937	501(c)(3)	115,892				HIV/AIDS Risk Reduction Program
South Central Family Health Center4425 South Central Ave Los Angeles, CA 90011	95-3877793	501(c)(3)	24,500				Disease Management for Diabetics
South County Community Health Center Inc1798A Bay Rd East Palo Alto, CA 94303	94-3372130	501(c)(3)	43,000				Ravenswood Family Dentistry Grand Opening - April
South San Francisco Friends of The Library840 West Orange Ave South San Francisco, CA 940803125	74-3116201	501(c)(3)	27,000				Learning Wheels/Hike with your Tyke-Family Fitness
South West Community Health Center7688 SW Capital Hwy Portland, OR 97219	74-3050497	501(c)(3)	20,000				Expanded Access and Quality Assurance Project

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Southern Alameda Co Sponsoring Committee 22634 Second St 209 Hayward, CA 94541	94-3282881	501(c)(3)	25,000				STRATEGIC GRANT School and Neighbor hood Based Vi
Southern California Grantmakers1000 North Alameda St 230 Los Angeles, CA 90012	95-2831058	501(c)(3)	10,000				Signature Publication on health philanthropy
Southside Coalition of Community Health Centers 555 West 5th St 19th Fl Los Angeles, CA 90013	20-8892311	501(c)(3)	300,000				Specialty Care Initiative Phase II South Los Ange
Southwest Community Health Center751 Lombardi Court B Santa Rosa, CA 954076793	68-0365296	501(c)(3)	35,000				Capital Campaign
Spanish Speaking Citizens' Foundation1470 Fruitvale Ave Oakland, CA 946012324	94-1628221	501(c)(3)	20,000				LIBRE - Leading Independence of our Barrios for Ra
Special Olympics - Southern California10977 San Diego Mission Rd San Diego, CA 92108	95-4538450	501(c)(3)	10,000				Special Olympics
Special Olympics Northern California Inc3480 Buskirk Ave Pleasant Hill, CA 94523	68-0363121	501(c)(3)	25,000				Summer Games
Special Service for Groups Inc605 West Olympic Blvd 600 Los Angeles, CA 90015	95-1716914	501(c)(3)	10,000				Childrens Dental and Outreach Project
Spectrum Community Services1435 Grove Way Hayward, CA 94546	94-1748275	501(c)(3)	15,000				Multiple Program Approach
St Joseph Center204 Hampton Dr Venice, CA 90291	95-3874381	501(c)(3)	9,438				Senior Services Mental Health Intervention Program
St Anne's Maternity Home 155 North Occidental Blvd Los Angeles, CA 90026	95-1691306	501(c)(3)	10,000				Help To Boost Health
St Anthony Foundation150 Golden Gate Ave San Francisco, CA 941023809	94-1513140	501(c)(3)	15,000				2010 Grant - Obesity Treatment and Prevention Prog

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St James Infirmary1372 Mission St San Francisco, CA 941032609	94-3330568	501(c)(3)	10,000				2010 Grant - Health access for uninsured, low inco
St Jeanne De Lestonnac Free Clinic1215 E Chapman Ave Orange, CA 92866	95-3499011	501(c)(3)	70,000				Bridge to Care
St John's Shelter for Women and Children4410 Power Inn Rd Sacramento, CA 95826	68-0132934	501(c)(3)	25,000				Celebrating Mothers 2010 Tea
St Johns Well Child and Family Center Inc5701 South Hoover St Los Angeles, CA 90037	95-4067758	501(c)(3)	16,940				2nd Annual South Los Angeles Health and Human Righ
St Mary Medical Center Foundation411 East 10th St Long Beach, CA 90813	94-1196203	501(c)(3)	5,937				HIV Counseling and Testing Services at St Mary Me
St Rose Hospital Foundation 27200 Calaroga Ave Hayward, CA 94545	94-2428886	501(c)(3)	10,000				Preventing Obesity
St Vincent de Paul Village Inc3350 E St San Diego, CA 92102	33-0492302	501(c)(3)	30,000				Access to care for homeless and impoverished men,
Stand Against Domestic Violence1410 Danzig Plaza 200 Concord, CA 945207972	94-2476576	501(c)(3)	22,500				Promoting Gender Respect
STANFORD UNIVERSITY 1215 Welch Rd Building Stanford, CA 943055402	94-1156365	501(c)(3)	69,155				Pass Through from Northern California region for v
Stanford University Pacific Free Clinic301 Ravenswood Ave Menlo Park, CA 940253434	94-1156365	501(c)(3)	20,000				Pacific Free Clinic Screening for Underserved
Stanislaus MultiCultural Health Coalition601 S Martin Luther King Dr Modesto, CA 95351	31-1751288	501(c)(3)	49,952				Vine and Branches Food Co-Op / Project Coordinator
Steelworkers Oldtimers Foundation8572 Sierra Ave Fontana, CA 92335	95-6126109	501(c)(3)	10,000				Aquatics and Tai Chi Classes for Low-Income Senior

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Stepping Stones Growth Center Children Ret311 Mac Arthur Blvd San Leandro, CA 94577	94-6069868	501(c)(3)	10,000				Stepping Up For a Challenge
Stiles Hall2400 Bancroft Way Berkeley, CA 94704	94-1156636	501(c)(3)	50,000				Experience Berkeley
Stop the Violence Movement Inc1016 S Owens St Bakersfield, CA 93307	74-3172044	501(c)(3)	10,000				Project YES
Street Level Health Project 2501 International Blvd Oakland, CA 946011509	56-2324355	501(c)(3)	15,000				Familia Saludable (Healthy Family)
Students Run America6505 Zelzah Ave Reseda, CA 91335	95-4430502	501(c)(3)	22,000				Training for Marathon Training for Life
Sunnyhills Neighborhood Improvement Assoc918 Boar Circle Fremont, CA 94539	77-0493926	501(c)(3)	15,000				Diabetes and Obesity
Sunnyvale Community Services725 Kifer Rd Sunnyvale, CA 94086	94-1713897	501(c)(3)	10,000				Kids's Summer Food Program (Food Provision to Unde
Sunset District Community Development dba Sunset Y 3918 Judah St San Francisco, CA 941221121	93-1004117	501(c)(3)	15,000				2010 Grant - Juvenile Violence Prevention
Susan G Komen Breast Cancer Foundation3191-A Airport Loop Dr Costa Mesa, CA 92626	33-0487943	501(c)(3)	39,500				Komen Fund for Breast Health Care (KFBHC)
Sustainable Community Gardens1055 Dunford Way Sunnyvale, CA 940871602	55-0886675	501(c)(3)	25,000				Full Circle Farm
Sustainable Economic Enterprises Of Los Angeles 6605 Hollywood Blvd 220 Hollywood, CA 90028	95-4597000	501(c)(3)	85,000				Watts Healthy Farmers Market
THE Clinic Inc3834 S Western Ave Los Angeles, CA 90062	23-7351622	501(c)(3)	25,000				36th Anniversary Celebration

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Taiwan Buddhist Tzu Chi Medical Foundation7421 N Maple Ave Fresno, CA 937200115	95-4457939	501(c)(3)	95,000				Tzu Chi Outreach and Mobile Clinic
Tapfound Inc dba Taproot Foundation466 Geary St 200 San Francisco, CA 94102	91-2162645	501(c)(3)	75,000				Oakland Unified School District Program Developmen
Tarzana Treatment Center Inc18646 Oxnard St Tarzana, CA 91356	94-2219349	501(c)(3)	10,000				Increasing Access to Medical Care for Antelope Val
Team-Up for Youth310 Eighth St 300 Oakland, CA 94607	94-3310845	501(c)(3)	60,000				Team-Up for Youth Core Operating Support
Teen Pregnancy Coalition of San Mateo Co120 James Ave Redwood City, CA 94062	94-3227947	501(c)(3)	15,000				Greater Contraceptive Access for Youth in San Mate
TERI Inc251 Airport Rd Oceanside, CA 92058	95-3532129	501(c)(3)	15,000				Fit for Life
Terrance TK Kelly Youth FoundationP O Box 1006 Richmond, CA 94802	20-1772303	501(c)(3)	20,000				E A G L E S (Education Allow Growth Leaders
The Alameda Co Comm Food Bank Inc7900 Edgewater Dr Oakland, CA 946212004	94-2960297	501(c)(3)	50,260				Lose a Pound, Lend a Hand, Nutrition Support for C
The Alliance for Children's Rights3333 Wilshire Blvd 550 Los Angeles, CA 90010	95-4358213	501(c)(3)	75,000				NextSTEP Program
The California Conference for Equality and Justice444 West Ocean Blvd 940 Long Beach, CA 90802	54-2178438	501(c)(3)	10,000				Talking in Class
The California Health Care Safety-Net Inst70 Washington St 215 Oakland, CA 946073705	94-2970752	501(c)(3)	225,000				2010 CAPH/SNI Annual Conference
The Carolyn E Wylie Center for Children Youth & Fa4164 Brockton Ave Riverside, CA 92501	93-0670286	501(c)(3)	8,000				Adolescent Mental Health Services

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The Center to Promote Healthcare Access Inc1333 Broadway 1020 Oakland, CA 94612	59-3831966	501(c)(3)	611,893				One-e-App in Los Angeles
The Cerritos College Foundation11110 Alondra Blvd Norwalk, CA 90650	95-3387108	501(c)(3)	14,900				Pound by Pound
The Children's Center of the Antelope Valley45111 N Fern Ave Lancaster, CA 93534	95-4212759	501(c)(3)	22,300				Fit Families' - Obesity Prevention Program
The Childrens Clinic Serving Children and Their Fa2790 Atlantic Ave Long Beach, CA 90806	95-1643332	501(c)(3)	309,500				Healthcare Delivery to the Uninsured
The Community Foundation 4280 Latham C Riverside, CA 92501	33-0748536	501(c)(3)	50,000				San Bernardino County Children's Health Initiative
The Davis Street Community Center Inc3081 Teagarden St San Leandro, CA 94577	94-3121699	501(c)(3)	74,800				Healthy Hearts and Bodies, 2010 Essential Services
The Effort Inc1820 J St Sacramento, CA 958113010	94-1713704	501(c)(3)	374,933				Creating Access to Mental Health Care, Sacramento
The Eli Home Inc1175 N East St Anaheim, CA 92805	33-0189254	501(c)(3)	10,000				The Mental Health Counseling and We Fit Program
The Family Giving Tree312 South Abbott Ave Milpitas, CA 95035	77-0284682	501(c)(3)	10,000				Back to school
The Gardens A Family Care Community Center2251 Florin Rd 129 Sacramento, CA 95822	68-0463156	501(c)(3)	15,000				PEOPLE Project - Providing Education, Outreach, P
The Gathering Inn201 Berkley Ave Roseville, CA 95678	84-1657746	501(c)(3)	45,288				Splendor of the Trees 2010, Gathering Inn and St
The Girl Scout Council of Orange County9500 Toledo Way Irvine, CA 92628	95-2023244	501(c)(3)	10,000				Camp Scherman Resident Camp

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The Health Trust2105 S Bascom Ave 220 Campbell, CA 950083292	94-6050231	501(c)(3)	20,000				Healthy Steps in Silicon Valley, The Health Trust
The Leaven2397 Heath Dr Fairfield, CA 945337612	26-3653717	501(c)(3)	26,600				Digital Video Diary Project- Leaven & Farm to Fami
The Link to Children5236 Claremont Ave 2nd Fl Oakland, CA 94618	94-2224033	501(c)(3)	17,100				1st Annual Benefit Concert and Silent Auction
The Mar Vista Family Center5075 South Slauson Ave Culver City, CA 90230	95-2647443	501(c)(3)	5,500				Preschool Parent Peer Coaching Program
The Oregon Food BankPO Box 55370 97238 Portland, OR 97211	93-0785786	501(c)(3)	200,000				OFB West Nutrition education, advocacy & hunger aw
The Raise Foundation1920 East Warner Ave A Santa Ana, CA 92705	33-0240178	501(c)(3)	45,000				Resources in Motion
The Salvation ArmyDel Oro Division 3755 No Freeway Bl Sacramento, CA 95834	94-1156347	501(c)(3)	50,000				2010 Essential Services Program - Community in Cri
The Tides CenterThe Presidio Bldg 1014 Torney Ave San Francisco, CA 94129	94-3213100	501(c)(3)	9,995				The Leadership Institute
The Tomas Rivera Policy Institute650 Childs Way Lewis Hall 201A Los Angeles, CA 90089	95-4019627	501(c)(3)	15,000				Core operating support
The Tri-Valley Community Foundation5674 Stoneridge Dr 206 Pleasanton, CA 94588532	91-2078642	501(c)(3)	45,000				Project Roadrunner - Community Outreach
The Trust For Public Land101 Montgomery St 1100 San Francisco, CA 94104	23-7222333	501(c)(3)	100,000				Los Angeles open space projects
The Tucker Maxon Oral School2860 SE Holgate Blvd Portland, OR 97202	93-0391592	501(c)(3)	15,000				Educational Programs

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The Vacaville Neighborhood Boys&GirlsClub1625 Alamo Dr Vacaville,CA 956876003	13-4223488	501(c)(3)	15,000				Triple Play
The Wall-Las Memorias Project111 N Ave 56 Los Angeles,CA 90042	95-4468225	501(c)(3)	10,000				4th Annual Conference on Latinos, Faith, Culture,
The Wellness Community - San Franc East Bay3276 McNutt Ave Walnut Creek,CA 945971833	68-0157858	501(c)(3)	21,200				Wellness Gala 2010
The Wellness Community Valley Ventura Inc530 Hampshire Rd Westlake Village,CA 91361	77-0205691	501(c)(3)	15,000				Latino Outreach Cancer Program
The Women's Center of San Joaquin Co620 North San Joaquin St Stockton,CA 952022030	94-2341360	501(c)(3)	47,000				Wellness Ways
Tiburcio Vasquez Health Center (TVHC)33255 Ninth St Union City,CA 94587	23-7118361	501(c)(3)	80,000				Photovoice 2010, BiNational Health Fair Oct 16, 2
Tides Center1014 Torney Ave San Francisco,CA 941291755	94-3213100	501(c)(3)	454,550				Innovations Incubator Tools Project
To Celebrate Life Breast Cancer FoundationPO Box 367 Kentfield,CA 949140367	94-3323358	501(c)(3)	7,700				Stepping Out to Celebrate Life annual gala
Toberman Neighborhood Center Inc131 N Grand San Pedro,CA 90731	95-1643387	501(c)(3)	15,000				Request support for Toberman's Gang Intervention U
TransFormCA436 14th St 600 Oakland,CA 94612	72-1521579	501(c)(3)	60,000				Creating a Healthier Bay Area through Improved Wal
Transportation Options Group of OregonPO Box 12242 Portland,OR 97212	20-3860524	501(c)(3)	25,000				Westside Transportation Alliance Carfree Commuter
Trauma Intervention Programs Inc6 Marble Creek Lane Coto de Caza,CA 92679	33-0317893	501(c)(3)	10,000				Hospital Response Program

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Travelers Aid Society of Los Angeles Calif1507 Winona Blvd Los Angeles, CA 90027	95-1691323	501(c)(3)	12,000				Crisis Management and Family Reunification
Tri-City Health Center 39500 Liberty St 2100 Fremont, CA 94538	23-7255435	501(c)(3)	80,000				Project LOUD (Live Outreach Uniquely Delivered, Te
Ujima Family Recovery Services1901 Church Lane San Pablo, CA 948063707	68-0127450	501(c)(3)	15,000				Children?s Recovery and Education Program
Unforgettable Foundation 7197 Brockton Ave 5 Riverside, CA 92506	33-0885478	501(c)(3)	10,000				CPR Training to Save the Lives of Children
United Against Sexual Assault of Sonoma Co835 Piner Rd D Santa Rosa, CA 954032063	94-2437947	501(c)(3)	14,000				Unity in Action -- Unidad con Accin
United Health Centers of San Joaquin Valley650 Zediker Ave Parlier, CA 936482639	94-1732538	501(c)(3)	39,761				Childhood Obesity Prevention & Diabetes Self-Manag
United Negro College Fund 220 Montgomery St 1120 San Francisco, CA 94104	13-1624241	501(c)(3)	15,000				Walk for Education, Health and Education Fair
United Seniors of Oakland & Alameda County7200 Bancroft Ave 178 Oakland, CA 94605	94-3092404	501(c)(3)	29,360				7th Annual Healthy Living Festival July 9, 2010, I
United Way of Fresno County 4949 E Kings Canyon Rd Fresno, CA 93727	94-1156514	501(c)(3)	80,000				Fresno First Steps Home Proj, 2010 211 Fresno Coun
United Way of San Diego County4699 Murphy Canyon Rd San Diego, CA 92123	95-2213995	501(c)(3)	25,000				Support United Way's Community Impact work which a
United Way of San Joaquin County401 E Main St Stockton, CA 952023032	94-1279805	501(c)(3)	15,000				Neighbors in Health
United Way of Stanislaus County422 McHenry Ave Modesto, CA 95354	94-1212129	501(c)(3)	106,760				2010 211 Stanislaus County, Stanislaus County 2-1-

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United Way of the Bay Area 221 Main St 300 San Francisco, CA 94105	94-1312348	501(c)(3)	75,000				2010 211 Help Link
United Way of the Wine Country 418 B St 400 Santa Rosa, CA 95401	94-1669646	501(c)(3)	71,000				Day of Caring 2010, Neighbors in Health 2010
United Way Silicon Valley 750 Anderson St San Jose, CA 95126	94-1450153	501(c)(3)	6,250				Charitable Donation
United Way Silicon Valley 1400 Parkmoor Ave 250 San Jose, CA 95126	94-1450153	501(c)(3)	50,000				2010 211 Santa Clara County
UNIV OF MASS MED SCHOOL 333 South St Shrewsbury, MA 01545	04-3167352	501(c)(3)	240,474				Pass Through from Northern California region for v
UNIVERSITY OF CALIFORNIA - DAVIS PO Box 989062 West Sacramento, CA 95798 9062	94-6036494	501(c)(3)	79,206				Pass Through from Northern California region for v
University Muslim Medical Association Inc 1704 West Manchester Ave Los Angeles, CA 90047	95-4666712	501(c)(3)	17,000				Promoting a Healthy Los Angeles through Primary &
UNIVERSITY OF ALABAMA BIRMINGHAM AB 990 1530 3rd Ave S Birmingham, AL 35294 0109	63-0649108	501(c)(3)	17,286				Pass Through from Northern California region for v
UNIVERSITY OF CALIFORNIA - SAN FRANCISCO Accounting Office EMF Box 0897 San Francisco, CA 94143	94-6036493	501(c)(3)	4,643,965				Pass Through from Northern California region for v
UNIVERSITY OF CALIFORNIA - SANTA CRUZ 1156 High St Santa Cruz, CA 95064	94-1539563	501(c)(3)	13,859				Pass Through from Northern California region for v
UNIVERSITY OF CHICAGO 6045 South Drexel Ave Chicago, IL 60637	36-2177139	501(c)(3)	164,997				Pass Through from Northern California region for v
UNIVERSITY OF HAWAII 2530 Dole St Sakamaki D-200 Honolulu, HI 96822	99-6000354	501(c)(3)	25,318				Pass Through from Northern California region for v

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UNIVERSITY OF MICHIGAN3003 S State St Ann Arbor, MI 481091287	38-6006309	501(c)(3)	36,421				Pass Through from Northern California region for v
UNIVERSITY OF NORTH CAROLINACB 1350 104 Airport Dr Chapel Hills, NC 275991350	56-6001393	501(c)(3)	14,076				Pass Through from Northern California region for v
University of Southern California837 Downey Way STO 335 Los Angeles, CA 900891147	95-1642394	501(c)(3)	70,000				Improving Healthcare Access for the Underserved--T
UNIVERSITY OF TEXASPO Box 203382 Houston,TX 772163382	74-1769336	501(c)(3)	24,607				Pass Through from Northern California region for v
University of the Pacific3601 Pacific Ave Stockton, CA 95211	94-1156266	501(c)(3)	6,000				HEALTHY CHILDREN 2010 REDUCING THE IMPACT OF CHIL
UNIVERSITY OF UTAH75 South 2000 East Salt Lake City, UT 84112	23-7112869	501(c)(3)	81,080				Pass Through from Northern California region for v
Vacaville Public Education Foundation3442 Browns Valley Rd 400 Vacaville, CA 956884246	61-1568727	501(c)(3)	22,500				7th Annual Vacaville Public Education Foundation L
Vacaville Social Services CorporationPO Box 6593 Shelter Vacaville, CA 95696	68-0364021	501(c)(3)	20,000				Expanded Transitional Housing Access (ETHA)
Vallejo Senior Citizens Council333 Amador St Vallejo, CA 94590	23-7367329	501(c)(3)	7,500				Florence Douglas Senior Center (FDSC) Health Serv
Valley Care Community Consortium Inc7515 Van Nuys Blvd Fifth Fl Van Nuys, CA 91405	20-5569606	501(c)(3)	306,083				Specialty Care Initiative Phase II C-SNAP
Valley Community Clinic 6801 Coldwater Canyon Ave 1B North Hollywood, CA 91605	23-7050082	501(c)(3)	111,500				2009 KP QI Initiative
Valley Village20830 Sherman Way Winnetka, CA 91306	23-7314159	501(c)(3)	10,000				Adult Day Health Care Programs

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Valley Vision2320 Broadway Sacramento, CA 95818	68-0153162	501(c)(3)	48,667				RUCS 2011 Forum, Community Access Pilot
Venice Family Clinic604 Rose Ave Venice, CA 90291	95-2769432	501(c)(3)	372,000				Specialty Care Initiative Phase II Increase Speci
Ventura Unified School District - Sheridan Way Fam 255 West Stanley Ave 100 Ventura, CA 93001	95-2397308	GOVT ENTITY	7,500				Andale - Get Moving
VIP Community Mental Health Center Inc1721 Griffin Ave Los Angeles, CA 90031	30-0017808	501(c)(3)	6,000				Santana House Youth Action Center Youth Leadership
Vision y Compromiso2536 Edwards Ave El Cerrito, CA 94530	32-0071651	501(c)(3)	24,000				Familia Saludable The Healthy Family Diabetes Pre
Visiting Nurse Association of the Inland Counties6235 River Crest Dr L Riverside, CA 92507	95-1641973	501(c)(3)	10,000				Riverside Mourning Star Center
Vista Community Clinic 1000 Vale Terrace Vista, CA 92084	95-2815615	501(c)(3)	72,919				Counseling for Positives
Vista Del Mar Child and Family Services Jewish Orp 3200 Motor Ave Los Angeles, CA 90034	95-1647832	501(c)(3)	6,500				Agency Based Mental Health Services
VMC Foundation2400 Moorpark 207 San Jose, CA 951282625	77-0187890	501(c)(3)	28,500				Grand Opening of Valley Health Center Milpitas, Tu
Volunteer Center of Greater Orange County1901 East Fourth St 100 Santa Ana, CA 92705	95-2021700	501(c)(3)	258,000				eConsult program
Walk San Diego740 13th St 502 San Diego, CA 92101	46-0505205	501(c)(3)	75,000				Next Steps VI
Wallace Medical Concern 254 NW Burnside Gresham, OR 97030	93-0853709	501(c)(3)	27,500				Growing WMC Capacity to Expand to Primary Care

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington State University FoundationPO Box 641927 Pullman, WA 99164	91-1075542	501(c)(3)	15,000				Charitable Donation
Watts Willowbrook Boys & Girls Club1339 East 120th St Los Angeles, CA 90059	95-1945829	501(c)(3)	25,500				general operating support
WEAVE Inc1900 K St Sacramento, CA 958144187	94-2493158	501(c)(3)	44,000				Crisis Advocacy and Therapeutic Counseling Service
Weingart Center Association 566 S San Pedro St Los Angeles, CA 90013	95-6054617	501(c)(3)	12,000				Clinical Services
Wellness Community - Foothills Inc200 East Del Mar Blvd 118 Pasadena, CA 91105	95-4201985	501(c)(3)	7,500				10th Annual Women's Educational Health Conference
West Coast Sports Medicine Foundation1200 Rosecrans Ave 206 Manhattan Beach, CA 90266	95-4497009	501(c)(3)	25,000				Sports medicine injury clinic
West County Health Centers Inc14045 Mill St Guerneville, CA 95446	23-7310613	501(c)(3)	8,000				West County Homeless Outreach and Medical Engageme
West Marin Senior Services 11435 State Highway One Point Reyes Station, CA 949560791	51-0192320	501(c)(3)	14,000				Holstein Hundred, Case Management for Frail and Ru
West Side Food Bank1710 22nd St Santa Monica, CA 90404	95-3685875	501(c)(3)	30,000				Healthy Eating In Hard Times Westside Food Bank's
West Valley Community Services10104 Vista Dr Cupertino, CA 95014	94-2211685	501(c)(3)	8,635				Community Access Resources Education (CARE)
Western Clinicians Network PO Box 191 Zamora, CA 95698	94-3138160	501(c)(3)	40,000				core supporting support
Western Justice Center Foundation55 South Grand Ave Pasadena, CA 91105	95-4176583	501(c)(3)	35,000				Core support

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Westminster Free Clinic 5560 Napoleon Ave Oak Park, CA 91377	77-0563241	501(c)(3)	15,000				Volunteer-based Health Clinic Services
Westside Community Mental Health Center 1153 Oak St San Francisco, CA 94117 2216	94-1164909	501(c)(3)	10,000				2010 Grant - Crisis Clinic Wellness & Resiliency G
Westside Family Health Center 1711 Ocean Park Blvd Santa Monica, CA 90405	95-2931931	501(c)(3)	17,000				VYBE (Visions for Youth Becoming Empowered)
Westside Neighborhood Clinic 2125 Santa Fe Ave Long Beach, CA 90810	95-2973364	501(c)(3)	12,500				Clinical Services Expansion
Whittier Rio Hondo AIDS Project 9200 Colima Rd 104 Whittier, CA 90605	95-4438637	501(c)(3)	15,000				HIV Case Management and Mental Health Program
William James Association 647 S King Rd San Jose, CA 95116	23-7320163	501(c)(3)	25,000				Veggie Youth Leadership and Outreach Project
Wilmington Community Free Clinic 1009 N Avalon Blvd Wilmington, CA 90744	95-3137803	501(c)(3)	10,000				Expanded Access to Breast Cancer Screening
WIND Youth Services 701 Dixie Ave Sacramento, CA 95815 3121	55-0844444	501(c)(3)	35,000				HealthShack Outreach and Clinical Care Coordinatio
WISE Senior Services Inc 1527 Fourth St 2nd Fl Santa Monica, CA 90401	95-2788014	501(c)(3)	12,000				Wise & Healthy Aging Elder Health Education Projec
Women At Work 3871 E Colorado Blvd Pasadena, CA 91107	95-3411403	501(c)(3)	15,000				Women at Work, Women at Play An Evening of Comedy
Womens Breast Cancer Resource Center 41785 Elm St 305 Murrieta, CA 92562	33-0951216	501(c)(3)	10,000				Survivor Support Program
Women's Initiative for Self Employment 1398 Valencia St San Francisco, CA 94110 3715	94-3081525	501(c)(3)	73,750				Providing Economic Opportunity to Low-Income Entre

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

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Worker Education and Resource Center Inc500 South Virgil Ave 200 Los Angeles, CA 90020	95-4888539	501(c)(3)	40,000				Los Angeles Healthcare Workforce Development Progr
Workforce Development Corporation Southeast Los An10900 East 183rd St 350 Cerritos, CA 90703	33-0287492	501(c)(3)	85,000				Healthcare Occupations Training (HOT) Project
Working Wonders35-325 Date Palm Dr 145 Cathedral City, CA 92234	33-0944802	501(c)(3)	7,000				From High Risk to Mainstream
Worksite Wellness LA5955 South Western Ave Los Angeles, CA 90047	55-0802354	501(c)(3)	6,000				Project Access
YMCA of East Bay263 So 20th St Richmond, CA 948042709	94-1156317	501(c)(3)	24,000				Prevention and Early Intervention of Mental Illnes
YMCA of Silicon Valley1922 The Alameda 3rd Fl San Jose, CA 95126	94-1156318	501(c)(3)	120,500				Asset Champions Awards Breakfast March 25, Buildin
YMCA of the East Bay263 South 20th St Richmond, CA 94804	94-1156317	501(c)(3)	90,000				Mental Health/Substance Abuse Prevention and Early
Yolo County Childrens Alliance600 A St Y Davis, CA 946163648	68-0526185	501(c)(3)	52,420				2010 Essential Services Program - Essential Servic
Yolo Family Resource Center 828 Court St Woodland, CA 95695	47-0871252	501(c)(3)	10,000				Access to Health Project
Young & Healthy37 North Holliston Ave Pasadena, CA 91106	95-4527969	501(c)(3)	25,000				core programmatic and operational support
YMCA of Metropolitan Los Angeles6901 Lennox Ave Van Nuys, CA 91405	95-1644052	501(c)(3)	104,500				Mid Valley Family YMCA's Healthy Communities Outre
YWCA Sonoma Co1421 Guerneville Rd 200 Santa Rosa, CA 954037238	94-2347428	501(c)(3)	15,000				YWCA Domestic Violence Counseling for Women and Ch

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

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YWCA of Glendale735 E Lexington Dr Glendale, CA 91206	95-1644057	501(c)(3)	12,000				ENCO REplus
YWCA of San Pedro437 W 9th St San Pedro, CA 90731	95-1691337	501(c)(3)	10,000				Breast Cancer Early Detection Program
Youth ALIVE3300 Elm St Oakland, CA 946093012	94-3143254	501(c)(3)	75,000				Hospital-based Youth Violence Technical Assistance
Youth and Family Enrichment Services610 Elm St 212 San Carlos, CA 940703070	94-3094966	501(c)(3)	15,750				The Children's Place, 18th Annual 'Starting Line B
Youth and Family Services Inc1017 Tennessee St Vallejo, CA 945904547	94-2793548	501(c)(3)	20,000				Parents and Children Recovering Together
Youth Enrichment Strategies2811 Macdonald Ave Richmond, CA 948043008	03-0458294	501(c)(3)	15,000				PeaceTalk Non-Defensive Communication for Positiv
Youth for Christ USA Inc1102 N School St Stockton, CA 952053721	94-1708137	501(c)(3)	47,170				Reducing School Violence Partnership
Youth Leadership Institute2440 Tulare St 200 Fresno, CA 93721	68-0184712	501(c)(3)	19,750				Snack Shack Makeover
Youth Speak Collective11243 Glenoaks Blvd 11 Pacoima, CA 91331	27-0126980	501(c)(3)	18,000				Project Youth Green Program
Youth Together449 15th St 302 Oakland, CA 946122821	35-2201239	501(c)(3)	15,000				Richmond Youth Leadership Initiative
Yu-Ai Kai Japanese Americ Sr Svcs San Jose588 N 4th St San Jose, CA 951125311	94-2427398	501(c)(3)	15,000				Seniors-at-Home Outreach Program
Zero Breast Cancer4340 Redwood Hwy C400 San Rafael, CA 949032121	68-0386016	501(c)(3)	11,694				Honor thy Healer i

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

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JK GroupPO Box 24619 Oakland, CA 94623		501(c)(3)	26,038				matching gift
tabernacle community development corporation 1601 McKinnon St SAN FRANCISCO, CA 94124	94-3402767	501(c)(3)		10,955,342	book	low income bldg proj	demolish the 21-unit residential apartment building and have the site reclassified for medical use zoning

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	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) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
Schedule J, Part I, Line 3	Top Management Officials' Compensation	Kaiser Foundation Hospitals relied on Kaiser Foundation Health Plan, Inc 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
SCHEDULE J, PART I, LINE 4-A	SEVERANCE PAYMENTS	Paul Records \$ 880,595 Christine Malcolm 568,515 Anne Barr 134,823 Total \$ 1,583,933 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 4-B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS	George Halvorson \$ 1,237,500 Paul Records 451,325 Henry Neidermeier 251,356 Mark Zemelman 218,741 Raymond Baxter 197,173 Daniel Garcia 151,518 Judith Coffey 108,343 Herman Weil 103,458 Marilyn Kawamura 92,729 Jerry Fleming 90,843 Terry Austen 81,042 Gerald McCall 53,088 Garry Hurlbut 49,898 Edward Glavis 41,219 Steven Zarkin 5,463 Judith Mears 2,643 Mitchell Goodstein 921 Nathaniel Oubre 815 Thomas Meier 609 Kathryn Lancaster 368 Total \$ 3,139,051 Some of the listed persons participated in nonqualified supplemental retirement plans. Under these plans, the organization makes annual contributions to accounts held in the name of individual participants. Contributions vary by position level and pay, and vest over time based on age and/or service. Participant accounts are credited with actual investment returns from up to four mutual funds and/or with a fixed rate of interest or a combination thereof. Unvested amounts are subject to risk of forfeiture.
Schedule J, Line 7		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.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Gregory A Adams	(i) (ii)	0 604,032	0 604,028	0 24,458	0 256,054	0 13,068	0 1,501,640	
Peter Andruszkiewicz	(i) (ii)	0 396,169	0 227,750	0 21,290	0 141,947	0 15,982	0 803,138	
Terry L Austen	(i) (ii)	0 272,592	0 113,453	0 100,683	0 157,172	0 13,068	0 656,968	81,042
Mary Ann Barnes	(i) (ii)	0 332,077	0 156,576	0 23,426	0 112,671	0 11,306	0 636,056	
Anne D Barr	(i) (ii)	0 151,827	0 220,670	0 143,041	0 28,633	0 23,068	0 567,239	
Anthony A Barrueta	(i) (ii)	0 354,645	0 196,875	0 19,936	0 103,343	0 13,068	0 687,867	
Raymond J Baxter	(i) (ii)	0 521,756	0 575,493	0 239,532	0 62,481	0 13,068	0 1,412,330	197,173
Michael O Brady	(i) (ii)	0 339,433	0 219,476	0 34,030	0 74,725	0 24,892	0 692,556	
Virginia C Campbell	(i) (ii)	0 348,178	0 74,487	0 37,192	0 84,326	0 13,611	0 557,794	
Christine K Cassel	(i) (ii)	0 172,625	0 0	0 0	0 0	0 0	0 172,625	
William B Caswell	(i) (ii)	0 367,772	0 238,537	0 35,867	0 98,691	0 11,306	0 752,173	
Thomas W Chapman Edd	(i) (ii)	0 185,427	0 0	0 0	0 59,810	0 0	0 245,237	
Benjamin K Chu	(i) (ii)	0 604,656	0 743,048	0 24,458	0 260,985	0 11,306	0 1,644,453	
Judith L Coffey	(i) (ii)	0 282,503	0 126,138	0 128,623	0 199,650	0 13,068	0 749,982	108,343
Charles E Columbus	(i) (ii)	0 356,817	0 310,248	0 130,789	0 97,687	0 13,068	0 908,609	
Diane Comer	(i) (ii)	0 318,214	0 197,712	0 33,458	0 82,522	0 13,068	0 644,974	
Mark E Costa	(i) (ii)	0 283,109	0 131,935	0 16,452	0 74,531	0 11,306	0 517,333	
Richard D Daniels	(i) (ii)	0 435,258	0 346,897	0 28,658	0 115,802	0 13,611	0 940,226	
Steven Doshay	(i) (ii)	0 180,446	0 73,941	0 5,600	0 43,366	0 11,306	0 314,659	
Philip Fasano	(i) (ii)	0 659,255	0 1,005,000	0 97,929	0 294,051	0 12,436	0 2,068,671	
Elizabeth Jane Finley	(i) (ii)	0 285,266	0 160,264	0 39,117	0 95,011	0 11,306	0 590,964	
Jerry C Fleming	(i) (ii)	0 417,965	0 457,586	0 145,571	0 170,037	0 13,611	0 1,204,770	86,983
Diane E Gage Lofgren	(i) (ii)	0 368,334	0 411,793	0 22,560	0 138,120	0 13,611	0 954,418	
Lazaro M Garcia	(i) (ii)	0 289,344	0 202,950	0 89,840	0 137,917	0 13,068	0 733,119	
Daniel P Garcia	(i) (ii)	0 517,930	0 585,000	0 177,308	0 62,481	0 11,306	0 1,354,025	151,518
Jennifer M Gardner	(i) (ii)	0 95,718	0 6,040	0 1,489	0 41,870	0 13,068	0 158,185	
Edward S Glavis	(i) (ii)	0 314,973	0 183,532	0 76,627	0 108,721	0 13,068	0 696,921	39,382
Sandra A Golze	(i) (ii)	0 242,163	0 132,711	0 16,960	0 85,624	0 13,068	0 490,526	
Mitchell J Goodstein	(i) (ii)	0 420,962	0 452,848	0 25,254	0 146,821	0 13,068	0 1,058,953	
William R Graber	(i) (ii)	0 232,123	0 0	0 0	0 0	0 0	0 232,123	
J Eugene Grigsby III PhD	(i) (ii)	0 193,743	0 0	0 0	0 0	0 0	0 193,743	
George C Halvorson	(i) (ii)	0 1,177,487	0 5,155,125	0 1,334,723	0 62,481	0 13,611	0 7,743,427	
Corwin Nathaniel Harper	(i) (ii)	0 269,943	0 128,366	0 16,080	0 72,945	0 13,611	0 500,945	
Garry L Hurlbut	(i) (ii)	0 174,074	0 396,445	0 83,998	0 65,219	0 6,784	0 726,520	46,026
Linda J Jensen	(i) (ii)	0 282,103	0 144,033	0 18,433	0 105,772	0 13,068	0 563,409	
Judith Johansen	(i) (ii)	0 184,560	0 0	0 0	0 0	0 0	0 184,560	
Marilyn Kawamura	(i) (ii)	0 390,260	0 438,827	0 132,118	0 194,439	0 12,893	0 1,168,537	90,440
Patricia Kennedy-Scott	(i) (ii)	0 362,953	0 312,689	0 39,013	0 150,579	0 16,231	0 881,465	
Kathryn Lancaster	(i) (ii)	0 615,090	0 919,900	0 23,086	0 283,406	0 13,068	0 1,854,550	
Janet A Liang	(i) (ii)	0 361,133	0 292,123	0 24,529	0 130,917	0 9,873	0 818,575	
Donna Lynne	(i) (ii)	0 393,534	0 404,384	0 22,740	0 169,239	0 13,511	0 1,003,408	
Christine L Malcolm	(i) (ii)	0 0	0 0	0 568,721	0 0	0 12,021	0 580,742	
Philip Marineau	(i) (ii)	0 193,623	0 0	0 0	0 0	0 0	0 193,623	
Gerald A McCall	(i) (ii)	0 383,512	0 246,037	0 72,489	0 125,415	0 11,306	0 838,759	51,102
Andrew R McCulloch	(i) (ii)	0 392,037	0 353,325	0 67,791	0 194,628	0 12,994	0 1,020,775	
Colleen M McKeown	(i) (ii)	0 308,591	0 163,158	0 17,032	0 96,588	0 13,068	0 598,437	
Judith M Mears	(i) (ii)	0 233,623	0 144,237	0 28,109	0 84,337	0 13,611	0 503,917	
Thomas R Meier	(i) (ii)	0 316,076	0 297,094	0 34,615	0 94,371	0 13,068	0 755,224	
Julie Miller-Phipps	(i) (ii)	0 311,375	0 189,079	0 16,790	0 98,706	0 11,306	0 627,256	
Jenny J Ming	(i) (ii)	0 182,748	0 0	0 0	0 0	0 0	0 182,748	
Henry Neidermeier	(i) (ii)	0 259,197	0 195,704	0 287,352	0 95,353	0 13,611	0 851,217	
Indrajit Obeysekere	(i) (ii)	0 201,691	0 94,972	0 16,292	0 40,976	0 13,611	0 367,542	
Donald H Orndoff	(i) (ii)	0 333,479	0 0	0 174,579	0 57,212	0 13,720	0 578,990	
Nathaniel L Oubre	(i) (ii)	0 354,886	0 153,469	0 56,948	0 92,317	0 11,560	0 669,180	
Edward Pei	(i) (ii)	0 168,250	0 0	0 0	0 16,500	0 0	0 184,750	
J Neal Purcell	(i) (ii)	0 219,738	0 0	0 0	0 0	0 0	0 219,738	
Paul B Records	(i) (ii)	0 345,387	0 483,350	0 1,412,799	0 35,147	0 48,611	0 2,325,294	133,545
Frank P Richardson	(i) (ii)	0 193,345	0 54,193	0 4,194	0 32,219	0 9,873	0 293,824	
Thomas J Risse	(i) (ii)	0 271,531	0 93,733	0 144,045	0 43,354	0 9,873	0 562,536	
Christine Robisch	(i) (ii)	0 277,998	0 123,699	0 16,803	0 75,648	0 13,611	0 507,759	
Rochelle M Roth	(i) (ii)	0 156,416	0 23,838	0 2,385	0 38,895	0 12,680	0 234,214	
Jacqueline Sellers	(i) (ii)	0 173,781	0 71,202	0 14,493	0 55,491	0 13,611	0 328,578	
Arthur M Southam	(i) (ii)	0 735,252	0 1,241,861	0 43,186	0 342,622	0 11,306	0 2,374,227	
Deborah Stokes	(i) (ii)	0 313,713	0 249,552	0 59,377	0 110,792	0 13,068	0 746,502	40,338
Cynthia Telles PHD	(i) (ii)	0 182,647	0 0	0 0	0 0	0 0	0 182,647	
Sandra Thompkins	(i) (ii)	0 166,951	0 0	0 0	0 0	0 0	0 166,951	
Bernard J Tyson	(i) (ii)	0 737,887	0 1,180,500	0 24,127	0 346,893	0 13,068	0 2,302,475	
Max Villalobos	(i) (ii)	0 285,500	0 203,851	0 68,307	0 82,980	0 13,611	0 654,249	
Herman M Weil	(i) (ii)	0 325,892	0 280,379	0 144,075	0 240,582	0 		

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											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 CALIFORNIA STATEWIDE CMNTYS DEV AUTH	52-1598225	130911RW2	08-06-2003	213,060,000	FINANCE HEALTH CARE FACILITY		X		X		X
B CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911WF3	03-30-2004	1,600,000,000	FINANCE HEALTH CARE FACILITY		X		X		X
C CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1309112G4	06-08-2006	916,299,000	FINANCE HEALTH CARE FACILITY		X		X		X
D CALIFORNIA HEALTH FACILITIES FINANCING AUTH	52-1643828	13033FK74	06-08-2006	600,000,000	FINANCE HEALTH CARE FACILITY		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	213,060,000		1,639,844,037		954,024,896		602,245,616	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrow	0		0		0		0	
7	Issuance costs from proceeds	0		6,375,000		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		1,633,469,037		954,024,896		602,245,616	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2009		2009		2009		2009	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		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?	X		X		X		X	
b	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X			X	X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X	X			X		X
6	Did the bond issue qualify for an exception to rebate?		X		X	X		X	

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
2003 CSCDA		2003 CSCDA Bond Part III, Private Use, questions 1 and 2 have not been answered due to the instructions stating "Complete for Bond Issues listed in rows A - D of Part I, other than listed bond issues that are post-December 31, 2002 refunding issues which refund pre-January 1, 2003 bond issues directly or through a series of refundings The 2003 bonds refunded were bonds issued from October 1983, November 1985, and May 1993
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
Part II Line 3		Difference between total proceeds (Part II line 3) and issue price (Part I) is due to interest earned on the construction fund

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 lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type 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) MARK MALCOLM	KFHP INC EMPLOYEE	96,476	COMPENSATION		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization KAISER FOUNDATION HOSPITALS	Employer identification number 94-1105628
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Identifier	Return Reference	Explanation
PART I, LINE 10 (PRIOR YEAR)		2009 Form 990, Part VIII, line 7c In 2009, we reported \$974,611,656 loss from sales of securities We have received final tax basis numbers showing \$507,797,695 loss from sales of securities We have updated page 1 of the 2010 Form 990 prior year column to reflect this correction If we had presented this information at the time of filing the 2009 Form 990 the presentation in Part VIII would have been 7a gross proceeds 4,641,612,303 7b less cost (5,149,409,998) 7c gain (loss) (507,797,695)

Identifier	Return Reference	Explanation
PART I, LINE 19		CURRENT YEAR REVENUE LESS EXPENSES \$ 1,371,690,345 OTTI (NOTE 1) (190,424,614) BOOK GAIN ON SALE OF INVESTMENTS 704,114,095 TAX GAIN ON SALE OF INVESTMENTS (288,920,405) HEALTH CARE MANAGEMENT SOLUTIONS, LLC 3,388,821 OTHER PASSTHROUGH INCOME (39,388,267) KP ONCALL, LLC 2,359,386 KPV, LLC - SERIES A (215,204) KFHP - CO RESTRICTED GRANT (20,299,319) INTERCOMPANY ELIMINATIONS (11,859,472) UNAUDITED STANDALONE GAAP REVENUE LESS EXPENSES \$ 1,530,445,365 NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED

Identifier	Return Reference	Explanation
PART III, LINE 4A-D		<p>Kaiser Foundation Hospitals (KFH) and Kaiser Foundation Health Plan, Inc (KFHP), with its five 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 , Kaiser Foundation Health Plan of the Northwest, and Kaiser Foundation Health Plan of Ohio, 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 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 several 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 In California, KFH medical centers are located in the cities of Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Harbor City, Hayward, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, 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 Services provided by KFH and membership in Health Plan are available without regard to sex, race, religion, ethnic background, sexual orientation, occupational status or income level Health Plan members are broadly representative of the various ages, social, and income groups within the areas served Once enrolled, a member is free to maintain membership regardless of age, health status, or employment KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY Kaiser Permanente believes its Direct Community Benefit Investment (DCBI), is fundamental to being a nonprofit organization It embodies the organization's commitment to improve the health of communities beyond services to Health Plan members It is more than traditional corporate citizenship or corporate philanthropy It is an intentional, planned, budgeted, measurable, accountable creation for better health in our communities It is done in collaboration with, not in isolation from, the community DCBI serves to fulfill Kaiser Permanente's social purpose, justify its tax-exempt status, and differentiate it from other health care organizations This tradition of community benefit dates from the earliest days of the Program, when charitable care to non-employees, and later, nonmembers, was initiated That heritage has continued through the years in Kaiser Permanente's early participation in publicly financed programs such as Medicaid and Medicare, establishment of residency training and medical research programs, and later, in the development of the Educational Theatre Programs, Safety Net Partnerships, Community Health Initiatives and Charitable Health Coverage Programs In 2007, the KFHP/H Board of Directors refined the focus of the organization's Community Benefit Program and established the following four priority areas which have come to be known as "streams of work" - Care and Coverage for Low -Income People - Creates and supports programs that lower the financial barriers for the under- and uninsured - Community Health Initiatives - Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods - 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 - Developing and Disseminating Knowledge - Improves health care by sharing our knowledge- educating practitioners, advancing research, empowering consumers and informing policymakers about the evidence base for care and health The Board elaborated that at least 75% of total community benefit funding will be directed to program priorities within the four streams of work and the remaining 25% of funding will be directed by local regions to respond to local community benefit needs and opportunities that may or may not be within the four priority areas COMMUNITY BENEFIT PROVIDED BY KAISER FOUNDATION HOSPITALS 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's general community benefits are 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</p>

Identifier	Return Reference	Explanation
		<p>THE COMMUNITY BENEFIT PROGRAMS IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON In 2010, KFH spent approximately \$879 million to support the Community Benefit Program Breakdowns of the 2010 Community Benefit dollars attributable to KFH for its hospital-based regions (California, Hawaii, Oregon and Washington) are described in Attachment A The following identifies many of the signature community benefit programs and services, grouped according to the national streams of work, funded by KFH CARE AND COVERAGE FOR LOW-INCOME PEOPLE There are roughly 46 million Americans without access to health care or coverage Uninsured, low-income individuals and families who are not eligible for public programs often have to rely on traditional charity care Frequently, individuals in this situation may wait to seek medical care until their conditions become critical, and end up in hospital emergency rooms for treatment of conditions that are preventable or easily treated in earlier stages In 2010, KFH invested approximately \$593 million to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age, or other factors Program beneficiaries (under- and uninsured) received free or discounted care in a Kaiser Permanente facility or by a Permanente provider Following are highlights of the programs and services provided to vulnerable populations in California, Hawaii, Oregon and Washington Charitable Care (Medical Financial Assistance and Charitable Health Coverage) KFH provides charity care to low-income vulnerable populations through the Medical Financial Assistance and Charitable Health Coverage programs - Medical Financial Assistance (MFA) KFH contributed approximately \$162 million to assist patients with limited or no resources to pay for care provided in Kaiser Permanente facilities Each hospital-based region offers financial assistance to help families and individuals who are unable to meet all or part of the cost of medical care on an immediate and nonrecurring basis Kaiser Permanente expanded its charity care program to include discounted charges for uninsured patients below 400% of the federal poverty guidelines and aligned contracted collection agency practices with Kaiser Permanente social values The amount reported under this category is only part of the funds spent by KFH for the poor and uninsured The organization's commitment to charitable care is also reflected in a variety of other programs and initiatives such as the Charitable Health Coverage Program and grants and donations to community clinics and other safety net providers The MFA programs in California and Hawaii strive to assist families and individuals who are unable to meet all or part of the cost of medical care on an immediate and nonrecurring basis The program is designed to assist as many patients as reasonably possible and is generally available to people in greatest financial need, including those experiencing unusual or unfortunate circumstances The MFA program's eligibility criteria allows most patients below 350% of the federal poverty guidelines (FPG) to receive full write off, that uninsured patients who do not qualify for MFA but make less than the 400% FPG will receive up to a 70% discount on charges and that any patient experiencing financial hardship due to unreasonable medical expenses relative to their income may qualify for the program under "special circumstances" In 2010, the programs provided 102,067 MFA awards, which included approximately 604,312 prescriptions and more than 120 thousand subsidized in-patient days of care In Oregon and Washington, the MFA program supports patients with limited resources by forgiving full or partial expenses for medical and /or dental expenses if they meet the qualifying guidelines In 2010, the program provided more than 7,726 MFA awards, which included approximately 107,428 prescriptions and more than 15 thousand subsidized IP days of care - Charitable Health Coverage Program Charitable Health Coverage (CHC) is a unique approach to caring for low-income uninsured people in the community Participants receive a regular Kaiser Permanente membership card and access to the full range of our services and providers-a much better alternative to a brief and costly emergency room visits or hospitalization This allows us to invest in the longer term health of patients and the community Since the early 1980s, CHC programs have made a real difference in the lives of low-income people who were not eligible for other public or privately sponsored coverage In 2010, approximately 93,928 low-income adults and children who were not eligible for other public or privately sponsored coverage received health care coverage through one of Kaiser Permanente's Charitable Health Coverage Programs in California, Hawaii, Oregon and Washington KFH contributed \$67 million to provide subsidized care for these underserved populations in 2010 The Steps Plan and Kaiser Permanente Child Health Plan are the specific products that form the Charitable Health Coverage Programs in California Kaiser Permanente Steps Plan - The Steps Plan provided 7,686 individuals the opportunity to continue their health care coverage at reduced cost when experiencing financial difficulty due to job loss, involuntary reduction in work hours, legal separation, divorce or death of a spouse Typically, participants are not eligible for any public or private group health insurance plan, and have family income between 100% and 300% of the federal poverty guidelines The plan is available to parents of children enrolled in AIM, Healthy Families or Kaiser Permanente Child Health Plan as well as to individuals participating in vocational training programs offered through government, private industry councils and social agencies The Steps Plan premium is subsidized at four levels or steps 20%, 40%, 60%, and 80% Participants are placed in an initial premium step based on their current family income They remain at the initial step for one year and are then moved to the next higher step Kaiser Permanente Child Health Plan (KPCHP) - The Child Health Plan provides medical and dental coverage to eligible children (birth through 18) in families with income up to 300% of the federal poverty guidelines who do not have access to employer-subsidized coverage and do not qualify for public programs because of family income or immigration status Child Health Plan provides comprehensive benefits including preventive care, inpatient and outpatient services, prescription drugs, and vision and dental care Premiums are \$8 or \$15 per child per month, depending on family income, for a maximum of three children (additional children are covered free of charge) In 2010, approximately 79,532 children received care and coverage through this program</p>

Identifier	Return Reference	Explanation
		<p>KFH in the Northwest subsidized coverage to 5,428 low-income adults and children who are not eligible for standard Medicaid or privately funded coverage. The Charitable Health Coverage Program consists of Transitions, Child Health Program, and Washington Basic Health - Transitions - This program is a fully subsidized health insurance program for eligible low-income families. Eight college campuses currently participate within the Portland Metropolitan area. Students must be enrolled in a participating school, meet the financial criterion, and can not be enrolled in another private or public health care plan. Graduates are eligible for an additional six months coverage or until the employer-paid coverage is activated - Child Health Program - Northwest Health Plan offers full subsidy health insurance for eligible low-income students. Currently, 180 schools within the Multnomah Education Service District, Salem-Keizer School District, and Hillsboro School District participate in this program. Students must be enrolled in a participating school, meet the financial criterion, and can not be enrolled in another private or public health care plan. The participating school districts act as the administrator for the program and are responsible for outreach, and enrollment - Washington Basic Health Plan - This program offers quality, low-cost health coverage to eligible people who live in Washington State and is managed by Washington State Health Care Authority (HCA). The Northwest Health Plan provides service to eligible participants who reside in Clark or Clatsop counties. Participation in Medicaid and Other Government-Sponsored Programs KFH has a long history of participating in publicly financed health programs. In 2010, \$361 million was expended (in excess of reimbursement) on government-sponsored programs for low-income people in California, Hawaii, Oregon and Washington. Highlights of the government-sponsored health care coverage programs in California supported by KFH include Medi-Cal - KFHP enrolled, and KFH provided access to inpatient care for 174,641 Medi-Cal (Medicaid) managed care members in California - Medi-Cal Fee-for-Service - KFH in California provided subsidized care to 69,691 Medi-Cal Fee-for-Service patients. Of this amount, approximately \$107 million is attributed to services provided by KFH - Healthy Families - KFHP enrolled, and KFH provided access to inpatient care for 177,344 California children in this federal- and state-funded insurance program that provides low- and moderate-income families with health insurance for their children under 19 years of age. The program provides comprehensive health benefits, including dental and vision care. To qualify, families must have a total income between 100% and 250% of the federal poverty guidelines and the children must be ineligible for Medi-Cal coverage. Highlights of the government-sponsored health care coverage programs in Hawaii supported by KFH include - Quest & Medicaid Fee-for-Service - QUEST is a Medicaid managed care program run by the Hawaii's Department of Human Services. KFH participates in the QUEST programs on the islands of Oahu and Maui. KFH provided access to care for 21,892 individuals enrolled in Quest and expended approximately \$6.2 million on subsidized medical care services. The Hawaii Region also contributed an additional \$1.1 million on subsidized care for Medicaid Fee-for-Service patients - SCHIP - This government program provides children with family incomes up to twice the federal poverty guidelines for Hawaii, health care coverage under Title XXI of the Social Security Act. SCHIP is one of several aid categories under the QUEST program. Highlights of the government-sponsored health care coverage programs in Oregon and Washington supported by KFH include - Washington Basic Health Plus (BH-Plus) - This is Washington's Medicaid program for children under age 19 who live in households that meet the eligibility guidelines for Medicaid. The Maternity Benefits Program is a Medicaid program for pregnant women. The Department of Social and Health Services (DSHS) determines eligibility for BH-Plus. KFH provides services to eligible participants who reside in Clark and Clatsop counties - Medicaid Fee-for-Service - KFH in Northwest provided \$5.4 million in subsidized care to Medicaid Fee-for-Service patients. Grants and Donations for Care and Coverage In 2010, KFH donated \$2.7 million to more than 130 nonprofit and community-based organizations in California to help low-income families and uninsured children navigate the enrollment and recertification processes for public and private programs and improve their ability to access needed medical care. COMMUNITY HEALTH INITIATIVES As an innovator in health, Kaiser Permanente designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods, workplaces, and schools to support good health. Our community Health Initiatives (CHI) started with a focus on nutrition and physical activity. Our work has since expanded to address community economic development, environmental sustainability, and neighborhood safety - additional factors that are key to promoting health communities. In 2010, KFH expended approximately \$11 million to support CHI work. The following are examples of programs and services funded in 2010. Health Eating Active Living (HEAL) Programs The HEAL program combats obesity by promoting place-based healthy eating and active living programs and interventions in the community. The program supports community health initiatives and coalitions that bring community-level medical, environmental, and social changes such as empowering community residents to eat healthy foods, changing physical and social environments to promote physical activity, and supporting policy changes to reduce racial and ethnic health disparities, particularly those related to poor nutrition and inactivity. Community Health Education and Prevention Programs KFH in California, Hawaii, Oregon, and Washington provided a variety of activities and programs to assist health care consumers in managing their health and well-being. The hospitals serve as the primary site for the dissemination of health education information to both Health Plan and community members who access these resources through the health education centers. Expenditures in this category exclude program costs for health education programs targeting or restricted to Health Plan members. Other programs and services are offered in various community locations.</p>

Identifier	Return Reference	Explanation
		<p>Grants and Donations for Community Health Initiatives KFH contributed approximately \$9.2 million to nonprofit community organizations in California, Hawaii, Oregon and Washington to support a variety of community health initiatives. The following are examples of programs and services funded in 2010:</p> <ul style="list-style-type: none">- Kaiser Permanente Southern California's Healthy Eating in Hard Times (HEHT) initiative helps to ensure that low-income families who are eligible are participating in federal nutrition programs, such as food stamps and free school meals, and that food bank/pantry patrons can obtain healthy foods such as fruits and vegetables from emergency food sources. Nine food banks across the region were supported by grants totaling \$365,000.- California Food Policy Advocates (CFPA) received a \$225,000 HEAL School Wellness grant from Kaiser Permanente Southern California Region to provide healthier foods and increase access to eligible participants in nutrition programs. CFPA is working on improving nutritional quality of meal programs in more schools, increasing participation in classroom breakfast programs, expanding nutrition standards into other child care environments, and providing technical assistance to streamline the application process for food stamps.- Public Health Institute (as fiscal agent for Safe Community Partnership) received \$200,000 to support the ongoing implementation, expansion and evaluation of the Safe Community Partnership (SCP), which is a city-based, data-driven, approach to reducing street violence. <p>SAFETY NET PARTNERSHIPS Through funding, technical assistance, public policy advocacy, training and volunteering, dissemination of care-management and quality improvement technologies, Kaiser Permanente helps these vital health care providers improve care and expand treatment capacity for the communities and vulnerable people they serve. In 2010, KFH contributed \$26 million to support these programs. Through contractual arrangements with safety net partners, specific populations of nonmembers received specialty and dental care in Northwest KFH and Health Plan facilities. The following describes two of these special community partnerships:</p> <ul style="list-style-type: none">- Northwest Permanente perinatologists provide prenatal care in Health Plan facilities to high-risk obstetric patients (nonmembers) referred by Virginia Garcia Memorial Health Center. This community collaboration serves women in Washington and Yamhill counties.- The Northwest Dental Program provides charitable dental care and treatment to uninsured residents in Oregon and Washington. These services are provided in collaboration with University of Washington, Community Health Partners, Salem-Keiser School District and the County of Multnomah. Approximately 1,500 children and adults were served by the dental program in 2010. <p>Grants and Donations for Safety Net Partnerships During 2010, KFH spent \$26 million to support more than 300 organizations that deliver medical and/or dental care services to uninsured people in community setting, primarily safety net clinics in California, Oregon and Washington. Below are examples of the community organizations supported by these grants:</p> <ul style="list-style-type: none">- The Coalition of Orange County Community Clinics in Southern California received a \$90,000 grant for core operating support to help member clinics keep serving over 200,000 low-income, uninsured, and underserved individuals in Orange County annually. Supporting the coalition to create and develop new strategies, improve the financial infrastructure, and maintain core operations is vital to the success and sustainability of the safety-net system in the county.- The Council of Community Clinics in Southern California received a \$90,000 grant for core operating support. The council represents 16 community clinics and community health centers, operating more than 95 sites across the county, which provides health care services to thousands of uninsured and low-income residents in the county. The funding will enable the council to continue its advocacy efforts, improve the financial stability of its member clinics, and increase the capacity of providers.- In 2007, Kaiser Permanente Southern California Region initiated funding for a Specialty Care Initiative (SCI) to address the problem of specialty care for the uninsured and underinsured through a number of community-based coalitions in Southern California. The SCI is a statewide effort that provides the means for a community to examine, coordinate, spread, and deepen community-based solutions to the challenges of specialty care access and demand. In 2010, a grant for \$300,000 was awarded to Community Partners to continue providing technical assistance to grantees. As the SCI Technical Assistance Provider, Community Partner will continue to provide centralized coordination and technical assistance, support opportunities for shared learnings, and mobilize resources that support the SCI coalitions' implementation efforts to improve access to and delivery of services. To support continued evaluation of SCI, a grant for \$150,000 was awarded to Group Health Cooperative to implement the evaluation plan: collect and analyze data, provide technical assistance to the grantees, and provide feedback to grantees and funders about the initiative's progress and lessons learned.- Alameda County Health Care Foundation received \$75,000 to support the building and equipping of a new cardiac catheterization/angiography suite to be located on the campus of the Alameda County Medical Center. <p>DEVELOPING AND DISSEMINATING KNOWLEDGE Kaiser Permanente aims to improve health care by sharing its knowledge, educating practitioners, advancing research, empowering consumers, and informing policymakers about the evidence base for care and health. KFH spent \$222 million to support programs and services for the development and dissemination of knowledge and provided grants and donations to nonprofit organizations. Since 1946, Kaiser Permanente researchers have made thousands of medical discoveries. In 2010, investigators at our research centers in California, Oregon and Washington conducted more than 2,900 research and evaluation studies and published almost 700 journal articles. Kaiser Permanente investigators participated in research and evaluation studies, collaborating with several prominent academic research institutions, including Harvard University, Oregon Health & Sciences University, Stanford University, University of California (Los Angeles, Berkeley, and San Francisco), University of Southern California, University of Washington, National Institutes of Health, Agency for Healthcare Research and Quality and the Centers for Disease Control and Prevention. In California, KFH funds three research departments: the Division of Research (DOR) in Northern California, established in 1961, Department of Research & Evaluation (R&E) in Southern California, established in the early 1980s, and Kaiser Foundation Research Institute (KFRI). Two nursing research units for KFH in California also engage in studies on nursing practices, patient care, and patient outcomes to improve clinical practices. The Center for Health Research (CHR) is the primary research department for KFH in Oregon and Washington and the Center for Health Research Hawaii (CHRH) is a formal subdivision of CHR in the Northwest.</p>

Identifier	Return Reference	Explanation
		<p>CHR, CHRH, DOR, KFRI, and R&E-together with the Northern and Southern California Nursing Research Departments- spent approximately \$100 million to support research and evaluation studies. Their studies appeared in The New England Journal of Medicine, The Journal of the American Medical Association, American Journal of Public Health, Annals of Internal Medicine and many other leading general and specialized journals. Following is a sampling of the evidence-based studies conducted in 2010 - A study published in the journal Pediatrics investigated whether exposure to thimerosal, a mercury-containing preservative that is used in vaccines and immunoglobulin preparations, is associated with increased risk of autism spectrum disorder (ASD). This study was designed to examine relationships between prenatal and infant ethylmercury exposure from thimerosal-containing vaccines and/or immunoglobulin preparations and ASD and 2 ASD subcategories: autistic disorder (AD) and ASD with regression. The study concluded that prenatal and early-life exposure to ethylmercury from thimerosal-containing vaccines and immunoglobulin preparations was not related to increased risk of ASDs - A study that appeared in the Annals of Neurology found that compared to women never on hormone therapy, those taking hormone therapy only at midlife had a 26 percent decreased risk of dementia, while women taking hormone therapy only in late life had a 48 percent increased risk of dementia. Although previous research has shown that initiation of postmenopausal estrogen hormone therapy in late life increases the risk of dementia, animal studies and some observational studies have suggested that midlife use of hormone therapy may be beneficial. This is the first observational, long-term study to directly compare the effect of hormone therapy status in both midlife and late life on risk of dementia - A study published in the journal Fertility and Sterility showed that increasing urine BPA (Bisphenol-A) level was significantly associated with decreased sperm concentration, decreased total sperm count, decreased sperm vitality and decreased sperm motility. This is among the first human studies to report an adverse association between BPA and semen quality. Previous animal studies found a detrimental association between BPA and male reproductive systems in mice and rats. This study adds to emerging human evidence questioning the safety of BPA, a chemical created in the production of polycarbonated plastics and epoxy resins found in baby bottles, plastic containers, the linings of cans used for food and beverages, and in dental sealants - The Journal of Pediatrics published a study that showed extreme obesity is affecting more children at younger ages, with 12 percent of black teenage girls, 11.2 percent of Hispanic teenage boys, 7.3 percent of boys and 5.5 percent of girls now classified as extremely obese. This is the first study to provide a snapshot of the prevalence of extreme obesity in a contemporary cohort of children ages 2 - 19 years from a large racially and ethnically diverse population using the recent 2009 U.S. CDC extreme obesity definition. Children who are extremely obese may continue to be extremely obese as adults, and all the health problems associated with obesity may be in these children's futures - A study published in the journal Diabetes Care showed that the sooner people with diabetes start taking metformin, the longer the drug remains effective. Metformin is an inexpensive, generic drug that helps patients prevent dangerously high blood sugar levels. The study found that it worked nearly twice as long for people who began taking it within three months of their diabetes diagnosis. This is the first study to compare metformin failure rates in a real-world, clinical practice setting. Other studies compared failure rates of metformin only in clinical trials. Metformin is recommended as a first-line agent in the treatment of type 2 diabetes, but in most patients it eventually stops working, forcing them to take additional medications to control their blood sugar. Each additional drug adds extra costs and the possibility of more side effects including weight gain, so this study is welcome news for newly diagnosed patients. In 2010, in response to significant new federal interest and support for comparative effectiveness research, KFH established the Center for Effectiveness and Safety Research (CESR) to better coordinate and focus our long-standing comparative effectiveness research studies across the program. The center will enable us to more rapidly address high-priority research needs, quickly translate findings into practice, evaluate the impact and share the results with the community at large. The ultimate goal is to improve clinical outcomes, advance public health, maximize patient safety, and ensure that health care dollars are well spent. Health Sciences and Medical Libraries KFH spent approximately \$382,000 to support its 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 Kaiser Permanente. 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. During 2010, health sciences and medical libraries in California, Hawaii, Oregon and Washington completed thousands of requests for general knowledge and literature searches for research purposes. Tumor Board and Cancer Registry KFH spent \$1.5 million to support the Tumor Board and Cancer Registry in the Northwest and Hawaii Regions. Besides being a statistical database utilized by clinicians and researchers within the regions, the registry submits statistics to the National Cancer Data Base annually. Educational Theatre Programs (ETP) For 20 years, Educational Theatre Programs has used live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. These educational programs were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. All performances are delivered by professional actors who are also trained as peer health educators, and 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. KFH in California spent \$9.3 million to provide more than 609 thousand children and adults the opportunity to view one of ETP's 2,972 performances during 2010. Continuing Medical Education KFH spent approximately \$1 million to provide continuing medical education to community physicians and providers, and physicians affiliated with the Permanente Medical Groups and other health care providers. A variety of continuing education programs were offered during 2010, attracting approximately 108 thousand participants in California, Hawaii, Oregon and Washington.</p>

Identifier	Return Reference	Explanation
		<p>Graduate Medical Education Kaiser Permanente's first KFH Graduate Medical Education (GME) program began nearly 60 years ago in Oakland, California. Today, all hospital-based regions provide training and education for medical residents and interns. The nationally acclaimed program attracts some of the top medical school graduates in the United States and serves as a national model by educating the next generation of physicians in 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. KFH contributed \$48.5 million to educate 606 independent and 1,624 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. Residents and fellows in Oregon and Washington received training in Dermatology, Endocrinology, Family Practice, Internal Medicine, Geriatrics, Genetics, Obstetrics & Gynecology, Otolaryngology, Pathology, Pediatrics, Palliative Medicine, Plastic Surgery, and Rheumatology.</p> <p>Nurse Practitioner and Other Non-Physician Training Programs</p> <p>During 2010, KFH supported nearly 5,695 students pursuing a career in the allied health care field and spent \$9 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. - In the Northwest, KFH and Health Plan provide uncompensated on-site clinical training for students from various community institutions that are pursuing careers in the health care field. The Graduate Medical Education Department provides administrative support for the nurse practitioner, physician assistant, allopathic medicine, midwifery, optometry, podiatry, nurse anesthetist and behavioral health programs. - 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. - Through Kaiser Permanente's 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. - The Kaiser Permanente Deloras Jones Nursing Scholarship program provides financial assistance for students enrolled in any California nursing program to encourage and support them to become registered nurses or to pursue advanced nursing degrees. Scholarships are awarded in the categories of underrepresented minorities, academic excellence, nursing as a second career and pursuit of graduate nursing degree. Grants and Donations for Knowledge Dissemination KFH donated approximately \$3.6 million in charitable contributions to nonprofit organizations in California, Hawaii, Oregon, and Washington for the dissemination of evidence-based studies, which informed the community on health care public policy and educational opportunities for individuals seeking a career as a health care provider or professional. Below are examples of the community organizations supported by these grants. - The Worker Education and Resource Center, Inc. received a \$40,000 grant for the Health Care Workforce Development Program (HCWDP) to expand its services to include unemployed and underemployed adults and older youth with high poverty, unemployment, and school dropout rates in East and South Los Angeles. The HCWDP provides education, training, and job placement for workers who seek to advance into critically needed health care careers serving underserved patient populations in Los Angeles County. - The Grossmont-Cuyamaca Community College District Auxiliary Organization received a \$50,000 grant for San Diego Welcome Back Center to provide counseling and case management services for health care professionals in San Diego. - Tiburcio Vasquez Health Center (TVHC) received \$50,000 to create and develop a Promotoras Institute to facilitate the dissemination of culturally appropriate health information in underserved Southern Alameda communities.</p> <p>OTHER COMMUNITY BENEFITS</p> <p>In 2010, KFH in California, Hawaii, Oregon and Washington spent approximately \$27 million on other community benefit activities and programs beyond the national streams of work. Self-Sufficiency Programs KFH provided community-based programs and services to low-income residents and students through the Learning Centers and Youth Employment Programs. In 2010, KFH spent \$5.6 million to support the following programs. - Learning Centers - Through the Watts Counseling and Learning Center (WCLC) and Educational Outreach Program (EOP), disadvantaged children and their families in Southern California are provided a variety of counseling, education, and social services. WCLC provides mental health and counseling services, assistance to children with learning disabilities, and pre-employment training to high school youth. It also operates a state-licensed preschool program, a summer day camp, and "Kids Can Cope" support groups for children dealing with siblings or parents fighting cancer. EOP provides education and support services to primarily Latino youth, ages 10 to 14, in the San Gabriel Valley, east of downtown Los Angeles. The focus of EOP is to provide dropout prevention programs in a community setting. Currently, EOP provides nine different programs both in English and Spanish to children and parents during after-school hours and on Saturdays.</p>

Identifier	Return Reference	Explanation
		<p>Community Giving Campaigns In 2010, KFH contributed \$367 thousand to support Community Giving Campaigns, a program-wide effort that has a direct impact on local communities While a number of federations, including America's Charities, Black United Fund, Earth Share and United Way, and the many charities they represent, are listed in Campaign materials, the Campaign also supports a write-in option, which allows participants to donate to the non-profit 501(c) of their choice Participants can make a donation using payroll deduction or make a one-time contribution via cash, check, or credit card Kaiser Permanente underwrites all of the associated processing costs for the Campaign, so 100% of all pledges go directly to the organizations our employees and physicians choose to support Other Grants and Donations KFH donated approximately \$6.4 million to support community benefit activities and programs in California, Hawaii, Oregon, and Washington beyond the national streams of work The following chart summarizes 2010 Community Benefit investments by KFH for California, Hawaii, Oregon, and Washington The investments in the community reflected in the chart are unaudited</p> <p>CARE AND COVERAGE Charitable Care and Coverage Programs \$ 228,377,242 Government Sponsored Programs 360,901,486 Grants & Donations for Care and Coverage 2,678,938 CB Operations for Care and Coverage 804,545 Subtotal \$ 592,762,211</p> <p>COMMUNITY HEALTH INITIATIVES Community Health Initiatives Programs and Services \$ 1,666,660 Grants & Donations for Community Health Initiatives 9,198,700 CB Operations for Community Health Initiatives 274,539 Subtotal \$ 11,139,899</p> <p>SAFETY NET PARTNERSHIPS Grants & Donations for Safety Net Partnerships \$ 26,144,433 CB Operations for Safety Net 201,199 Subtotal \$ 26,345,632</p> <p>KNOWLEDGE DISSEMINATION Medical Research \$ 140,265,711 Educational Theatre Programs 9,251,227 Health Care Training and Education Programs 68,487,273 Grants & Donations for Knowledge Dissemination 3,631,246 CB Operations for Knowledge Dissemination 117,740 Subtotal \$ 221,753,197</p> <p>OTHER COMMUNITY BENEFITS Self-Sufficiency Programs \$ 5,602,570 Other CB Grants & Donations 6,391,192 CB Operations 14,816,116 Subtotal \$ 26,809,878</p> <p>TOTAL \$ 878,810,817</p>

Identifier	Return Reference	Explanation
PART V, LINE 4B		Kaiser Foundation Hospitals' foreign investments are held in a US third party custodian bank Kaiser Foundation Hospitals personnel cannot directly access the foreign investments

Identifier	Return Reference	Explanation
PART VI, LINE 2		NAME steven r zatkin FAMILY MEMBER AFFILIATION Spouse officer of kfhp inc , kfhp and subsidiaries NAME victoria zatkin FAMILY MEMBER AFFILIATION SPOUSE senior vp, general counsel and officer of kfhp, kfhp inc and regional health plans

Identifier	Return Reference	Explanation
PART VI, LINE 4		<p>THE FOLLOWING WERE THE AMENDMENTS TO THE BYLAWS IN 2010 AND 2011 6/24/10 Article D , Officers, of the Bylaw s of the Corporation was amended to (a) add the titles of Ambulatory Surgery Center Administrator, Psychiatric Health Facility ("PHF") Administrator and Clinical Director (Section D-1), (b) add new Section D-12 to provide for the appointment of an Ambulatory Surgery Center ("ASC") Administrator at each ASC operated by the Corporation and to set forth the authority and responsibilities of an ASC Administrator, and (c) add new Section D-13 to provide for the appointment of a PHF Administrator and Clinical Director for each psychiatric health facility operated by the Corporation and to set forth the education and experience requirements and responsibilities of the PHF Administrator and Clinical Director, and 9/24/10 Article E , Committees and Professional Staff, Section E-10, Quality and Health Improvement Committee ("QHIC"), of the Bylaw s of the Corporation was amended to reflect amendments approved to the QHIC charter for the Corporation relating to organizational accreditation and credentialing to add references to clinical staff or medical staff, and to add new subsections B-3(g) and (h) relating to the appointment of psychiatric health facility clinical directors, ambulatory surgery center medical directors and hospital administrators and other administrators, and 3/3/11 Article D , Officers, of the Bylaw s of the Corporation was amended to (a) provide that the officers of the Corporation may include one or more Group Presidents (Section D-1, Officers), (b) add a new Section D-8, Group President and/or Regional President, to describe the duties and responsibilities of those positions, (c) provide that the President shall be the Chief Operating Officer of the Corporation (Section D-7, President), (d) provide clarification regarding leadership in the event of the absence or disability of the President (Section D-9, Executive Vice President or National Senior Vice President), and (e) change the reference to "the President" in Sections D-3, D-4 and D-11 to "any President"</p>

Identifier	Return Reference	Explanation
PART VI, LINE 11B		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 benefits details are presented to the community benefit committee of the board for review 3 Executive compensation details are presented to the compensation committee of the board for review 4 The complete tax return is reviewed and signed by a KPMG tax advisor 5 The complete tax return is reviewed and signed by an officer or a member of management designated by an officer 6 The tax return is discussed with the full board of directors A copy of the return is provided to each board member in electronic format prior to filing

Identifier	Return Reference	Explanation
PART VI, LINE 12C		<p>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 1 The Kaiser Permanente Compliance Hotline is available to all employees and vendors to report actual or potential conflicts of interest All calls are answered by a third party and provided to Kaiser Permanente's National Compliance Office for review and appropriate action Employees can report anonymously Retaliation is prohibited Reports of actual or potential Conflicts of Interest are generated and investigations are conducted as required and information is tracked and trended to determine if additional guidance is required to avoid or manage conflicts of interest Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually 2 Chief Compliance Officer and the SVP of Internal Audit Services annually review the directors', officers', key employees', and executives' Annual Conflicts of Interest Questionnaire disclosures and provide direction on any investigations required Investigations are documented, tracked and trended to determine if additional controls or education is required, In addition, Conflicts of Interest Questionnaire reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually, and 3 Annually, as a component of the external audit, KPMG reviews the Annual Conflicts of Interest Questionnaires process completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/ Hospitals Audit and Compliance Committee 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 A Represented employees are subject to any corrective/disciplinary action provisions described in specific regional/national collective bargaining agreements and/or organizational policies and practices B Kaiser Permanente informs employees of the National Human Resources Policy No 14 Corrective/Disciplinary Action Policy during new employee orientation and in annual compliance training C In the event that it is necessary to discipline any employee because of, but not limited to, failure to comply with applicable legal/regulatory requirements, Kaiser Permanente policies and procedures, or the Principles of Responsibility, or for unsatisfactory performance or misconduct, coaching/counseling and/or corrective/disciplinary action may include, but is not limited to - Oral discussion and/or warning by the employee's immediate supervisor or higher level manager to correct the problem - Written notice, with or without final warning - Paid or unpaid suspension, with or without final warning - Termination of employment</p>

Identifier	Return Reference	Explanation
PART VI, LINE 15		<p>The executive compensation program is designed to recruit, retain and motivate qualified senior management personnel. Senior management personnel have a significant impact on the strategic and policy direction and results of the organization. Therefore, the executive compensation program is, to a significant degree, performance-based. The compensation program is reviewed annually by the Compensation Committee of the Board of Directors which evaluates and approves prior to payment all programs and payments to CEO, Executive Director and top management officials (executives). Base pay for executive positions is established at a level comparable to the relevant market. In addition, other components of the compensation program bear 'at-risk' features designed to focus on strategically important performance goals and to assist in attracting and retaining top performers. The executive compensation program is targeted at the median of the comparable external market in which the organization competes for executive leadership. Evaluation of comparable pay data is performed by an Independent Compensation, Benefit & Human Resource Consulting firm. The compensation program focuses on objectives in the areas of quality of member care and service, financial soundness, and the community and social mission of the organization.</p>

Identifier	Return Reference	Explanation
PART VI, LINE 19		Governing documents - are available as provided to the California Secretary of State on state agency website or upon request Conflict of Interest is available on KP website under vendor Principles of Responsibility or upon request Financial Statements are on file with the state regulatory agency Combined data is published for Kaiser Foundation Health Plan Inc and subsidiaries and Kaiser Foundation Hospitals and Subsidiaries with audit opinion by KPMG To request copies contact VP - NATIONAL tax compliance Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, 15L Oakland, CA 94612

Identifier	Return Reference	Explanation
PART VII, SECTION A, COLUMN B		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.

Identifier	Return Reference	Explanation
PART XI, LINE 5		Change in donated capital \$ (1,520,895) grants to regions (10,265,080) change in unrealized holding gain 318,801,409 change in other comprehensive income (705,860,017) KP OnCall book income (2,269,856) KP OnCall tax income 2,359,386 Passthrough income from HCMS 3,388,821 Other Passthrough income (39,388,267) Book gain on sale of securities 704,114,095 Tax gain on sale of securities (288,920,405) OTTI (190,424,614) TOTAL \$ (209,985,423)

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Christine K Cassel TITLE Director HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas W Chapman, Edd TITLE Director HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Daniel P Garcia TITLE SVP, Chief Compliance Officer HOURS 30

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME William R Graber TITLE Director HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME J Eugene Grigsby, III, PhD TITLE Director HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME George C Halvorson TITLE Chairman and CEO HOURS 37

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Judith Johansen TITLE Director HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kim J Kaiser TITLE Director HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Philip Marneau TITLE Director HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jenny J Ming TITLE Director HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Edw ard Pei TITLE Director HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME J Neal Purcell TITLE Director HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Cynthia Telles, PHD TITLE Director HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Sandra Thompkins TITLE Director HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Gregory A Adams TITLE Region President - NCAL HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Peter Andruszkewicz TITLE Regional President, Georgia HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Anthony A Barrueta TITLE SVP, Government Relations HOURS 28

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Raymond J Baxter TITLE SVP, Comm Benefit, Research & HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Benjamn K Chu TITLE Region President - SCAL HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Charles E Columbus TITLE SVP, Chief Human Resources Off HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Steven Doshay TITLE Senior Counsel HOURS 35

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Philip Fasano TITLE EVP & CIO HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jerry C Fleming TITLE SVP, Health Plan Manager HOURS 30

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Diane E Gage Lofgren TITLE SVP, Brand Mgmt & Communicatio HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jennifer M Gardner TITLE Special Asst to BOD HOURS 33

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Sandra A Golze TITLE VP, Regional Counsel - NCAL HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mitchell J Goodstein TITLE SVP, Actuarial, U/W & Pricing HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Marilyn Kawamura TITLE Region President - Mid-Atlantic HOURS 35

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Patricia Kennedy-Scott TITLE Region President - Ohio HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kathryn Lancaster TITLE EVP & CFO HOURS 38

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Janet A Liang TITLE Region President - Haw aii HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Donna Lynne TITLE Region President - Colorado HOURS 26

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Andrew R McCulloch TITLE Region President - Northw est HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Judith M Mears TITLE VP & Asst Gen Counsel HOURS 47

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas R Meier TITLE SVP, Corporate Treasurer HOURS 35

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Indrajit Obeysekere TITLE Section Head HOURS 29

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Donald H Orndoff TITLE SVP, NFS HOURS 37

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Paul B Records TITLE SVP, Human Resources HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Frank P Richardson TITLE VP, Regional Counsel - HI HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Rochelle M Roth TITLE Senior Director, QRM HOURS 32

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jacqueline Sellers TITLE Senior Counsel HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Arthur M Southam TITLE EVP, Health Plan Operations HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Deborah Stokes TITLE SVP, Corp Controller, CAO HOURS 38

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Bernard J Tyson TITLE President & COO HOURS 38

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Herman M Weil TITLE SVP, Federal & State Programs HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jed Weissberg TITLE SVP, Quality & Care Delivery E HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Carlos Zaragoza TITLE VP, Practice Leader - Labor & HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Steven R Zatkın TITLE SVP, General Counsel & Secreta HOURS 38

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Victoria B Zatkin TITLE VP, Off of Brd & Corp Gov Svcs HOURS 36

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mark S Zemelman TITLE SVP, General Counsel & Secreta HOURS 35

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Terry L Austen TITLE SVP & Area Mgr - San Jose HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mary Ann Barnes TITLE SVP, Exec Dir - San Diego HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Michael O Brady TITLE SVP, Infrastructure Mgmt Group HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Virginia C Campbell TITLE SVP & Area Mgr - Diablo HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME William B Casw ell TITLE SVP, Operations HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Judith L Coffey TITLE SVP & Area Mgr - Marin/Sonoma HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mark E Costa TITLE Exec Dir - Los Angeles HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Richard D Daniels TITLE SVP, Business Info Officer - H HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Elizabeth Jane Finley TITLE SVP & Exec Dir - Bellflower HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Edw ard S Glavis TITLE SVP & Area Mgr - North Valley HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Corw in Nathaniel Harper TITLE SVP & Area Mgr - Central Valle HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Linda J Jensen TITLE SVP & Area Mgr - San Mateo HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Gerald A McCall TITLE SVP Operations HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Colleen M McKeow n TITLE SVP & Area Mgr - Greater So A HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Julie Miller-Phipps TITLE SVP & Exec Dir - Orange HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Nathaniel L Oubre TITLE SVP & Area Mgr - East Bay HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas J Risse TITLE VP, CFO - Haw aii HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Christine Robisch TITLE SVP & Area Manager - San Franc HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Max Villalobos TITLE SVP & Area Manager - Napa/Sola HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Vita M Willett TITLE Exec Dir - Riverside HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Anne D Barr TITLE VP Integrated Planng & Delvry HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Diane Comer TITLE SVP, Business Info Officer - H HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Lazaro M Garcia TITLE VP, Data Center Svcs HOURS 30

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Garry L Hurlbut TITLE VP, COO-KPIT HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Henry Neidermeier TITLE VP, Technology SOX & Compliance HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Christine L Malcolm TITLE FORMER SVP HOURS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 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	34,074,062	10,210,994	NA
(2) KAISER PERMANENTE VENTURES LLC SERIES A ONE KAISER PLAZA 15L OAKLAND, CA 94612 27-2252521	INVESTMENTS	CA	268,420	12,656,339	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(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 organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HCMS LLC ONE KAISER PLAZA 15L OAKLAND, CA94612 20-3924985	CARE MANAGEMENT	CA	NA	RELATED	-3,388,821	5,884,882		No	-3,396,695		No	81 000 %

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
(1) ARCHIMEDES INC ONE KAISER PLAZA 15L OAKLAND, CA94612 20-3774729	CONSULTING	CA	NA	C CORP	-7,007,751	7,560,337	100 000 %
(2) KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3245176	CONSULTING	CA	NA	C CORP	492,079	706,708	100 000 %
(3) KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3203402	INSURANCE	CA	NA	C CORP	0	0	0 %
(4) KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3259432	REAL ESTATE	CA	NA	C CORP	0	0	0 %
(5) OAK TREE ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA94612 03-0329760	INSURANCE	VT	NA	C CORP	0	0	0 %

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

Yes

1h

Yes

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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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 organization	
						Yes	No
KAISER FDN HEALTH PLAN OF COLORADO ONE KAISER PLAZA 15L OAKLAND, CA94612 84-0591617	HEALTH CARE	CO	501(C)(3)	9	KFHP INC		
KAISER FDN HEALTH PLAN OF GEORGIA INC ONE KAISER PLAZA 15L OAKLAND, CA94612 58-1592076	HEALTH CARE	GA	501(C)(3)	9	KFHP INC		
KFHP OF THE MID-ATLANTIC STATES INC ONE KAISER PLAZA 15L OAKLAND, CA94612 52-0954463	HEALTH CARE	MD	501(C)(3)	9	KFHP INC		
KAISER FDN HEALTH PLAN OF THE NORTHWEST ONE KAISER PLAZA 15L OAKLAND, CA94612 93-0798039	HEALTH CARE	OR	501(C)(3)	9	KFHP INC		
KAISER FDN HEALTH PLAN OF OHIO ONE KAISER PLAZA 15L OAKLAND, CA94612 34-0922268	HEALTH CARE	OH	501(C)(3)	9	KFHP INC		
KAISER FOUNDATION HEALTH PLAN INC ONE KAISER PLAZA 15L OAKLAND, CA94612 94-1340523	HEALTH CARE	CA	501(C)(3)	9	NA		
CAMP BOWIE SERVICE CENTER ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3299123	ADMIN	CA	501(C)(3)	11	KFHP INC		
KAISER HOSPITAL ASSET MANAGEMENT INC ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3299125	ASSET MGT	CA	501(C)(3)	11	KFH		
KAISER HEALTH PLAN ASSET MANAGEMENT INC ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3299124	ASSET MGT	CA	501(C)(3)	11	KFHP INC		
LOKAHI ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA94612 91-2171891	RISK MGMT	HI	501(C)(3)	11	KFHP INC		
KAISER HEALTH ALTERNATIVES ONE KAISER PLAZA 15L OAKLAND, CA94612 93-0954562	HEALTH CARE	OR	501(C)(3)	9	KFHP INC		
OHP ONE KAISER PLAZA 15L OAKLAND, CA94612 93-0480268	LEASING	WA	501(C)(3)	11	KFHP INC		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
1800 HARRISON FOUNDATION ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3317484	FINANCING	CA	501(C)(3)	11	KFHP INC		
KAISER HOSPITAL ASSISTANCE CORPORATION ONE KAISER PLAZA 15L OAKLAND, CA94612 31-1779500	FINANCING	CA	501(C)(3)	11	KFH		

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	A	204,000	
(2)	KAISER FOUNDATION HEALTH PLAN OF OHIO	A	419,178	
(3)	LOKAHI ASSURANCE LTD	A	26,974,391	
(4)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	B	54,620	
(5)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	B	1,411,679	
(6)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	C	56,679	
(7)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	D	102,694,700	
(8)	KAISER FOUNDATION HEALTH PLAN OF THE NW	D	1,309,297,671	
(9)	KAISER FOUNDATION HEALTH PLAN OF OHIO	D	46,429,932	
(10)	LOKAHI ASSURANCE LTD	D	13,155,889	
(11)	KAISER FOUNDATION HEALTH PLAN of COLORADO	E	416,934,183	
(12)	KAISER FOUNDATION HEALTH PLAN of GEORGIA	E	40,738,300	
(13)	KAISER FOUNDATION HEALTH PLAN of THE NW	E	2,212,212,095	
(14)	KAISER FOUNDATION HEALTH PLAN of OHIO	E	429,658	
(15)	LOKAHI ASSURANCE LTD	E	483,347,471	
(16)	KAISER HOSPITAL ASSET MANAGEMENT	G	8,110,991	
(17)	KAISER FOUNDATION HEALTH PLAN of THE NW	H	4,107,224	
(18)	KAISER HOSPITAL ASSET MANAGEMENT	J	181,826,359	
(19)	KAISER FOUNDATION HEALTH PLAN INC	K	23,739,629,793	
(20)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	K	688,198,120	
(21)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	K	253,969,563	
(22)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	K	947,175,998	
(23)	KAISER FOUNDATION HEALTH PLAN OF THE NW	K	759,300,960	
(24)	KAISER FOUNDATION HEALTH PLAN OF OHIO	K	42,253,884	
(25)	OAK TREE ASSURANCE LTD	K	2,114	
(26)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	L	1,823,671	
(27)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	L	13,656,462	
(28)	KAISER FOUNDATION HEALTH PLAN OF THE NW	L	9,298,555	
(29)	KAISER FOUNDATION HEALTH PLAN OF OHIO	L	35,665,931	
(30)	LOKAHI ASSURANCE LTD	L	6,649,313,862	
(31)	OAK TREE ASSURANCE LTD	L	8,375	
(32)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	N	998	
(33)	KAISER FOUNDATION HEALTH PLAN OF THE NW	N	2,238	
(34)	KAISER FOUNDATION HEALTH PLAN OF OHIO	N	225	
(35)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	O	3,974,815	
(36)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	O	2,641,835	
(37)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	O	721,817,519	
(38)	KAISER FOUNDATION HEALTH PLAN OF THE NW	O	573,781,528	
(39)	KAISER FOUNDATION HEALTH PLAN OF OHIO	O	89,551,212	
(40)	CAMP BOWIE SERVICE CENTER	O	253,103	
(41)	KAISER HOSPITAL ASSET MANAGEMENT	O	121,472	
(42)	KAISER HEALTH PLAN ASSET MANAGEMENT	O	74,467	
(43)	KAISER PERMANENTE INSURANCE COMPANY	O	8,027,777	
(44)	OAK TREE ASSURANCE LTD	O	60,993	
(45)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	P	247,727	
(46)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	P	50,189,174	
(47)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	P	33,747,810	
(48)	KAISER FOUNDATION HEALTH PLAN OF THE NW	P	490,510,355	
(49)	KAISER FOUNDATION HEALTH PLAN OF OHIO	P	31,418,894	
(50)	ARCHIMEDES INC	P	51,248	
(51)	CAMP BOWIE SERVICE CENTER	P	274,375	
(52)	KAISER HOSPITAL ASSET MANAGEMENT	P	310	
(53)	KAISER HEALTH PLAN ASSET MANAGEMENT	P	42,037	
(54)	KAISER PERMANENTE INTERNATIONAL	P	401,610	
(55)	LOKAHI ASSURANCE LTD	P	83,028,123	
(56)	OAK TREE ASSURANCE LTD	P	550	
(57)	KAISER FOUNDATION HEALTH PLAN OF THE NW	Q	369,698,458	
(58)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	R	23,634,492	
(59)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	R	134,760,765	
(60)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	R	1,874,079,289	
(61)	KAISER FOUNDATION HEALTH PLAN OF THE NW	R	605,215,476	
(62)	KAISER FOUNDATION HEALTH PLAN OF OHIO	R	34,521,138	