

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KAISER HEALTH PLAN ASSET MANAGEMENT INC	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE KAISER PLAZA SUITE 1550L	
		City or town, state or country, and ZIP + 4 OAKLAND, CA 94612	
		D Employer identification number 94-3299124	
		E Telephone number (510) 271-6611	
		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	
<p>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>			
G Web site: N/A			
J Organization type (check only one) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 501(c)(3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 36,405,935			
H and I are not applicable to section 527 organizations			
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
H(b) If "Yes" enter number of affiliates _____			
H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)			
H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I Group Exemption Number _____			
M Check <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)									
Revenue	1	Contributions, gifts, grants, and similar amounts received							
	a	Contributions to donor advised funds	1a						
	b	Direct public support (not included on line 1a)	1b						
	c	Indirect public support (not included on line 1a)	1c						
	d	Government contributions (grants) (not included on line 1a)	1d						
	e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)				1e			
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .				2	35,504,495		
	3	Membership dues and assessments				3			
	4	Interest on savings and temporary cash investments				4	5,619		
	5	Dividends and interest from securities				5			
	6a	Gross rents	6a						
	b	Less rental expenses	6b						
	c	Net rental income or (loss) subtract line 6b from line 6a				6c			
	7	Other investment income (describe ►)				7			
	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other				
	b	Less cost or other basis and sales expenses	8a	594,543	8b	1,362,023			
	c	Gain or (loss) (attach schedule)	8c	-767,480					
d	Net gain or (loss) Combine line 8c, columns (A) and (B)				8d	-767,480			
9	Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>								
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a							
b	Less direct expenses other than fundraising expenses	9b							
c	Net income or (loss) from special events Subtract line 9b from line 9a				9c				
10a	Gross sales of inventory, less returns and allowances	10a							
b	Less cost of goods sold	10b							
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a				10c				
11	Other revenue (from Part VII, line 103)				11	301,278			
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	35,043,912			
Expenses	13	Program services (from line 44, column (B))				13	34,814,115		
	14	Management and general (from line 44, column (C))				14	164,017		
	15	Fundraising (from line 44, column (D))				15			
	16	Payments to affiliates (attach schedule)				16			
	17	Total expenses Add lines 16 and 44, column (A)				17	34,978,132		
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12				18	65,780		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	138,996,381		
	20	Other changes in net assets or fund balances (attach explanation) <input type="checkbox"/>				20	999,998		
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20				21	140,062,159		

Part II

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	0			
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26				
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	23,491,664	23,491,664		
43	Other expenses not covered above (itemize)					
a	AFFILIATES ALLOCATION	43a	164,017		164,017	
b	BUSINESS TAX	43b	225	225		
c	LEASE SERVICES EXPENSES	43c	11,322,226	11,322,226		
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	34,978,132	34,814,115	164,017	0

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☒ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs \$⁰_____, **(ii)** the amount allocated to Program services \$⁰_____, **(iii)** the amount allocated to Management and general \$0_____, and **(iv)** the amount allocated to Fundraising \$0_____.



Part III

Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶	THE PRIMARY EXEMPT PURPOSE OF THIS ORGANIZATION IS TO ACQUIRE CAPITAL MEDICAL EQUIPMENT FOR LEASE TO ITS SOLE MEMBER, KAISER FOUNDATION HEALTH PLAN, INC. FOR USE IN PROVIDING HEALTH CARE TO MEMBERS OF THE COMMUNITY AND TO MEMBERS OF THE KAISER PERMANENTE MEDICAL CARE PROGRAM. THE ORGANIZATION INVESTS ITS SURPLUS FUNDS IN SHORT-TERM SECURITIES UNTIL NEEDED FOR CAPITAL EQUIPMENT ACQUISITION PROGRAMS AND REPORTS THE INCOME FROM SUCH INVESTED FUNDS.	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	SEE STATEMENT 3	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	34,814,115
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . ▶	34,814,115

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		45	
	46	Savings and temporary cash investments	3,807,309	46	0
	47a	Accounts receivable	47a33,709,990		
	b	Less allowance for doubtful accounts	47b	34,855,197	47c33,709,990
	48a	Pledges receivable	48a		
	b	Less allowance for doubtful accounts	48b		48c
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)	51a		
	b	Less allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	14,988	53	120
	54a	Investments—publicly-traded securities . <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b	Investments—other securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a	Investments—land, buildings, and equipment basis	55a		
	b	Less accumulated depreciation (attach schedule)	55b		55c
	56	Investments—other (attach schedule)		56	 4,574,900
	57a	Land, buildings, and equipment basis	57a192,979,859		
	b	Less accumulated depreciation (attach schedule)	57b80,083,132	114,310,954	57c112,896,727
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> _____)		58		
59	Total assets (must equal line 74) Add lines 45 through 58	152,988,448	59	151,181,737	
Liabilities	60	Accounts payable and accrued expenses	13,696,055	60	11,118,420
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input checked="" type="checkbox"/> _____)	296,012	65	 1,158
	66	Total liabilities Add lines 60 through 65	13,992,067	66	11,119,578
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		67	
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds	138,154,849	70	139,154,849
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds	841,532	72	907,310
73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	138,996,381	73	140,062,159	
74	Total liabilities and net assets / fund balances Add lines 66 and 73	152,988,448	74	151,181,737	

a	Total revenue, gains, and other support per audited financial statements			a	
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify) _____	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	
d	Amounts included on Part I, line 12, but not on line a				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) _____	d2			
	Add lines d1 and d2			d	
e	Total revenue (Part I, line 12) Add lines c and d			e	


a	Total expenses and losses per audited financial statements		a		
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify) _____ _____	b4			
	Add lines b1 through b4		b		
c	Subtract line b from line a		c		
d	Amounts included on Part I, line 17, but not on line a :				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) _____ _____	d2			
	Add lines d1 and d2		d		
e	Total expenses (Part I, line 17) Add lines c and d		e		

[illegible]

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	<u>6</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b	Yes	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"	75c	Yes	
If "Yes," attach a statement that includes the information described in the instructions			
d Does the organization have a written conflict of interest policy?	75d	Yes	

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)
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(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes	
b If "Yes," enter the name of the organization  <u>SEE ATTACHED RELATED AND AFFILIATED ENTITIES - STATEMENT</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions) 81a <u>0</u>	81b		No
b Did the organization file Form 1120-POL for this year?			

Part VI

Other Information (continued)

Yes

No

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

No

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82b

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

h

If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

0

b

Gross receipts, included on line 12, for public use of club facilities

86b

0

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

0

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

0

88a

At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

No

89a

501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0

b

501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.

89b

No

c

Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d

Enter: Amount of tax on line 89c, above, reimbursed by the organization

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed CA

b

Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)

90b

91a

The books are in care of NATIONAL DIRECTOR OF TAX Telephone no (510) 271-6385

ONE KAISER PLAZA 1550L

Located at OAKLAND, CA ZIP + 4 94612

b

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)?

91b

No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	No
If "Yes," enter the name of the foreign country ▶ _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ▶		☐	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		92	

Part VII

Analysis of Income-Producing Activities *(See the instructions.)*

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a RENTAL INCOME					35,504,495
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,619	
96 Dividends and interest from securities . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-767,480	
101 Net income or (loss) from special events . .					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a INT-AFFILIATE LOAN			14	196,928	
b MISCELLANEOUS			01	104,350	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . .				-460,583	35,504,495
105 Total (add line 104, columns (B), (D), and (E)) ▶					35,043,912

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	DURABLE MEDICAL EQUIPMENT LEASE REVENUE FROM SOLE-MEMBER

Part IX

Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X

Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☑ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☑ No
NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).			

Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	<div>Signature of officer</div>		<div>2008-11-13</div> <div>Date</div>
	<div>DEBORAH STOKES VP, CONTROLLER, CAO</div> <div>Type or print name and title</div>		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	SAN FRANCISCO, CA 94105			Phone no (415) 963-5100

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER HEALTH PLAN ASSET MANAGEMENT INC

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Employer identification number

94-3299124

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		No
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📎			
a	Sale, exchange, or leasing property?	2a	Yes	
b	Lending of money or other extension of credit?	2b	Yes	
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____			

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5

☐

A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6

☐

A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7

☐

A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8

☐

A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9

☐

A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶

10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b

☐

A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12

☐

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13

☒

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☒ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
KAISER FOUNDATION HEALTH PLAN INC	941340523	12	X		11486468
Total ▶					11,486,468

14

☐

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule

(Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24			26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	
d Add Amounts from column (e) for lines 18 19 22 26b				26d	
e Public support (line 26c minus line 26d total)				26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) (2005) (2004) (2003)				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	
d Add Line 27a total and line 27b total				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					


Part V Private School Questionnaire (See page 7 of the instructions.)


(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		Yes	No
29				
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
30				
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
31				
31				
31				
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)


Check  **a** ☐ if the organization belongs to an affiliated group

Check  **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B

Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

Exempt Organizations (See page 12 of the instructions.)

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

(i) Cash

(ii) Other assets

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

7

Yes

☒

No

b If "Yes," complete the following schedule

[illegible]

TY 2007 Investments - Other Schedule

Name: KAISER HEALTH PLAN ASSET MANAGEMENT INC
EIN: 94- 3299124

Description	Book Value	Cost/FMV
LONG-TERM DEPOSITS	4,574,900	C

TY 2007 Other Changes in Net Assets Schedule

Name: KAISER HEALTH PLAN ASSET MANAGEMENT INC

EIN: 94- 3299124

Description	Amount
CAPITAL TRANSFER-IN ADJUSTMENT	1,000,000
ROUNDING ADJUSTMENT	2

TY 2007 Other Liabilities Schedule

Name: KAISER HEALTH PLAN ASSET MANAGEMENT INC

EIN: 94-3299124

Description	Beginning of Year Amount	End of Year Amount
INTERREGIONAL PAYABLES	223,835	229
DEFERRED RENT LIABILITY	72,177	929

TY 2007 Self Dealing Statement**Name:** KAISER HEALTH PLAN ASSET MANAGEMENT INC**EIN:** 94-3299124

Line Number	Explanation
2a	AS REFLECTED IN STATEMENT LINE 80, KAISER HEALTH PLAN ASSET MANAGEMENT INC. IS RELATED TO OTHER ORGANIZATIONS, EXEMPT AND NON-EXEMPT. DURING THE YEAR IN THE NORMAL COURSE OF BUSINESS IN CARRYING OUT THE EXEMPT PURPOSE OF THE ORGANIZATION, KAISER HEALTH PLAN ASSET MANAGEMENT, INC. MAY HAVE ENTERED INTO LEASES, THE EXTENSION OF CREDIT, AND/OR THE FURNISHING OF SERVICES, GOODS, OR FACILITIES WITH THESE ORGANIZATIONS. KAISER HEALTH PLAN ASSET MANAGEMENT, INC. MAY ALSO HAVE ENTERED INTO THESE TYPES OF TRANSACTION WITH ORGANIZATIONS WHOSE OFFICERS ARE BOARD MEMBERS OF KAISER HEALTH PLAN ASSET MANAGEMENT, INC. SUCH TRANSACTIONS WOULD HAVE BEEN AT A PRICE WHICH IS NOT LESS THAN COST OR MORE THAN FAIR MARKET VALUE.
2b	SEE STATEMENT FOR SCHEDULE A, PART III, LINE 2A
2c	SEE STATEMENT FOR SCHEDULE A, PART III, LINE 2A
2d	FORM 990, PART V

KAISER HEALTH PLAN ASSET MANAGEMENT, INC.
94-3299124
12/31/2007

STATEMENT FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE/ HOURS	(C1)	(C2)	(D1)	(D2)	(E)
		COMPENSATION PRE-2007	COMPENSATION 2007	BENEFIT 2007	BENEFIT PAID 2008	OTHER PAYMENTS
	See note 7	See Notes 3 & 4	See Notes 3 & 4	See Notes 3, 4 & 5	See Notes 3, 4 & 5	See notes 3, 4 & 6
DIRECTORS:						
THOMAS R MEIER	DIRECTOR & CHAIR	SEE BELOW	SEE BELOW	SEE BELOW	SEE BELOW	SEE BELOW
KATHYRN LANCASTER	DIRECTOR	SEE BELOW	SEE BELOW	SEE BELOW	SEE BELOW	SEE BELOW
HONG-SZE YU	DIRECTOR	40	0	0	0	0
OFFICERS AND KEY EMPLOYEES:						
THOMAS R MEIER	PRESIDENT & TREASURER	40	0	0	0	0
KATHYRN LANCASTER	SVP & CFO	40	0	0	0	0
STEVEN ZATKIN	SECRETARY	40	0	0	0	0
DEBORAH STOKES	VP & CONTROLLER	40	0	0	0	0
VICTORIA B ZATKIN	ASST SECRETARY	40	0	0	0	0

NOTES: See following page for notes applicable to the above reporting.

KAISER HEALTH PLAN ASSET MANAGEMENT, INC.

94-3299124

12/31/2007

STATEMENT FORM 990 PART V, LINE 75c - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	(C1) COMPENSATION PRE-2007 See Notes 3 & 4	(C2) COMPENSATION 2007 See Notes 3 & 4	(D1) BENEFIT 2007 See Notes 3, 4 & 5	(D2) BENEFIT PAID 2008 See Notes 3, 4 & 5	(E) OTHER PAYMENTS See notes 3, 4 & 6
HONG-SZE YU	0	182,216	43,430	36,403	0
THOMAS R MEIER	99,126	362,009	132,515	219,308	0
KATHYRN LANCASTER	120,549	980,678	296,679	607,349	0
STEVEN ZATKIN	735,427	809,468	550,980	592,290	0
DEBORAH STOKES	80,000	417,115	113,287	178,237	0
VICTORIA B ZATKIN	4,470	219,697	64,104	48,094	0

NOTES: See following page for notes applicable to the above reporting.

NOTES for current and future compensation, benefits and other reimbursements.

Note #1 - This Organization is one of the corporate entities listed on Part VI, Line 80 "Related and Controlled Entities" which is included as a part of this return. This Organization is a participating member of a vertically integrated direct service prepaid health care program.

Note #2 - The Officers and Directors can be contacted in care of:

Kaiser Foundation Health Plan, Inc.
Program Office Controller's Department
One Kaiser Plaza, Suite 15L Orway
Oakland, CA 94612

Note #3 - The executive compensation program for Kaiser Foundation Health Plan, Inc. and Subsidiaries and Kaiser Foundation Hospitals and Subsidiaries (KFHP/H) 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 an independent committee of the Board of Directors of KFHP/H, which evaluates and approves all programs and payments to 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. 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.

Note #4 - Compensation, benefit plan contributions and reimbursement for certain expenses (collectively referred to as "compensation") of Directors, Officers and Key Employees are paid by Kaiser Foundation Health Plan, Inc. (Health Plan) [94-1340523] as common paymaster and disbursement agent for the participating member organizations of KFHP/H. Certain Directors, Officers and/or Key Employees perform services for several of the KFHP/H member organizations.

Some of the amounts shown as Compensation were actually earned in years prior to 2007. This compensation is effectively reported in Part V twice – once in the year deferred and again in the year paid. However, the compensation is only paid once. The disclosure rules mandate that significant amounts of compensation are double-counted in both 2006 and 2007. For instance, column C1 includes distributions from retirement, savings and deferred compensation plans that were earned in prior years, and column D2 includes incentive payments scheduled for 2008 for performance goals achieved in 2007.

Note #5 – The Organization offers various benefit plans, both qualified and non-qualified. Among the benefits offered to the officers listed on Form 990, Part V-A line 75 c are a qualified Defined Benefit Plan (Plan A), a qualified Defined Contribution Plan (Plan B), a Section 403(b) Tax Sheltered Annuity Plan (TSA), a Section 457(b) Deferred Compensation Plan (CAP), and health and welfare benefit plans. Included in Benefits reported for this purpose are the value of the annual contributions to Plan B, TSA, CAP and certain health and welfare benefit plans. Estimates

for 2007 accruals for future benefits under Plan A are included in column D1. Individual values for post retirement health and welfare benefits are reported at the time of retirement.

For other benefit plans available to executives which provide future benefits earned during 2007 (where the specific amounts are available and determinable by the time this tax report is filed), the amount is included in the Benefits column D1 reported in this return. Amounts determinable at year-end under termination of employment arrangements calling for a stream-of-payments in a subsequent year are included in the D1 Benefit Plans column for this purpose. Individuals noted with (*) may have amounts included by reason of termination of employment and from benefit plan accounts that were previously earned.

Note #6 - The amounts reported as Expense Account/ Other Allowance include amounts for reimbursement of expenses. Under IRS rules, ordinary and necessary business expenditures such as travel, transportation, lodging, meals, business meetings and conferences are not included here. These items are reimbursed on an accountable plan basis, consistent with policies and procedures based on prudent fiduciary responsibilities and standards. The policies under which these individuals account to the payer meet the substantiation requirements of Internal Revenue Code Section 274. This reporting includes taxable moving and relocation reimbursements and allowances.

Note #7 – The average weekly time spent by Board members on the organization's affairs during 2007 is estimated to be one hour. This number was calculated by rounding up to the nearest whole number. Actual time spent by Board member may vary based on different responsibilities during the year. Key employees, who work full-time, may work in excess of the standard 40-hour work week and will work on various entities within the program.

Entity/Region: Kaiser Health Plan Asset Management, Inc
TAX YEAR 2007

94-3299124

FORM 990 PART I, LINE 8.C, COLUMN (B)
GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

DESCRIPTION	HOW ACQUIRED	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST / EXPENSE OF SALE	ACCUM DEPR	GAIN OR LOSS
(NOTE # 1)							
All sales were to Kaiser Foundation Health Plan, Inc							
Monitor, Telemetry System	Purchase	03/23/01	12/31/07	12,857	99,341	77,610	-8,874
Kardex File Storage System	Purchase	04/06/01	12/31/07	11,429	182,412	140,609	-30,374
Compactor, Trash	Purchase	06/21/01	12/31/07	17,857	245,514	184,135	-43,521
Laser Pulsed	Purchase	03/22/02	12/31/07	16,000	74,440	74,440	16,000
Telephone Node	Purchase	04/08/03	12/31/07	11,429	90,618	75,515	-3,674
PACS Computer Server	Purchase	10/01/04	12/31/07	13,333	177,705	138,563	-25,808
<u>Sales Price Less than \$10,000</u>							
Ultrasound Machine	Purchase	02/21/01	12/31/07	2,571	23,395	18,521	-2,303
Colposcope, Upright Rolling	Purchase	02/22/01	12/31/07	571	6,300	4,988	-741
Copier	Purchase	02/22/01	12/31/07	1,571	14,340	11,353	-1,416
Centrifuge, Ultra	Purchase	02/22/01	12/31/07	1,429	10,488	8,303	-756
Camera, Fundas	Purchase	02/22/01	12/31/07	1,857	13,153	10,413	-883
Edger, Optical	Purchase	02/08/01	12/31/07	3,429	40,000	31,667	-4,905
Centrifuge	Purchase	02/02/01	12/31/07	2,000	5,469	4,330	861
Kardex Cantilever Shelving	Purchase	03/22/01	12/31/07	2,857	23,331	18,227	-2,247
Sterilizer	Purchase	03/23/01	12/31/07	2,143	30,950	24,180	-4,627
Sterilizer	Purchase	03/23/01	12/31/07	2,143	30,950	24,180	-4,627
Cover Slipper, Automated	Purchase	03/02/01	12/31/07	2,857	28,200	22,031	-3,312
Cover Slipper, Automated	Purchase	03/23/01	12/31/07	2,857	28,200	22,031	-3,312
Urodynamic System	Purchase	03/02/01	12/31/07	929	12,277	9,591	-1,757
Auto Keratometer 739223	Purchase	03/15/01	12/31/07	1,143	13,920	10,875	-1,902
Monitor Patient V24C 711606	Purchase	03/23/01	12/31/07	5,714	71,442	55,814	-9,914
Colposcope Video Path	Purchase	03/02/01	12/31/07	1,143	8,437	6,591	-703
Audiology Booth	Purchase	03/08/01	12/31/07	5,714	43,475	33,965	-3,796
Booth, Audio	Purchase	03/08/01	12/31/07	4,286	23,029	17,992	-752
Ultrasound Machine	Purchase	03/23/01	12/31/07	4,286	27,272	21,306	-1,680
Mammography Unit	Purchase	04/06/01	12/31/07	6,429	72,752	56,080	-10,244
Mammography Unit	Purchase	04/13/01	12/31/07	6,429	67,865	52,313	-9,124
Analyzer, Diamat	Purchase	04/06/01	12/31/07	5,000	59,000	45,479	-8,521
Retinal Camera	Purchase	04/06/01	12/31/07	1,429	12,600	9,713	-1,459
Camera Retinal 711846	Purchase	04/06/01	12/31/07	1,000	12,600	9,713	-1,888
Auto Keratometer 711858	Purchase	04/13/01	12/31/07	1,143	13,920	10,730	-2,047
Refractor, Auto, Keratometer	Purchase	04/13/01	12/31/07	1,143	13,920	10,730	-2,047
Auto Keratometer 711914	Purchase	04/13/01	12/31/07	1,143	13,920	10,730	-2,047
Ultrasound Machine	Purchase	04/13/01	12/31/07	4,286	27,272	21,022	-1,964
Video Conferencing System	Purchase	04/03/01	12/31/07	3,143	40,534	31,245	-6,146
Urodynamic Monitor	Purchase	03/22/01	12/31/07	857	15,452	11,911	-2,684
EEG Unit 688205	Purchase	05/18/01	12/31/07	1,429	13,020	9,901	-1,691
Medtech Autoblod	Purchase	05/17/01	12/31/07	857	9,040	6,874	-1,309
Coagulation Unit 711734	Purchase	05/17/01	12/31/07	2,571	27,020	20,547	-3,902

Entity/Region: Kaiser Health Plan Asset Management, Inc
TAX YEAR 2007

94-3299124

FORM 990 PART I, LINE 8.C, COLUMN (B)
GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

DESCRIPTION	HOW ACQUIRED	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST / EXPENSE OF SALE	ACCUM DEPR	GAIN OR LOSS
(NOTE # 1)							
Auto Keratometer 711859	Purchase	05/10/01	12/31/07	2,000	22,325	16,976	-3,349
Wireless Phone System	Purchase	05/10/01	12/31/07	2,857	37,325	28,383	-6,085
SI-Digital Irrigator	Purchase	05/10/01	12/31/07	1,143	10,178	7,740	-1,296
Kardex Cantilever Shelving	Purchase	06/08/01	12/31/07	1,000	19,793	14,844	-3,948
Analyzer, Immunoassay	Purchase	06/08/01	12/31/07	7,143	510,000	382,500	-120,357
Stainer Slide 708671	Purchase	06/21/01	12/31/07	714	8,204	6,153	-1,337
Analyzer, Immunoassay	Purchase	06/08/01	12/31/07	4,286	45,672	34,254	-7,132
Stainer Slide 708670	Purchase	06/14/01	12/31/07	714	8,204	6,153	-1,337
Mammography Unit	Purchase	06/14/01	12/31/07	4,571	72,318	54,238	-13,508
Auto Prep Machine	Purchase	01/24/02	12/31/07	1,000	26,500	26,500	1,000
Computer, Medical, Std-Turbo	Purchase	02/12/02	12/31/07	1,000	82,548	82,548	1,000
Laser Imaging System	Purchase	02/12/02	12/31/07	3,500	39,197	39,197	3,500
Electrophoresis Unit	Purchase	02/05/02	12/31/07	600	18,478	18,478	600
Audio Visual Eqpt	Purchase	02/05/02	12/31/07	1,800	13,423	13,423	1,800
Teleconferencing System	Purchase	03/21/02	12/31/07	4,300	53,207	53,207	4,300
Scope, Thracheal Intubation	Purchase	04/01/02	12/31/07	2,000	8,528	8,528	2,000
Scope, Video Sigmoidoscope	Purchase	04/04/02	12/31/07	800	11,924	11,924	800
Scope, Video Gastroscope	Purchase	04/04/02	12/31/07	1,100	17,116	17,116	1,100
Scope, Video Gastroscope	Purchase	04/04/02	12/31/07	1,100	17,116	17,116	1,100
Scope, Video Colonoscope	Purchase	04/04/02	12/31/07	1,100	18,700	18,700	1,100
Scope, Video Colonoscope	Purchase	04/04/02	12/31/07	1,100	18,700	18,700	1,100
Thyroid Uptake System	Purchase	04/02/03	12/31/07	857	15,685	13,071	-1,757
Colposcope 740609	Purchase	04/15/03	12/31/07	1,429	12,778	10,648	-701
Film Digitizer	Purchase	04/29/03	12/31/07	5,714	48,353	40,294	-2,345
Power Conditioner	Purchase	04/08/03	12/31/07	7,143	51,151	42,626	-1,382
Power Conditioner	Purchase	04/08/03	12/31/07	4,286	31,874	26,562	-1,027
Telephone Power System	Purchase	04/08/03	12/31/07	5,714	56,216	46,847	-3,655
Video Conferencing System	Purchase	04/23/03	12/31/07	2,000	26,437	22,031	-2,406
Teleconference Camera	Purchase	04/23/03	12/31/07	2,000	26,437	22,031	-2,406
Monitoring Camera	Purchase	04/28/03	12/31/07	2,857	32,759	27,299	-2,603
Projector	Purchase	04/02/03	12/31/07	714	7,004	5,836	-453
Projector	Purchase	04/02/03	12/31/07	714	7,004	5,836	-453
Carpet Cleaner	Purchase	04/08/03	12/31/07	429	6,666	5,555	-682
Videoendoscopy System	Purchase	04/28/03	12/31/07	2,571	23,207	19,339	-1,296
Controller Video 740606	Purchase	04/28/03	12/31/07	1,143	6,552	5,460	51
Colposcope 764310	Purchase	05/09/03	12/31/07	1,857	13,271	10,838	-576
Analyzer Coagulation	Purchase	05/12/03	12/31/07	857	50,750	41,446	-8,447
Laparoflator 653629	Purchase	05/02/03	12/31/07	5,714	77,837	63,567	-8,556
Power Conditioner	Purchase	05/22/03	12/31/07	4,286	38,287	31,268	-2,734
Dicom Box 708492	Purchase	05/08/03	12/31/07	857	8,818	7,201	-759
Dicom Box 736273	Purchase	05/08/03	12/31/07	857	8,818	7,201	-759
Dicom Box 736272	Purchase	05/08/03	12/31/07	857	8,818	7,201	-759
Centrifuge, Refrigerated	Purchase	06/06/03	12/31/07	1,429	10,854	8,683	-742
Embosses	Purchase	06/06/03	12/31/07	429	6,618	5,294	-895

FORM 990 PART I, LINE 8.C, COLUMN (B)
GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

DESCRIPTION	HOW ACQUIRED	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST / EXPENSE OF SALE	ACCUM DEPR	GAIN OR LOSS
(NOTE # 1)							
Colposcope	Purchase	06/03/03	12/31/07	857	6,890	5,512	-521
Colposcope	Purchase	06/03/03	12/31/07	857	6,890	5,512	-521
Bone Densitometer 737144	Purchase	06/02/03	12/31/07	8,571	80,000	64,000	-7,429
Power Supply Conditioner	Purchase	06/20/03	12/31/07	4,571	43,164	34,531	-4,061
Power Supply Conditioner	Purchase	06/02/03	12/31/07	714	5,250	4,200	-336
Power Supply Conditioner	Purchase	06/20/03	12/31/07	4,571	43,059	34,447	-4,040
Centrifuge	Purchase	06/20/03	12/31/07	2,286	8,535	6,828	579
Centrifuge	Purchase	06/20/03	12/31/07	2,286	8,599	6,879	566
Centrifuge	Purchase	06/20/03	12/31/07	2,286	8,436	6,749	599
Analyzer Chemistry	Purchase	06/03/03	12/31/07	5,714	84,540	67,632	-11,194
Video System Imager	Purchase	06/04/03	12/31/07	1,429	45,652	36,522	-7,702
Telephone	Purchase	06/02/03	12/31/07	4,143	43,525	34,820	-4,562
Video System Imager	Purchase	06/02/03	12/31/07	1,429	11,550	9,240	-881
LCD Projector	Purchase	06/03/02	12/31/07	1,143	9,859	7,887	-829
Teleconference Eqpt	Purchase	06/03/03	12/31/07	2,857	31,196	24,957	-3,382
Surveillance Security	Purchase	06/19/03	12/31/07	5,714	46,833	37,466	-3,652
Centrifuge	Purchase	07/10/03	12/31/07	1,143	8,311	6,510	-658
Centrifuge	Purchase	07/10/03	12/31/07	1,143	8,311	6,510	-658
Communication System	Purchase	07/03/03	12/31/07	2,000	20,320	15,917	-2,403
Phone System	Purchase	07/24/03	12/31/07	5,714	51,228	40,128	-5,385
Printer Color Video	Purchase	07/28/03	12/31/07	1,333	6,001	4,701	33
Printer Color Video	Purchase	07/28/03	12/31/07	1,333	6,001	4,701	33
Endoscope	Purchase	07/28/03	12/31/07	2,857	23,337	18,281	-2,199
Light Source	Purchase	07/28/03	12/31/07	3,429	23,337	18,281	-1,628
Signal Processor Digital	Purchase	07/17/03	12/31/07	1,143	6,552	5,132	-277
Scanner	Purchase	07/17/03	12/31/07	1,333	7,870	6,165	-372
Video Conferencing System	Purchase	07/17/03	12/31/07	2,857	30,458	23,858	-3,742
Video Conferencing System	Purchase	07/10/03	12/31/07	2,000	27,574	21,600	-3,974
Dictation System	Purchase	08/22/03	12/31/07	4,286	63,390	48,599	-10,505
Floor Machine / Scrubber	Purchase	08/08/03	12/31/07	857	6,666	5,111	-698
Desktop Computer	Purchase	01/23/04	12/31/07	1,000	15,295	15,295	1,000
Desktop Computer	Purchase	01/23/04	12/31/07	1,000	15,295	15,295	1,000
Scanner	Purchase	01/23/04	12/31/07	3,000	41,271	41,271	3,000
Scanner	Purchase	01/23/04	12/31/07	3,000	41,271	41,271	3,000
Medical Computer	Purchase	02/06/04	12/31/07	800	17,286	17,286	800
Non-Mydratic System	Purchase	03/05/04	12/31/07	8,000	30,930	30,930	8,000
Laser Imaging System	Purchase	03/05/04	12/31/07	3,000	30,930	30,930	3,000
Rectifier System	Purchase	04/27/04	12/31/07	4,500	50,731	50,731	4,500
Film Digitizer	Purchase	04/23/04	12/31/07	2,500	33,025	33,025	2,500
Film Digitizer	Purchase	04/23/04	12/31/07	2,500	33,025	33,025	2,500
Medical Computer	Purchase	06/14/04	12/31/07	700	15,541	13,814	-1,027
Cystoscope	Purchase	09/16/04	12/31/07	1,429	9,275	8,244	398
Cystoscope	Purchase	09/16/04	12/31/07	1,429	9,275	8,244	398
Server	Purchase	11/11/04	12/31/07	1,167	14,983	11,427	-2,389

FORM 990 PART I, LINE 8.C, COLUMN (B)
GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

DESCRIPTION	HOW ACQUIRED	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST / EXPENSE OF SALE	ACCUM DEPR	GAIN OR LOSS
(NOTE # 1)							
Server	Purchase	11/11/04	12/31/07	1,167	14,983	11,427	-2,389
Network Server	Purchase	12/05/03	12/31/07	3,333	42,611	39,356	78
Communication Eqpt	Purchase	12/09/04	12/31/07	2,143	26,915	22,429	-2,343
Chemstation	Purchase	01/13/05	12/31/07	6,429	111,945	90,178	-15,339
Cards/Tails	Purchase	01/31/05	12/31/07	2,286	18,228	14,684	-1,259
Xpressions Software	Purchase	01/21/05	12/31/07	8,600	48,148	38,786	-762
Server	Purchase	01/21/05	12/31/07	1,333	23,248	16,536	-5,379
Scanner	Purchase	02/28/05	12/31/07	6,667	60,892	47,361	-6,865
Server	Purchase	02/11/05	12/31/07	1,333	12,078	8,278	-2,467
Server	Purchase	02/04/05	12/31/07	1,333	12,078	8,278	-2,467
Network Switch	Purchase	01/06/05	12/31/07	8,333	80,967	62,974	-9,659
Network Switch	Purchase	01/06/05	12/31/07	8,333	80,967	62,974	-9,659
Isokinetic Machine	Purchase	02/03/01	12/31/07	2,143	43,400	34,358	-6,899
Visionwriter, Wall Mount	Purchase	02/10/01	12/31/07	857	6,462	5,116	-489
Visionwriter, Wall Mount	Purchase	02/10/01	12/31/07	857	6,462	5,116	-489
Nitrogen Generation System	Purchase	02/17/01	12/31/07	2,143	15,149	11,993	-1,013
Refractor/Keratometer	Purchase	03/17/01	12/31/07	857	11,625	9,082	-1,686
Refractor/Keratometer	Purchase	03/17/01	12/31/07	857	11,625	9,082	-1,686
Electrosurgical Unit	Purchase	03/31/01	12/31/07	1,429	6,435	5,027	21
Optical Video Colposcope	Purchase	03/10/01	12/31/07	1,143	18,000	14,063	-2,795
Sterilizer	Purchase	03/31/01	12/31/07	1,429	24,993	19,526	-4,039
Eye Ultrasound	Purchase	04/07/01	12/31/07	1,143	8,069	6,220	-706
EKG Machine	Purchase	04/21/01	12/31/07	1,286	8,274	6,378	-610
EKG Machine	Purchase	04/21/01	12/31/07	1,286	8,274	6,378	-610
EKG Unit	Purchase	04/14/01	12/31/07	1,857	8,190	6,313	-20
EKG Machine	Purchase	04/14/01	12/31/07	1,286	8,610	6,637	-687
EKG Machine	Purchase	04/14/01	12/31/07	1,286	10,710	8,256	-1,169
ECG Unit 07562	Purchase	04/14/01	12/31/07	1,286	8,610	6,637	-687
ECG Unit 07551	Purchase	04/14/01	12/31/07	1,286	8,610	6,637	-687
Pump, Colleague Triple Channel	Purchase	04/14/01	12/31/07	1,286	5,595	4,313	4
Retinal Camera	Purchase	04/14/01	12/31/07	2,857	29,115	22,443	-3,815
X-Ray Unit	Purchase	04/14/01	12/31/07	714	79,118	60,987	-17,417
X-Ray Mobile Mini C Arm	Purchase	04/28/01	12/31/07	5,714	63,925	49,276	-8,935
EKG Machine	Purchase	04/14/01	12/31/07	1,286	8,190	6,313	-591
Bio Intregator Biofeedback Sys	Purchase	05/12/01	12/31/07	857	6,355	4,832	-665
Ultrasound, Diagnostic	Purchase	05/26/01	12/31/07	7,143	129,138	98,199	-23,796
Printer, Color Video	Purchase	05/31/01	12/31/07	3,000	15,125	11,501	-624
Auto Lensometer	Purchase	06/23/01	12/31/07	2,000	22,746	17,059	-3,686
Screen Pro	Purchase	06/02/01	12/31/07	1,143	12,095	9,071	-1,881
Shrink Wrapper	Purchase	06/09/01	12/31/07	1,143	9,484	7,113	-1,228
Centrifuge, Table Top	Purchase	06/23/01	12/31/07	1,143	8,314	6,236	-936
Analyzer Immuno Chemistry	Purchase	09/08/00	12/31/07	4,286	75,000	56,250	-14,464
Analyzer Chemistry 014583	Purchase	09/08/00	12/31/07	4,286	75,000	56,250	-14,464
Visionwriter, Wall Mount	Purchase	12/30/00	12/31/07	857	6,062	4,547	-658

Entity/Region: Kaiser Health Plan Asset Management, Inc
TAX YEAR 2007

94-3299124

FORM 990 PART I, LINE 8.C, COLUMN (B)
GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

DESCRIPTION	HOW ACQUIRED	DATE ACQUIRED (NOTE # 1)	DATE SOLD	SALES PRICE	COST / EXPENSE OF SALE	ACCUM DEPR	GAIN OR LOSS
Visionwriter, Wall Mount	Purchase	12/23/00	12/31/07	857	6,162	4,622	-683
Analyzer Visual Field	Purchase	06/16/01	12/31/07	2,143	22,401	16,801	-3,457
Analyzer Visual Field	Purchase	06/09/01	12/31/07	2,143	22,400	16,800	-3,457
EKG Unit	Purchase	06/30/01	12/31/07	1,286	11,907	8,930	-1,691
EKG Unit	Purchase	06/30/01	12/31/07	1,286	11,907	8,930	-1,691
EKG Unit 07514	Purchase	06/30/01	12/31/07	1,286	9,030	6,772	-972
Monitor, Vital Sign	Purchase	06/30/01	12/31/07	1,143	13,133	9,850	-2,140
Laser Dryview	Purchase	01/19/02	12/31/07	4,000	97,800	97,800	4,000
Shelving, 8 Db-sided Cantilever	Purchase	01/12/02	12/31/07	8,000	63,758	63,758	8,000
Conveyer, Single Bottle Logic	Purchase	03/16/02	12/31/07	3,600	40,000	40,000	3,600
Sigmoidoscope	Purchase	04/13/02	12/31/07	800	12,408	12,408	800
Sigmoidoscope	Purchase	04/13/02	12/31/07	800	12,408	12,408	800
Camera Retinal	Purchase	04/05/03	12/31/07	2,857	25,245	21,038	-1,350
Monitor, 32"	Purchase	04/26/03	12/31/07	1,714	20,803	17,336	-1,753
Video Conferencing System	Purchase	04/26/03	12/31/07	1,857	23,763	19,802	-2,103
Centrifuge	Purchase	04/12/03	12/31/07	1,143	8,716	7,263	-310
Centrifuge	Purchase	05/10/03	12/31/07	1,429	10,286	8,400	-457
Camera Retinal	Purchase	05/10/03	12/31/07	2,857	29,315	23,941	-2,517
Analyzer, Chemistry ACE	Purchase	05/31/03	12/31/07	5,429	43,415	35,456	-2,531
Nortel Equipment	Purchase	06/07/03	12/31/07	1,429	20,331	16,264	-2,638
Centrifuge, Table Top	Purchase	06/14/03	12/31/07	1,429	11,272	9,018	-826
Camera, Retinal	Purchase	06/28/03	12/31/07	2,857	29,245	23,396	-2,992
Optical Coherence System	Purchase	06/28/03	12/31/07	4,286	47,795	38,236	-5,273
Optical Coherence System	Purchase	06/28/03	12/31/07	4,286	47,795	38,236	-5,273
Optical Coherence System	Purchase	06/28/03	12/31/07	4,286	47,795	38,236	-5,273
Optical Coherence System	Purchase	06/28/03	12/31/07	4,286	47,795	38,236	-5,273
Colposcope	Purchase	06/28/03	12/31/07	857	6,360	5,088	-415
UPS System, Powerware	Purchase	07/19/03	12/31/07	4,571	37,727	29,553	-3,603
DVCAM	Purchase	07/26/03	12/31/07	2,000	13,795	10,806	-989
Powerware System	Purchase	08/30/03	12/31/07	4,571	42,631	32,684	-5,376
Carpet Extractor 1000109555	Purchase	08/23/03	12/31/07	857	8,729	6,692	-1,180
Router, Modular 6-Slot	Purchase	02/07/04	12/31/07	1,450	12,002	12,002	1,450
Router, Modular 6-Slot	Purchase	02/07/04	12/31/07	1,450	12,002	12,002	1,450
Switch, Catalyst Chassis	Purchase	02/07/04	12/31/07	1,500	49,820	49,820	1,500
Switch, Catalyst Chassis	Purchase	02/07/04	12/31/07	1,500	49,820	49,820	1,500
Bladderscan, w/Cart	Purchase	03/27/04	12/31/07	1,200	11,490	11,490	1,200
Bladderscan	Purchase	04/10/04	12/31/07	1,200	11,490	11,490	1,200
Horizon Med Imaging Software	Purchase	10/18/03	12/31/07	2,400	32,900	28,331	-2,169
Imaging System, Horizon	Purchase	10/18/03	12/31/07	3,429	29,616	25,503	-685
MARS PC, Mars PC2	Purchase	01/19/05	12/31/07	3,667	30,514	24,580	-2,267
Tape Back UP-Storageworks	Purchase	02/07/05	12/31/07	1,143	14,579	9,992	-3,444
Auroa Gold-Morpheus	Purchase	02/02/05	12/31/07	1,143	16,016	12,457	-2,416

Entity/Region: Kaiser Health Plan Asset Management, Inc
TAX YEAR 2007

94-3299124

FORM 990 PART I, LINE 8.C, COLUMN (B)
GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

DESCRIPTION	HOW ACQUIRED	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST / EXPENSE OF SALE	ACCUM DEPR	GAIN OR LOSS
(NOTE # 1)							
<u>Equipment Write-Offs</u>							
Retinal Camera	Purchase	Various	12/31/07	0	12,600	11,550	-1,050
Camera, Retinal	Purchase	Various	12/31/07	0	12,600	11,550	-1,050
Film Processor	Purchase	Various	12/31/07	0	66,800	50,796	-16,004
LCD Projector	Purchase	Various	12/31/07	0	5,744	5,457	-287
Teleconferencing System	Purchase	Various	12/31/07	0	26,237	24,926	-1,312
Forms Detacher	Purchase	Various	12/31/07	0	6,505	5,760	-745
Film Scanner	Purchase	Various	12/31/07	0	80,000	56,667	-23,333
Monitor	Purchase	Various	12/31/07	0	32,883	18,839	-14,044
Monitor	Purchase	Various	12/31/07	0	32,883	18,839	-14,044
ECG Monitor	Purchase	Various	12/31/07	0	10,416	9,548	-868
Analyzer Lens	Purchase	Various	12/31/07	0	6,520	5,909	-611
EKG Unit	Purchase	Various	12/31/07	0	8,610	6,727	-1,883
Edger, Autogroover	Purchase	Various	12/31/07	0	29,491	19,353	-10,137
Edger, Autogroover	Purchase	Various	12/31/07	0	29,529	18,148	-11,381
Misc Equipment - Write-Offs	Purchase	Various	12/31/07	0	138,137	130,538	-7,599
TOTAL - NET LOSS				594,543	7,397,836	6,035,813	-767,480

SALES SUMMARY

GROSS SALES PROCEEDS	594,543	
ORIGINAL COST AND EXPENSE OF SALE	7,397,836	
DEPRECIATION	6,035,813	
NET COST OR OTHER BASIS	1,362,023	
NET LOSS		-767,480

Note # 1: All of the foregoing assets and equipments were acquired by purchase by the organization for use in its tax-exempt purpose of providing health care to its enrolled members of the community.

STATEMENT OF FIXED ASSETS AND DEPRECIATION

FORM 990 PART IV, LINE 57 - LAND, BUILDING AND EQUIPMENT,
LESS ACCUMULATED DEPRECIATION AND AMORTIZATION; AND
PART II, LINE 42, COLUMN (B) - DEPRECIATION AND AMORTIZATION EXPENSE

	COST		ACCUMULATED DEPREC/AMORT		2006
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR	DEP/AMORT EXPENSE
LAND	0		0	0	0
LAND IMPROVEMENTS	0		0	0	0
BUILDINGS	0		0	0	0
LEASEHOLD IMPROVEMENTS	0		0	0	0
EQUIPMENT	172,697,192	188,316,353	61,510,194	77,650,863	22,030,861
CAPITALIZED SOFTWARE	4,241,043	4,663,506	1,117,087	2,432,269	1,460,803
CAPITALIZED LEASES	0		0		0
CONSTRUCTION IN PROGRESS	0		0		0
TOTALS TO:					
PART IV, LINE 57(A)	<u>176,938,235</u>	<u>192,979,859</u>			
PART IV, LINE 57(B)			<u>62,627,281</u>	<u>80,083,132</u>	
PART IV, LINE 57(C)	<u>114,310,954</u>	<u>112,896,727</u>			
PART II, LINE 42 DEPRECIATION, DEPLETION, ETC.					<u>23,491,664</u>

KAISER HEALTH PLAN ASSET MANAGEMENT, INC.
94-3299124
December 31, 2007

FAMILY AFFILIATIONS REPORTED

<u>NAME</u>	<u>FAMILY MEMBER AFFILIATION</u>
STEVE R ZATKIN	SPOUSE EMPLOYEE OF KFHP INC.
VICTORIA B ZATKIN	SPOUSE, SR. VP, GENERAL COUNSEL AND SECRETARY OF KFHP, KFHP INC. AND REGIONAL HEALTH PLANS

KAISER HEALTH PLAN ASSET MANAGEMENT, INC.

94-3299124

DECEMBER 31, 2007

ATTACHMENT FOR:

FORM 990 PART VI, QUESTION 80 - RELATED AND AFFILIATED ENTITIES

**KAISER FOUNDATION HEALTH PLAN, INC. AND KAISER FOUNDATION HOSPITALS, CALIFORNIA
NOT-FOR PROFIT CORPORATIONS, EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE
SECTION 501(C)(3), HAVE A CONTROLLING OR AFFILIATED INTEREST IN THE FOLLOWING CORPORATIONS
AS OF DECEMBER 31, 2007:**

EMPLOYER ID #	ENTITY NAME	DIRECT & INDIRECT % CONTROLLED BY KFHP, INC.
SUBSIDIARY ENTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY KAISER FOUNDATION HEALTH PLAN, INC., THAT ARE ALSO EXEMPT FROM FEDERAL INCOME TAX UNDER IRC 501(C)(3):		
93-0798039	KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	100%
84-0591617	KAISER FOUNDATION HEALTH PLAN OF COLORADO	100%
58-1592076	KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.	100%
52-0954463	KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.	100%
34-0922268	KAISER FOUNDATION HEALTH PLAN OF OHIO	100%
23-7425486	COMMUNITY HEALTH PLAN	100%
94-3299124	KAISER HEALTH PLAN ASSET MANAGEMENT, INC.	100%
93-0954562	KAISER HEALTH ALTERNATIVES	100%
94-3299123	CAMP BOWIE SERVICE CENTER	100%
93-0480268	OHP	100%
91-2171891	LOKAI ASSURANCE, LTD.	100%
SUBSIDIARY ENTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY KAISER FOUNDATION HEALTH PLAN, INC. THAT ARE TAXABLE FOR FEDERAL AND STATE INCOME TAX PURPOSES:		
03-0329760	OAK TREE ASSURANCE, LTD.	100%
94-3113684	KAISER PERMANENTE HEALTH ALTERNATIVES, INC	100%
94-3259432	KAISER PROPERTIES SERVICES, INC.	100%
91-1814507	CHP COMPANIES, INC.	100%
KAISER FOUNDATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING ENTITIES EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3):		
94-1105628	KAISER FOUNDATION HOSPITALS	*(1) N/A
94-3299125	KAISER HOSPITALS ASSET MANAGEMENT, INC.	*(2) N/A
KAISER FOUNDATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING ENTITIES THAT ARE NOT EXEMPT FROM FEDERAL INCOME TAX:		
94-3245176	KAISER PERMANENTE INTERNATIONAL	*(2) N/A
91-2166347	KP ONCALL, LLC (elected to be treated as a disregarded entity for tax purposes)	*(2) N/A
20-3774729	ARCHIMEDES, INC.	*(2) N/A
20-3924985	HEALTH CARE MANAGEMENT SOLUTIONS, LLC	*(2) N/A
94-3203402	KAISER PERMANENTE INSURANCE COMPANY	*(3) 50%
N/A	HAMI - COLORADO, LLC (elected to be treated as a disregarded entity for tax purposes)	*(4) N/A
20-2712661	KP CAL, LLC (elected to be treated as a disregarded entity for tax purposes)	100%
NOTE *(1)	KAISER FOUNDATION HOSPITALS, A CALIFORNIA NOT-FOR-PROFIT CORPORATION, EXEMPT FROM INCOME TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3), SHARES A COMMON BOARD OF DIRECTORS WITH KAISER FOUNDATION HEALTH PLAN, INC	
NOTE *(2)	THESE ENTITIES ARE SUBSIDIARIES OF KAISER FOUNDATION HOSPITALS.	
NOTE *(3)	KAISER PERMANENTE INSURANCE COMPANY IS A NON-EXEMPT LIFE, ACCIDENT AND HEALTH INSURANCE COMPANY OF WHICH 100% OF THE PREFERRED STOCK AND 50% OF THE COMMON STOCK ARE OWNED BY KAISER FOUNDATION HEALTH PLAN, INC THE REMAINING 50% OF COMMON STOCK IS OWNED BY NON-AFFILIATED PHYSICIANS PRACTICE GROUPS.	
NOTE *(4)	HAMI - COLORADO, LLC - THE SOLE MEMBER OF THIS LIMITED LIABILITY COMPANY IS KAISER HOSPITALS ASSET MANAGEMENT, INC.	

THE COMMON ADDRESS FOR ALL ENTITIES LISTED ABOVE IS:

C/O KAISER FOUNDATION HEALTH PLAN, INC
PROGRAM OFFICE CONTROLLER'S DEPARTMENT - TAX
ONE KAISER PLAZA, 1550 ORDWAY
OAKLAND, CA 94612

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	KAISER HEALTH PLAN ASSET MANAGEMENT, INC.		94-3299124
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	ONE KAISER PLAZA, SUITE 1550L		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	OAKLAND, CA 94612		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **NATIONAL DIRECTOR OF TAX**

Telephone No. ▶ **510 271.6385**FAX No. ▶ **510 271-2611**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year **2007** or
- ▶ ☐ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2008)

Form **8453-EO****Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

Department of the Treasury
Internal Revenue Service

For calendar year 2007, or tax year beginning _____, 2007, and ending _____, 20____

2007

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

KAISER HEALTH PLAN ASSET MANAGEMENT, INC

Employer identification number

94 3299124**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

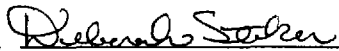
1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>35,043,912</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Sign
Here**

 Signature of officer

11-13-2008

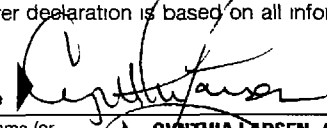
Date

VP, CONTROLLER, CAO

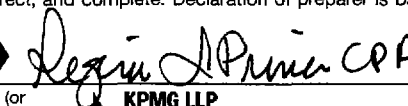
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature 	Date 13 Nov. 2008	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P00297006
Use Only	Firm's name (or yours if self-employed), address, and ZIP code CYNTHIA LARSEN, CPA KFHP, INC ONE KAISER PLAZA, SUITE 15L, OAKLAND, CA 94612	EIN	Phone no (510) 271-6385		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature 	Date 10-23-08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00576434
	Firm's name (or yours if self-employed), address, and ZIP code KPMG LLP 55 SECOND STREET, SAN FRANCISCO, CA 94105	EIN 13 5565207	Phone no (415) 963-5100	