Form **990**

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008
Open to Public Inspection

┌ Yes ┌ No

For		2008 ca	lendar yea	r, or tax year beginning 01-01-2008	and ending 12-31-2008										
		pplicable	Please	C Name of organization KAISER HEALTH PLAN ASSET MANAGEMENT			D Employer ic	dentification number							
Addı	ress ch	nange	use IRS label or		INC	94-3299124									
– Nam	ne cha	inge	print or	Doing Business As			E Telephone r	number							
– Initia	al retu	ırn	type. See Specific	Number and street (or P O box if mail is no	t delivered to street addres	s) Room/suite	(510) 271								
- Tem	nınatıc	on	Instruc- tions.	ONE KAISER PLAZA 15L	t delivered to street dudies	3) ROOM, suite	G Gross recei	pts \$ 39,103,042							
- Ame	ended	return		City or town, state or country, and ZIP + 4			1								
_		n pending		OAKLAND, CA 94612											
			F Nan	L ne and address of Principal Officer		W/a) 1 - 1									
				AS R MEIER			ıs a group retur ates?	TYes ▼ No							
				AISER PLAZA 15L											
Tax	-exem	npt status		ND, CA 94612 (3) ◀ (insert no)	527		ll affiliates includ	·							
		<u>·</u> e: ► N/A		() () () () () () () () () ()			No," attach a lis up Exemption N	t See instructions) umber F							
						. ,									
Туре	of org	ganization	 ✓ Corporat	ion		L Year of Fo	ormation 1998	M State of legal domicile CA							
Par	τI	Sum	mary												
	1	Briefly	describe th	e organization's mission or most signif	icant activities										
				PLAN ASSET MANAGEMENT, INC IS			•								
		MEDIC	ALEQUIP	MENT FOR LEASE TO KAISER FOUNI	DATION HEALTH PLA	N, INC TO	BE USED IN V	ARIOUS FACILITIES							
	2	Chack	this hov F	if the organization discontinued its ope	arations or disposed of	more than 1	25% of its asse	te							
			,	nembers of the governing body (Part V											
	3		-					3							
	4			dent voting members of the governing)									
	5			nployees (Part V, line 2a)			5	0							
	- -			lunteers (estimate if necessary) .			7-								
				ted business revenue from Part VIII, I	, , ,	•	7a 7b	0							
		Net uni	erated busi	ness taxable income from Form 990-T	, iiie 34		T								
	•	C +	h			Pri	or Year	Current Year							
.	8			d grants (Part VIII, line 1h)			35 504 405	27.250.44							
	9			revenue (Part VIII, line 2g)			35,504,495	37,258,14							
	10			ne (Part VIII, column (A), lines 3, 4, a			-761,861	345,86							
	11		-	art VIII, column (A), lines 5, 6d, 8c, 9			301,278	339,29							
	12	Total (revenue—a	dd lines 8 through 11 (must equal Part	VIII, column (A), line		35,043,912	37,943,30							
	13	Grants	and simila	ar amounts paid (Part IX, column (A), li	ines 1-3)			1							
	14	Benefi	ts paid to o	r for members (Part IX, column (A), lın	ie 4)										
	15	Saları	es, other co	ompensation, employee benefits (Part I	IX, column (A), lines 5	-									
5		10)					0	(
- Armada	16a			raising fees (Part IX, column (A), line	11e)			(
ī	Ь	•		penses, Part IX, column (D), line 25 0)										
	17		,	Part IX, column (A), lines 11a-11d, 1	•		34,978,132	37,098,620							
	18		•	add lines 13–17 (must equal Part IX,	line 25, column (A))		34,978,132	37,098,620							
02	19	Reven	ue less exp	penses Subtract line 18 from line 12			65,780	844,688							
ĝ						Beginn	ing of Year	End of Year							
Fond Basances	20	Total	assets (Par	t X, line 16)			151,181,737	171,180,797							
2	21	Total I	ıabılıtıes (F	Part X, line 26)			11,119,578	15,428,799							
5	22	Netas	sets or fun	d balances Subtract line 21 from line	20		140,062,159	155,751,99							
ar	t II	Sign	ature Blo	ock			<u>'</u>								
				rjury, I declare that I have examined this retur											
		and beli	ef, it is true, o	correct, and complete Declaration of preparer ((other than officer) is based	on all informa	tion of which prepa	arer has any knowledge							
ea: gn	se	Sign	ature of office	ar a said a		2009 Date	9-10-30								
ere	:					Date									
			ORAH STOKES or print nam	6 VP, CONTROLLER, CAO e and title											
		F ' ' ' PC	- 51 Print Halli		D-1-			TN /6 6 T ::							
_			parer's			Check if self-	Preparer's PT	IN (See Gen Inst)							
aid		1	nature P			seii- empolyed 🕨 🖡	-								
_	are		n's name (or	vours k											
se		ıf se	elf-employed)	·, •			EIN Þ								
nly	•	add	ress, and ZIP	+ 4 KPMG LLP											
				55 SECOND STREET			-	(41E) 062 F100							
				SAN FRANCISCO, CA 94105			Phone no P	(415) 963-5100							

May the IRS discuss this return with the preparer shown above? (See instructions)

Part III Statement of Program Service Accomplishments (See the instructions.)

4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4Ь	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		N ASSET MANAGEMENT, INC IS A SUP TH PLAN, INC TO BE USED IN VARIOU	PORTING ORGANIZATION WHICH ACQUIRES S FACILITIES	S CAPITAL MEDICAL EQUIPMENT FOR	LEASE TO KAISER
4a	(Code		or each program service reported 6,944,765 including grants of \$) (Revenue \$	37,939,655)
4	Describe the exer Section 501(c)(3	mpt purpose achievements for) and (4) organizations and 49	each of the organization's three larg 47(a)(1) trusts are required to repoi		
3	services?	on cease conducting or make s these changes on Schedule O	significant changes in how it conduc		es 🔽 No
		these new services on Schedu			
		on undertake any significant p 0 or 990-EZ?	rogram services during the year whi · · · · · · · · · · · ·		es 🔽 No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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? If "Yes,"			No
	complete Schedule D, Part IV	9		
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		N o
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
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 United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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 United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ 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		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
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? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	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			
Ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	2b		
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	20		
за	return?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	4a		
	account)?	44		No
Ь	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.			
F		5a		N o
5a հ	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		NO
ь	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a		Νo
	more?			
	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	7c		No
d	file Form 8282?			
_	In rest, material the number of forms of of med during the year 1. 1. 1.			
е	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
•	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		Νo
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	<i>5</i> 0		
10	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
D	facilities			
11	Section 501(c)(12) organizations. Enter			
	Section 501(c)(12) organizations Enter Greek uncome from members or charabolders			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year			

Section A. Governing Body and Management

No

Νo

Νo

Νo

Yes

Yes

Yes

Yes

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
1a	Enter the number of voting members of the governing body	1a	3
b	Enter the number of voting members that are independent	1b	C
2	Did any officer, director, trustee, or key employee have a family relationship or a bu	sıness	relationship with any

	other officer, director, trustee, or key employee?	
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? .	_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	

Did the organization become aware during the year of a	mat	eria	l dı	vers	sion	of t	he o	orga	nıza	atioi	n's a	asse	ets?		
Does the organization have members or stockholders?		•		٠	•	•	٠	•						•	•

Does the organiza	atioi	n ha	ve	men	nbe	rs, s	stoc	kho	lder	s, c	or ot	her	pers	sons	wh	o ma	эy	elec	t on	e o	r mo	ore	mer	nbe	rs (of the	3
governing body?				-																							
Are any decisions	s of	the	αov	/ern	ına	hod	v s	uhia	ct to	n ar	nnro	val	hv n	nemi	hers	sto	ا م	chol	dars	0.1	oth	ar	ner	ons	2		

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	
	year by the following	

	/ = /																					
а	the governing body?			•																		
ь	each committee with	aut	hori	tv t	o ac	t or	n be	half	of	the	aov	erni	na b	odv	7		_					

	,	•									
	Does the organization have local chapters, branches, or affiliat	tes? .							•		
ь	b If "Yes," does the organization have written policies and proced	dures a	overnir	a the	activit	ies of	such	chap	ter	s,	

affiliates, and branches to ensure their operations are consistent with those of the organization?	
Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	
must describe in Schedule O the process if any the organization uses to review the Form 990	

11	Is there any officer, director or 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

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

			Yes	No
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νο
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		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- 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 own website. I another's website.
- 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

NATIONAL DIRECTOR OF TAX ONE KAISER PLAZA 15L OAKLAND, CA 94612 (510) 271-6385

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	Check this box if the organization did not compensate any officer, director, trustee or key employee									
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
KATHY LANCASTER , DIRECTOR	40 0	Х		Х				0	1,195,825	222,026
THOMAS MEIER , DIRECTOR & CHAIR	40 0	Х		Х				0	529,225	82,695
HONG-SZE YU , DIRECTOR	40 0	Х						0	198,038	30,543
DEBORAH STOKES , VP, CONTROLLER, CAO	40 0			Х				0	606,031	115,567
STEVEN ZATKIN, SECRETARY	40 0			Х				0	1,629,588	545,509
VICTORIA ZATKIN , ASSISTANT SECRETARY	40 0			Х				0	246,901	44,771

Part VIII Continued

			1	(i ition that a	•		all				(E)		(F)	
	(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Report compens from to	able sation the ion (W-	Reportable compensation from related organizations (W- 2/1099- MISC)		Estima amount of compens from t organizati relate organiza	fother ation he on and ed
												1		
												1		
												#		
												1		
1b	Total			<u> </u>				┝	T	(4,405,	608	1	1,041,111
2	Total number of individuals (including compensation from the organization)	•	a) who	recei	ved	mor	re thar	1 \$1	00,000 in	reportab	le	•		
													Yes	No
3	Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedul	•			•	eye	mploy	/ee, •	or highest	compens	ated employee	3		No
4	For any individual listed online 1a, is organization and related organization													
_	individual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a rece rendered to the organization? <i>If</i> "Yes		•				•	unre •	elated orga	nization • •	for services	5		No
Se	ection B. Independent Contrac	tors												
1	Complete this table for your five high \$100,000 of compensation from the	est comper		ndep	ende	ent	contra	ctor	s that rece	ived moi	e than			
	Name an	(A) d business add	iress							Des	(B) cription of services		(C Comper	
NONE											,		- 3	

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

0

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
18	1a	Federated campaigr	s 1a					
ants Tribs	ь	Membership dues .						
₽₫	c	Fundraising events						
स ∰.≽	d	Related organization	1c ns .1d					
e,E E,E	e	Government grants (con						
Contributions, gifts, grants and other similar amounts	f	All other contributions, g similar amounts not inclu	fts, grants, and					
운항	_	Noncash contributio	1f					
SE.	g	lines 1a-1f \$						
<u> </u>	h	Total (Add lines 1a-	1 f)					
				Business Code				
JE .	2a	RENTAL INCOME		532,420	37,258,144	37,258,144		
£9.	ь							
Se F	С							
er ¥	d							
3	e							
Program Serwce Revenue	f	All other program se	rvice revenue					
š	g	Total. Add lines 2a-: ► \$ 37,258,144	2f					
	3	Investment income	(ıncludıng dıvı	dends, interest				
		other sımılar amoun	ts)		3,653			3,653
	4	Income from investment	of tax-exempt b	ond proceeds	0			
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	(1,	(0,700000000000000000000000000000000000				
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income o	r(loss)					
		(1)	Securities	(II) O ther				
	7a	Gross amount		1,501,948				
		from sales of assets other						
	ь	Less cost or		1,159,734				
		other basis and sales expenses						
	c	Gain or (loss)		342,214	342,214			342,214
	d	Net gain or (loss)		. ▶	342,214			342,214
Ф	8a	Gross income from fevents (not includin \$ of contributions repo	g					
Other Revenue		1c) See Part IV, lin Attach Schedule G if	e 18 total exceeds					
<u> </u>	ь	Less direct expens						
돌	с	Net income or (loss) from fundraıs	ing events	0			
-	9a	Gross income from activities See part Complete Schedule G	[V, line 19					
		exceeds \$15,000	a					
	ь	Less direct expens						
	С	Net income or (loss		activities	o			
	10a	Gross sales of inver	es .	•				
	ь	Less cost of goods	a sold b					
	c	Net income or (loss			0			
		Miscellaneous Rev		Business Code				
	11a	INT-AFFILIATE LO	A N	523,000	45,054			45,054
	ь	MISCELLANEOUS		523,000	294,243	294,243		
	С							
	d	All other revenue						
	e	Total. Add lines 11a	-11d					
	12	Total Revenue. Add	lınes 1h, 2g, 3	\$ 339,297 3, 4, 5, 6d, 7d,	37,943,308	37,552,387		390,921
		8c, 9c, 10c, and 11e .						

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).								
	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	0							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	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							
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	0							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	0							
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	0							
С	Accounting	0							
d	Lobbying	0							
е	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	0							
g	Other	0							
12	Advertising and promotion	0							
L3	Office expenses	0							
L4 	Information technology	0							
15	•	0							
L6 . –	Occupancy	0							
17 18	Travel	0							
19	Conferences, conventions and meetings	0							
20	Interest	50,774	50,774						
21	Payments to affiliates	0	30,774						
22	Depreciation, depletion, and amortization	25,497,980	25,497,980						
23	Insurance	0	, , , 5 5 6						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	AFFILIATES ALLO CATION	153,855		153,855					
b	BUSINESS TAX	225	225						
c	LEASE SERVICES EXPENSES	11,256,389	11,256,389						
d	ASSET WRITE-OFF	139,397	139,397						
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	37,098,620	36,944,765	153,855					
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Parities Balance Sheet	Part X	Ralance	Sheet
------------------------	--------	---------	-------

					(A)		(B)
	1	Cash—non-interest-bearing			Beginning of year	1	End of year
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		33,709,990	4	31,388,268	
	5	Receivables from current and former officers, directors, trustees	employees or	20,7 00,000		31,300,200	
		other related parties Complete Part II of Schedule L	•		5		
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of			6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
2	9	Prepaid expenses and deferred charges			120	9	0
ssets	10a	Land, buildings, and equipment cost basis	l	1 000 004 540			
⋖	_		10a	223,361,542			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	84,578,338	112,896,727	10c	138,783,204
	11	Investments—publicly traded securities				11	, ,
	12	Investments—other securities See Part IV, line 11 Complete Part IV	 I of		12		
	13	Schedule D Investments—program-related See Part IV, line 11 Complete F	II				
	14	of Schedule D . Intangible assets				13 14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			4,574,900		1,009,325
	= 0	D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15	.,,,,,,,,		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			151,181,737	16	171,180,797
	17	Accounts payable and accrued expenses .			11,118,420	17	15,428,799
	18	Grants payable			18		
	19	Deferred revenue			19		
_	20	Tax-exempt bond liabilities			20		
<u>. 6</u>	21	Escrow account liability Complete Part IV of Schedule D		•		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u>- E</u>		persons Complete Part II of Schedule L		22			
_	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		1,158	25	0	
	26	Total liabilities. Add lines 17 through 25			11,119,578	26	15,428,799
		Organizations that follow SFAS 117, check here 🕨 🦵 and comp	olet e l	ines 27			
ည်		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets				27	
ă	28	Temporarily restricted net assets			28		
Fund	29	Permanently restricted net assets				29	
or Fu		Organizations that do not follow SFAS 117, check here ▶ ▽ an lines 30 through 34.	ıplete				
	30	Capital stock or trust principal, or current funds			139,154,849	30	154,000,000
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
ĄŠ	32	Retained earnings, endowment, accumulated income, or other fu		907,310	32	1,751,998	
Net	33	Total net assets or fund balances			140,062,159	33	155,751,998
_	34	Total liabilities and net assets/fund balances			151,181,737	34	171,180,797
Da	rt VI	Einancial Statements and Denorting					
Рa	rt XI	Financial Statements and Reporting					

Part XT	Financia	Statements	and Reporting

			Yes	No		
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?					
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο		
b	If "Yes," did the organization undergo the required audit or audits?	3b	·			

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

Name of the organization KAISER HEALTH PLAN ASSET MANAGEMENT INC Employer identification number

94-3299124 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) 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) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 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 **b** Type II **c** Type III - Functionally Integrated Type III - Other 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11a(i) Νo 11g(ii) (ii) a family member of a person described in (i) above? Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Νo Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	s the ation in listed in verning ment?	the orga	ou notify inization i) of your port?	organiz	Is the cation in organized	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
KAISER FOUNDATION HEALTH PLAN INC	941340523	09	Yes		Yes		Yes		37098620
Total									37,098,620

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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DLN: 93493313003319

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** KAISER HEALTH PLAN ASSET MANAGEMENT INC 94-3299124 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 Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? 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 other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space 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) Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

-\$

Par	Organizations Maintaining Collec	ctions of Art, His	tori	cal Treas	ures, or Othe	r Similai	r ASSE	ts (co	<u>ntınued)</u>
3	Using the organization's accession and other recitems (check all that apply)	ords, check any of th	e foll	owing that a	re a sıgnıfıcant u	se of its co	ollection	า	
а	Public exhibition	d	Γ	Loan or exc	hange programs				
b	Scholarly research	e	Γ	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collect Part XIV	tions and explain hov	v the	further the	organızatıon's ex	empt purp	ose in		
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be					ılar	Г	Yes	∏ No
Par	Trust, Escrow and Custodial Arra Part IV, line 9, or reported an amou				anızatıon answ	ered "Yes	s" to Fo	orm 99	90,
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermediary	for c	ontributions	or other assets r	not	Г	Yes	Г No
b	If "Yes," explain why in Part XIV and complete \boldsymbol{t}	he following table							
							A mou	ınt	
C	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form	990, Part X, line 21?					Γ	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if th		were Prior \			t IV, line Three Years I		\ Four Ye	ars Back
1a	Beginning of year balance	a)current rear (b)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(6)11	wo rears back (a)	Timee rears i	sack (C	yr our re	dis back
b	Contributions								
С	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 en	d balance held as							
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment								
c	Term endowment 🕨								
3a	Are there endowment funds not in the possessio	n of the organization t	hat a	re held and	admınıstered for	the			
	organization by						- (:)	Yes	No
	(i) unrelated organizations		•				3a(i) 3a(ii)		
ь	(ii) related organizations If "Yes" to 3a(ii), are the related organizations li						3b		
4	Describe in Part XIV the intended uses of the or								
Par	t VI Investments—Land, Buildings, a	nd Equipment. S	ee F	orm 990, P	art X, line 10.				
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprec	ation	(d) Boo	k value
1a	and								
b I	Buildings								
c I	_easehold improvements								
d I	Equipment				223,361,542	84,57	78,338	138	3,783,204
_e	Other								
Tota	I. Add lines 1a-1e (Column (d) should equal Form S	990, Part X, column (B)	, line	10(c).) .		▶	T	138	3,783,204

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(2, 2 3331, passing state of the	(2) 20011 14140	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, I	ine 15.		
(a) Descr			(b) Book value
LONG-TERM DEPOSITS			1,009,325
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part		<u> </u>	
(a) Description of Liability	(b) A mount	1	
Federal Income Taxes INTERRECTONAL BAYARIES			
INTERREGIONAL PAYABLES DEFERRED RENT LIABILITY	0	-	
DELEGRED RENT LIABILITY	<u> </u>	-	
		1	
		1	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	0		
(Colours Cy Should Equal Form 550, Fare A, Cor (b) Inic 25)	· ₁	j	

Par	XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial Statem</u>	ents
1	Total revenue (Form 990, Part	VIII, column (A), line 12)		1
2	Total expenses (Form 990, Par	t 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) o	n ınvestments		4
5	Donated services and use of fac	cilities		5
6	Investment expenses			6
7	Prior period adjustments			7
8	Other (Describe in Part XIV)			8
9	Total adjustments (net) Add Iir	nes 4 - 8		9
10		per financial statements Combine line	s 3 and 9	10
Part	XIII Reconciliation of Re	evenue per Audited Financial	Statements With Revenue	per Return
1		r support per audited financial stateme		. 1
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
а	Net unrealized gains on invest	ments	. 2a	
ь	Donated services and use of fa	acilities	. 2b	
c	Recoveries of prior year grants	5	. 2c	
d	Other (Describe in Part XIV)		. 2d	
e	Add lines 2a through 2d .			
3	Subtract line 2e from line 1 .			3
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIV)		4b	
c	Add lines 4a and 4b			4c
5	Total Revenue Add lines 3 and	d 4c. (This should equal Form 990, Par	t I, line 12)	5
Part	XIII Reconciliation of Ex	xpenses per Audited Financia	l Statements With Expens	es per Return
1	Total expenses and losses pe	r audited financial statements		. 1
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25		
а	Donated services and use of fa	acılıtıes	2a	
b	Prior year adjustments		2b	
c	Losses reported on Form 990,	Part IX, line 25	2c	
d	Other (Describe in Part XIV)		. 2d	
e	Add lines 2a through 2d			2e
3	Subtract line ${f 2e}$ from line ${f 1}$.			3
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)		. 4b	
c	Add lines 4a and 4b			4c
5	Total expenses Add lines 3 ar	nd 4c. (This should equal Form 990, Pa	rt I, line 18)	. 5
Par	XIV Supplemental Inf	ormation		
		scriptions required for Part II, lines 3, ! . Part XII, lines 2d and 4b, and Part XI		Part XIV, lines 1b and 2b,
	Ident if ier	Return Reference	Explan	ation

Part XIV Supplemental Information(continued)										
Ident if ier	Return Reference	Explanation								
	-									
	-									
	ļ									

Schedule D (Form 990) 2008

efile GRAPHIC print - DO NOT PROCESS

Part I Questions Regarding Compensation

As Filed Data -

DLN: 93493313003319

Schedule J

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization **Employer identification number** KAISER HEALTH PLAN ASSET MANAGEMENT INC 94-3299124

			Yes	Νo
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			
	First class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is 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			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		Νo
ь	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		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line ${f 1a}$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	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		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
KATHY LANCASTER	(1) (11)	0 545,871	0 606,732	0 43,222	0 208,336	0 13,690	0 1,417,851	0 607,349	
THO MAS MEIER	(1) (11)	0 257,251	0 214,717	0 57,257	0 69,668	0 13,027	0 611,920	0 219,308	
DEBORAH STOKES	(1) (11)	0 278,007	0 178,237	0 149,787	0 102,540	0 13,027	0 721,598	0 286,139	
HONG-SZE YU	(ı) (ıı)	0 143,345	0 36,403	0 18,290	0 16,853	0 13,690	0 228,581	0 36,403	
STEVEN ZATKIN	(ı) (ıı)	0 516,044	0 558,242	0 555,302	0 533,116	0 12,393	0 2,175,097	0 1,067,290	
VICTORIA ZATKIN	(1) (11)	0 174,106	0 28,485	0 44,310	0 42,573	0 2,198	0 291,672	0 48,094	
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								

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

See Additional Data Table	
---------------------------	--

Ident if ier	Return Reference	Explanation
Schedule J, line 4b		Steven Zatkın \$ 942,497 Kathy Lancaster 175,273 Deborah Stokes 164,551 Thomas Meier 39,947 \$ 1,322,268

Schedule J (Form 990) 2008

Software ID: Software Version:

EIN: 94-3299124

Name: KAISER HEALTH PLAN ASSET MANAGEMENT INC

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

Ident if ier	Ret urn Ref erence	Explanation
Schedule J, ine 4 b		Steven Zatkın \$ 942,497 Kathy Lancaster 175,273 Deborah Stokes 164,551 Thomas Meier 39,947 \$ 1,322,268

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization
KAISER HEALTH PLAN ASSET MANAGEMENT INC

Employer identification number

94-3299124

ldentifier	Return Reference	Explanation
Form 990, Part VI, Question 2		Family affiliations reported steven r zatkin - spouse officer of kfhp inc , kfh and subsidiaries victoria zatkin - spouse senior vp, general counsel and officer of kfh, kfhp inc and regional health plans

ldentifier	Return Reference	Explanation
Form 990, Part VI, Question 10		Form 990 review process 1 key information is obtained and/or confirmed with internal sources including regional finance and executive compensation 2 Prior to finalization, the return is reviewed with a kpmg tax advisor 3 Once signed by a KPMG tax advisor, the return and underlying data is reviewed with the VP, Controller and CAO for signature and filing 4 Copies are then provided to Board Members

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 12c		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 wild as a subject to any advance of Interest Policy in 3 key wild as a suitable 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 and without fear of retaliation. 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 conflicts of interest Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually. 2 The Senior Vice President & Chief Compliance Officer and the Vice President 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. Investigations are documented, tracked and trended to determine if additional controls or education is required. Investigations are documented, tracked and trended to determine if additional controls or the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually, and 3 Annually, as a component of the external audit, KPMG review is the Annual Conflicts of Interest Questionnaires completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures. The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/ Hospitals Audit and Compliance Committee 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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Questions 15a/b		The executive compensation program as administered by Kaiser Foundation Health Plan, Inc is designed to recruit, retain and motivate qualified senior management personnel. Senior management personnel have a significant impact on the strategic and policy direction and results of the organization. Therefore, the executive compensation program is, to a significant degree, performance-based. The compensation program is reviewed annually by the Compensation Committee of the Board of Directors 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.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Question 19		Governing documents, Conflict of Interest - are available upon request as disclosed to other regulatory bodies To request copies contact. Tax Director Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Ste 15L Oakland, CA 94612

DLN: 93493313003319

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

ame of the organization AISER HEALTH PLAN ASSET MANAGEMENT INC				Employer ident	ification number
				94-3299124	
Part I Identification of Disregarded Entities					
(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
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) n Public chanty state (if section 501(c)(:	us Direct controlling 3)) entity
See Additional Data Table			+		
		0			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5 5 Y		Schedule R (Form 990) 20

(A) Name, address, and EIN of	(B) Primary a) activity	(C) Legal domicile	(D) Direct controlling	Pred-	(E) ominant e(related,	Share o	(F) f total income	Share	(G) e of end-of-year assets	(H Disprop allocat	ortionate	Code V—UBI a	mount on	Gene mana parti	ral or aging
related organization			(state or foreign country)	entity	inve	stment, elated)							Box 20 o	I K-1		
HEALTH CARE MANAGEMENT SOLUTIONS LLC											Yes	No			Yes	No
ONE KAISER PLAZA 15L OAKLAND, CA94612 20-3924985	CONSULTING		CA	N/A								No				No
Part IV Identification of Rela	ited Orga	nizatio	ns Taxab	ole as a Corpora	ation o	r Trust										
(A) Name, address, and EIN of related organ	ızatıon		B) y activity	(C) Legal domicile (state or foreign country)		Direct con entit	trolling	(E) Type of en (C corp, S o	orp,	(F) Share of total II	ncome		(G) Share of d-of-year assets	Perce	1) ntage ership	
ARCHIMEDES INC ONE KAISER PLAZA 15L OAKLAND, CA94612 20-3774729		CONSULT	ING	CA		NA		C CORP								
KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3245176		CONSULT	ING	CA		NA		C CORP								
KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3203402		INSURAN	CE	CA		NA		C CORP								
KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3259432		REAL EST	ATE	CA		NA		C CORP								
OAK TREE ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA94612 03-0329760		INSURAN	CE	VT		NA		C CORP								
-																

(5)

(6)

Part V Transactions with Related Organizatio	ns
--	----

Part	Transactions with Related Organizations					
N	te. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Duri	ng the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a	Yes	
b G	ft, grant, or capital contribution to other organization(s)			1b		No
c G	ft, grant, or capital contribution from other organization(s)			1c	Yes	
d L	pans or loan guarantees to or for other organization(s)			1d		No
e L	oans or loan guarantees by other organization(s)			1e		No
f S	le of assets to other organization(s)			1f	Yes	
g P	urchase of assets from other organization(s)			1 g		No
h E	change of assets			1h		No
i Le	ase of facilities, equipment, or other assets to other organization(s)			1i	Yes	
j Le	ase of facilities, equipment, or other assets from other organization(s)			1j		No
k P	erformance of services or membership or fundraising solicitations for other or	ganızatıon(s)		1k		No
I P	rformance of services or membership or fundraising solicitations by other org	anızatıon(s)		11		No
m S	naring of facilities, equipment, mailing lists, or other assets			1m		No
n S	narıng of paıd employees			1n		No
o R	eimbursement paid to other organization for expenses			10	Yes	
p R	eimbursement paid by other organization for expenses			1р		No
q 0	ther transfer of cash or property to other organization(s)			1q		No
r 0	her transfer of cash or property from other organization(s)			1r		No
2 If	the answer to any of the above is "Yes," see the instructions for information o	(B)	nips and transaction thresholds			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
(2)						
(=)						
(3)						
(4)						

Part VI Unrelated Organizations Taxable as a Partnership

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

								1	_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No		
			-	-	-	-	-	Schodule	R (Form	000) 2009		

Software ID: Software Version:

EIN: 94-3299124

Name: KAISER HEALTH PLAN ASSET MANAGEMENT INC

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

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 501(c)(3))	(F) Direct Controlling Entity			
KAISER FOUNDATION HEALTH PLAN								
ONE KAISER PLAZA 15L OAKLAND, CA94612 94-1340523	HEALTH CARE	CA	501(C)(3)	9	NA			
KAISER FOUNDATION HEALTH PLAN OF CO INC								
ONE KAISER PLAZA 15L OAKLAND, CA94612 84-0591617	HEALTH CARE	со	501(C)(3)	9	NA			
KAISER FOUNDATION HEALTH PLAN OF GA INC		Γ						
ONE KAISER PLAZA 15L OAKLAND, CA94612 58-1592076	HEALTH CARE	GA	501(C)(3)	9	NA			
KAISER FOUNDATION HEALTH PLAN OF THE MAS								
ONE KAISER PLAZA 15L OAKLAND, CA94612 52-0954463	HEALTH CARE	MD	501(C)(3)	9	NA			
KAISER FOUNDATION HEALTH PLAN OF THE NW								
ONE KAISER PLAZA 15L OAKLAND, CA94612 93-0798039	HEALTH CARE	OR	501(C)(3)	9	NA			
KAISER FOUNDATION HEALTH PLAN OF OH								
ONE KAISER PLAZA 15L OAKLAND, CA94612 34-0922268	HEALTH CARE	ОН	501(C)(3)	9	N A			
KAISER FOUNDATION HOSPITALS								
ONE KAISER PLAZA 15L OAKLAND, CA94612 94-1105628	HEALTH CARE	СА	501(C)(3)	3	N A			
CAMP BOWIE SERVICE CENTER								
OAKLAND, CA94612 94-3299123	ADMIN	СА	501(C)(3)	11	N A			
KAISER HEALTH ALTERNATIVES								
ONE KAISER PLAZA 15L OAKLAND, CA94612 93-0954562	HEALTH CARE	OR	501(C)(3)	9	NA			
KAISER HOSPITAL ASSET MANAGEMENT INC								
OAKLAND, CA94612 94-3299125	ASSET MGMT	СА	501(C)(3)	11	N A			
LOKAHI ASSURANCE LTD								
ONE KAISER PLAZA 15L OAKLAND, CA94612 91-2171891	rısk mgmt	ні	501(C)(3)	11	N A			
OHP								
ONE KAISER PLAZA 15L OAKLAND, CA94612 93-0480268	LEASING	WA	501(C)(3)	11	N A			
1800 HARRISON FOUNDATION								
ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3317484	FINANCING	СА	501(c)(3)	11	N A			

Form **4797**

Department of the

Internal Revenue Service (99)

Name(s) shown on return

Treasury

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► See separate instructions.

OMB No 1545-0184

Sequence No 27

Ident if ying number

KAI	KAISER HEALTH PLAN ASSET MANAGEMENT INC								
1					or 2008 on Form(s) 10 10, or 20 (see instructi		94-3299 1		
P					e or Business and erty Held More Th				
	(a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	basıs ımprover	or other , plus nents and e of sale	(Subt	g) Gain or (loss) ract (f) from the sum of (d) and (e)
2		. ,			·	•			
3	Gain, if any, from Fo	rm 4684, lın	e 45					3	
4		·		m Form 6252, line 26	or 37			4	
5	_			changes from Form 88				5	
6	_	, ,		ualty or theft				6	
7					appropriate line as follo	ows .		7	
	Part nerships (excep	ot electing la	rge part nersl	hips) and S corporation	s. Report the gain or (lo	ss) followi		_	
	from line 7 on line 1 section 1231 losse	1 below and s, or they we	skıp lines 8 : re recapture	and 9 Ifline 7 is a gai	ine 7 is zero or a loss, on and you did not have ter the gain from line 7 3, 9, 11, and 12 below	any prior y	ear		
8	Nonrecaptured net	section 1231	. losses from	n prior years (see instru	uctions)			8	
9	Subtract line 8 from below If line 9 is mo as a long-term capi	m line 9	9						
Pa				ee instructions)	· ,				
10					lude property held 1 ye	ar or less)			
F	F&E	01-01-2000	01-01-2008	1,501,948	19,984,841		21,144,5	75	
11	Loss, if any, from lir	ne 7						11	()
	.2 Gain, if any, from line 7, or amount from line 8, if applicable							12	
13									
14								14	
15								15	
16	· · · · · · · · · · · · · · · · · · ·							16	
17								17	342,214
18	•								
а	Enter the part of the the loss from proper	loss from in rty used as a	come-produc n employee c	cing property on Sched on Schedule A (Form 1	mn (b)(II), enter that pa ule A (Form 1040), line 040), line 23 Identify	e 28, and tl as from "Fo	ne part of rm	18a	
ь					on line 18a Enter here			18b	
_									

Part IIII Gain From Disposition of P (see instructions)	roperty Und	ler Sections 12	245, 1	L250,	1252,	1254, a	nd 1	255	
19 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 property						ā	(b) Date cquired(mo , day, yr)	(c) Date sold (mo , day, yr)
В							-		
C									
D									
These columns relate to the properties on lines 19A through	1 19D 🕦	Property A	Р	ropert	у В	Prope	rty C	Pro	perty D
20 Gross sales price (Note: See line 1 before complet	ing) . 20								
21 Cost or other basis plus expense of sale	21								
Depreciation (or depletion) allowed or allo	wable 22								
23 Adjusted basis Subtract line 22 from line	21 . 23								
24 Total gain Subtract line 23 from line 20	24								
25 If section 1245 property:									
a Depreciation allowed or allowable from lin	e 22 25a								
b Enter the smaller of line 24 or 25a	25b								
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 2 except for a corporation subject to sectio									
a Additional depreciation after 1975 (see instructions)	26a								
b Applicable percentage multiplied by the s line 24 or line 26a (see instructions)									
c Subtract line 26a from line 24. If resident rental property or line 24 is not more than	ı lıne								
26a, skip lines 26d and 26e d Additional depreciation after 1969 and before 1976	├								
e Enter the smaller of line 26c or 26d .	26e		_						
f Sections 291 amount (corporations only)	 								
g Add lines 26b, 26e, and 26f	 		+						
27 If section 1252 property: Skip this section did not dispose of farmland or if this form completed for a partnership (other than an electing large partnership)	ıs beıng								
a Soil, water, and land clearing expenses	27a								
b Line 27a multiplied by applicable percentage (see instructions)	. 27b								
c Enter the smaller of line 24 or 27b	27c								
28 If section 1254 property:									
a Intangible drilling and development costs expenditures for development of mines an natural deposits, and mining exploration (see instructions)	d other osts								
b Enter the smaller of line 24 or 28a	28b								
29 If section 1255 property:									
a Applicable percentage of payments excluincome under section 126 (see instruction									
b Enter the smaller of line 24 or 29a (see instruction	s) 29b								
Summary of Part III Gains. Complete	te property co	olumns A throug	h D th	rougl	ı lıne 29	b before	e goir	ng to line 3	30.
Total gains for all properties Add propert						-	30		
Add property columns A through D, lines	25b, 26g, 27c,	28b, and 29b Ent	ter here	e and o	n line 13	.	31		
32 Subtract line 31 from line 30 Enter the proportion from other than casualty or theft of		•	rm 46	,		erthe •	32		
Part IV Recapture Amounts Under (see instructions)	Sections 17	9 and 280F(b))(2) V	Vhen	Busine	ss Use	Drop	s to 50%	or Less
					(a) Se			(b) Sect	
33 Section 179 expense deduction or depre	ciation allowahl	le in prior vears		33	17	7		280F(b)	(2)
34 Recomputed depreciation (see instruction			•	34					

35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report . . 35