NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493320046449

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

Servi		venue						
A Fo	r the	2008 ca	lendar yea	r, or tax year beginning 01-01-2008	and ending 12-31-2008			
B Ch	eck ıf a	pplicable	Please	C Name of organization KAISER HOSPITAL ASSISTANCE CORPOR	ATION		D Employer ide	ntification number
Add	dress ch	hange	use IRS label or	CO BEN NOBLE			31-177950	
— Na	me cha	inge	print or	Doing Business As			E Telephone nu	mber
_ Ind	tıal retu	ırn	type. See Specific	Number and street (or P O box if mail is	s not delivered to street addres	s) Room/suite	(610) 525-8	
— _{Tei}	mınatıc	on	Instruc- tions.	603 GREAT SPRINGS ROAD	s not delivered to street dudies	3) Room, suite	G Gross receipt	s \$ 11,268,427
	nended			City or town, state or country, and ZIP -	- 4			
_				BRYN MAWR, PA 19010	-			
Ар	plication	n pending						
				ne and address of Principal Officer ASR MEIER			a group return	
				AISER PLAZA		affiliat	es?	⊤Yes ▼ No
				ND,CA 94612		H(b) Are all	affiliates include	d?
I Ta	x-exen	npt status	▽ 501(c)) (3) ◀ (insert no)	□ 527			See instructions)
J W	eb sit	e: ► NO	NE			H(c) Group	Exemption Nui	mber 🟲
К Тур	e of or	ganızatıon	Corporat	ıon		L Year of For	mation 2001 M	State of legal domicile CA
Pa	rt I	Sumi	marv					
	1		•	e organization's mission or most sig	inificant activities			
aı.		•		ASING HOSPITAL PROPERTY TO		ATIONS		
<u>త</u>		0 1111111	0 // 10 22/	Norwell of The Parket Entries	NO MI KOTIT OKOMIZA	· · · · · · · · · · · · · · · · · · ·		
፸								
Governance	2	Checkt	this box	if the organization discontinued its	operations or disposed of	more than 25	5% of its assets	;
<u>ලි</u>	3		•	nembers of the governing body (Par				3
xő .	4		=	ident voting members of the govern				3
<u>න</u>	5			nployees (Part V , line 2a)		,		0
5	6			lunteers (estimate if necessary)			6	
Activities	-						_	0
				ted business revenue from Part VII ness taxable income from Form 990		•	7a _ 7b	<u> </u>
	B	Net um	erateu Dusi	mess taxable income from Form 990	J-1, lille 34	D.:i-		
	_					Prio	r Year	Current Year
<u>a</u>	8			d grants (Part VIII, line 1h)		11 211 221	0	
Revenue	9	_		revenue (Part VIII, line 2g)		11,344,681	11,268,117	
Š	10			ne (Part VIII, column (A), lines 3, 4			2,054	310
	11			art VIII, column (A), lines 5, 6d, 8d				0
	12	lotali 12)	revenue—a	dd lines 8 through 11 (must equal P	art VIII, column (A), line		11,346,735	11,268,427
	13		and simila	ar amounts paid (Part IX, column (A), lines 1-3)			0
	14			or for members (Part IX, column (A),				0
	15		•	ompensation, employee benefits (Pa	•	_		
\$		10)		, in particular, empreyer benefits (i. a				1,250
Expenses	16a	Profes	sional fund	raising fees (Part IX, column (A), li	ne 11e)			0
ŝ	Ь	(Total f	undraising exp	penses, Part IX, column (D), line 25 0)			
ш	17			Part IX, column (A), lines 11a-11c	i, 11f–24f)		11,347,950	11,267,727
	18	Total	expenses—	add lines 13–17 (must equal Part I	X, line 25, column (A))		11,347,950	11,268,977
	19			penses Subtract line 18 from line 1			-1,215	-550
ኤ <mark>ም</mark>						Beginnir	ng of Year	End of Year
Net Assets or Fund Balances	20	Total	accato (Do-	t X, line 16)			205,330,794	205,330,244
3							· · ·	
38	21			Part X, line 26)			204,545,000	204,545,000
	22	_		d balances Subtract line 21 from li	ne 20		785,794	785,244
Pa	rt II		ature Blo					
				rgury, I declare that I have examined this re correct, and complete Declaration of prepa				
Plea	se	****	,	, , ,	,	2009-		, ,
Sigr			ature of office	er		Date	11 10	
Her	е	BEN!	JAMIN L NOBL	F President				
			or print nam					
		''			Date		Prenarer's PTIN	(See Gen Inst)
Paid	d		parer's nature Er	ric A Gronroos		Check if self-	cpaici 5 i i iiv	(
	u pare	-				empolyed 🕨 🦵		
Use	•	Firm	n's name (or y		1			
Onl			elf-employed) ress, and ZIP	+ 4			EIN ▶	
J111	7		, 	Hinton Kreditor & Gronroos LLP				
				50 E Foothill Blvd 3rd Floor			Phone no 🕨 (626) 585-0666
				Arcadia, CA 91006				<i>.</i>

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

1	Briefly describe the organization's mi	ission			
	LEASING NINE HOSPITAL BUILDINGS AFFILIATES, KAISER FOUNDATION H	TO KAISER FOUNDATION HEALTH PLAN OSPITAL, INC	I, INC A CALIFORNIA NONPR	OFIT PUBLIC BENEFIT CORPOR	AATION, ITS SUBSIDIARIES AND
2	Did the organization undertal the prior Form 990 or 990-E	ke any significant program servi Z?	ces during the year whic	h were not listed on	Yes ✓ No
	If "Yes," describe these new				•
3	Did the organization cease c services?	onducting or make significant ch	nanges in how it conduct	s any program	┌ Yes ┌ No
	If "Yes," describe these char	nges on Schedule O			
4	Section 501(c)(3) and (4) or	e achievements for each of the c rganizations and 4947(a)(1) trus and revenue, if any, for each prog	sts are required to repor		
4a		GS TO KAISER FOUNDATION HEALTH PL	cluding grants of \$ AN, INC A CALIFORNIA NON) (Revenue \$ PROFIT PUBLIC BENEFIT CORF) ORATION, ITS SUBSIDIARIES
4b	(Code) (E	Expenses \$ Ind	cluding grants of \$) (Revenue \$)
4c	(Code) (E	Expenses \$ Ind	cluding grants of \$) (Revenue \$)
4d	Other program services (D	escribe in Schedule O) including grants of \$)	(Revenue \$)
4e	Total program service expe	nses \$ 11,259,167	Must equal Part IX, Line	25, column (B).	

Part IV	Checklist of	Required	Schedules
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			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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{4}$	10		No
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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)

			163	110
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			
	IV	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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
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		Νo
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,	37		Νο
	Part VI 📆			

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		Yes	No
of U.S. Information Returns. Enter -0- if not applicable			-
1a		1	
h. Ententhe number of Forms M. 20 included in line 4 - Fet. 20 C. 1. 1. 1. 1.	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors	-	_	NI -
gaming (gambling) winnings to prize winners?	· · · · ·	.c	No
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	0		
b If at least one is reported in 2a, did the organization file all required federal employment tax ro Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.		ь	N o
3a Did the organization have unrelated business gross income of \$1,000 or more during the year return?		a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		ь	No
4a At any time during the calendar year, did the organization have an interest in, or a signature of over, a financial account in a foreign country (such as a bank account, securities account, or account)?	or other authority other financial	a	No
b 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 For Financial Accounts.	reign Bank and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year? 5	а	Νο
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	er transaction?	b	No
c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re		ic	No
6a Did the organization solicit any contributions that were not tax deductible?	6	a	No
b If "Yes," did the organization include with every solicitation an express statement that such c were not tax deductible?	ontributions or gifts	ь	No
7 Organizations that may receive deductible contributions under section 170(c).		_	
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more?	of \$75 or 7	а	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		ь	l No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for whi			
file Form 8282?	-	'c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	0		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?		e	No
${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	fit contract? 7	'f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as re	required? 7	g	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form			NI -
required?	· · · · · · · -	h	No
supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring excess business holdings at any time during the year?	g organization, have	3	No
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9	a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?	9	ь	No
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations Enter			
a 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)			
13a Section 4047(a)(1) non exempt charitable truste. In the exercise files From 000 in less 55.	orm 1041? 12	2a	No
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo			

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

Section A.	Governing Bo	dy and Management

				Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstance processes, or changes in Schedule O. See instructions.	s,			
1a	Enter the number of voting members of the governing body 1a	3			
Ь	Enter the number of voting members that are independent 1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an other officer, director, trustee, or key employee?	У	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 w filed?	as	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		Νo
6	Does the organization have members or stockholders?		6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of t governing body?	he	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. [7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	the governing body?		8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?		8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		Νο
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization must describe in Schedule O the process, if any, the organization uses to review the Form 990		10		Νo
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		Νo

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
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		Νo
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		No
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		Νo
b	Other officers or key employees of the organization?	15b		No
	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		No
Ь	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		Νo

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 another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THOMAS R MEIER ONE KAISER PLAZA 26TH FL OAKLAND, CA 94612 (610) 525-8185

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 r	ot compens	ate any	offic	er, d	lırec	tor, tru	uste	or key employee		
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director			Key employee	Former Highest compensated employee		(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
THOMAS R MEIER , CFO	1 00			Х				0	0	75,000
PETER DAVIS , Director	1 00	Х						1,250	0	0
KATHY LANCASTER, Secretary/DIR	1 00	Х		Х				0	0	0
BENJAMIN L NOBLE , President	1 00	Х		Х				0	0	0
		•								

Part VII Continued

(A) Name and Title	(B) Average hours per week		on at Institutional Trustee	Office	y)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total							┝	1,250)	75,000
2 Total number of individuals (including	those in 1	a) who i	ecei	ved	mor	e thar	ո \$ 1	l	L	<u>'</u>

compensation from the organization**▶**0

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A)	(B)	(C)
	Name and business address	Description of services	Compensation
2	Total number of independent contractors (including those in 1) who received more than \$	100.000 in compensation	

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
	1a	Federated car	npaigns 1a			Revenue		312, 313, 01 314
まま	ь	Membership d	ues					
E E			1b					
S,E	С	Fundraising ev	vents 1c					
<u>≅,≅</u>	d	Related organ	ızatıons1d					
Contributions, gifts, grants and other similar amounts	e	Government grar	nts (contributions) 1e					
er s	f	All other contribu	tions, gifts, grants, and not included above					
高春		Similar amounts i	1f					
ξğ	g		ributions included in					
ठ ल	h		es 1a-1f)....		0			
		•	•	Business Code				
e	2a	PROGRAM SERVI	CF-LFASE PMT	Busiliess Code	11,268,117	11,268,117		
Yen	ь				11,200,117	11,200,117		
윤	c							
MCe	d							
.	e							
Program Serwoe Revenue	f	All other prog	ram service revenue					
Š	g		es 2a-2f					
	3	► \$ 11,268,11	.7 .come (including divi	dends interest				
			amounts)		310			310
			estment of tax-exempt be	▶	0			
	4		estiment of tax exempt by	• •				
	5	Royalties .			0			
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
		or (loss)						
	d	Net rental inc	ome or (loss)	· · · · · ·	0			
		Craca amazunt	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or other basis and						
	c	sales expenses Gaın or (loss)						
	d	Net gain or (lo	l		0			
				. ▶				
	8a	Gross income events (not in	from fundraising cluding					
άs		\$						
Ě		of contributior 1c) See Part	ns reported on line IV . line 18					
e ve		Attach Schedul	le G ıf total exceeds					
ά			а					
Other Revenue	Ь		xpensesb		0			
δ	c		(loss) from fundrais	ing events	· ·			
	9a	Gross income	from gaming e part IV , line 19					
		Complete Sche	dule G ıf total					
		exceeds \$15,00	00 a					
	ь	Less directe	xpensesb					
	С		· (loss) from gaming a	activities	0			
	10a		f inventory, less	<u> </u>				
		returns and al	lowances . a					
	ь	Less cost of	goods sold b					
	c		(loss) from sales of	inventory	О			
		Miscellaneou	ıs Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d					
	12	Total Revenue	e. Add lines 1h, 2g, 3	0 . 4 . 5 . 6 d . 7 d .	11,268,427	11,268,117		310
		8c,	l1e					
	1	oc, ioc, and l			i l	į l		1

Form 990 (2008) Part IX Statement of Functional Expenses

Α	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re	equired to com	plete columns	(B), (C), and (D	
Do r	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	1,250		1,250	
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			
.0	Payroll taxes	0			
1	Fees for services (non-employees)				
а	Management	0			
b	Legal	3,365	3,365		
С	Accounting	6,319		6,319	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	12,447	10,206	2,241	
2	Advertising and promotion	0			
3	Office expenses	0			
1	Information technology	0			
5	Royalties	0			
5	Occupancy	0			
7	Travel	0			
8	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
9	Conferences, conventions and meetings	0			
0	Interest	11,242,748	11,242,748		
1	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	0			
3	Insurance	0			
4	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	misc EXPENSES	71	71		
b	Filing fees	2,777	2,777		
С					
d					
e					
d					
e					
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	11,268,977	11,259,167	9,810	
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				

	Part X	Balance	Sheet
--	--------	---------	-------

				(A)		(B)
	ا	Cook non interest because		Beginning of year	1	End of year 0
	1	Cash—non-interest-bearing		19,103		
	2	Savings and temporary cash investments		19,103	_	34
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net			4	0
	5	Receivables from current and former officers, directors, trustees, ke other related parties <i>Complete Part II of Schedule L</i>	•		5	0
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B) Complete Part II of School			6	0
	7	Notes and loans receivable, net		2,961,828	7	2,961,828
	8	Inventories for sale or use			8	0
2	9	Prepaid expenses and deferred charges			9	0
Assets	10a	Land, buildings, and equipment cost basis	1			
⋖		10	202,368,382	-		
	b	Less accumulated depreciation Complete Part VI of Schedule D	h	202,349,863	100	202.368.382
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11 Complete Part V	II of			0
	13	Schedule D Investments—program-related See Part IV, line 11 Complete Part IV	/111		12	0
		of Schedule D .			13	
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		205,330,794	16	205,330,244
	17	Accounts payable and accrued expenses .			17	
	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				
Lia		persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third parties .		204,545,000	23	204,545,000
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	204,545,000	26	204,545,000	
- S		Organizations that follow SFAS 117, check here ▶ 🔽 and complete through 29, and lines 33 and 34.	e lines 27			
Balance	27	Unrestricted net assets		785,794	27	785,244
<u>명</u>	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and co	omplet e			
or F		lines 30 through 34.	proto			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		31		
AS	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net	33	Total net assets or fund balances		785,794	33	785,244
_	34	Total liabilities and net assets/fund balances		205,330,794	34	205,330,244
Pa	rt XI	Financial Statements and Reporting				

ParitXI	Financial	Statements	and Reporting

			1 C3	140
1	Accounting method used to prepare the Form 990 🔽 cash 🗆 accrual 🗀 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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		Νο
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		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		Νο

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasurv Internal Revenue Service

h

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.

OMB No 1545-0047

Open to Public Inspection

KAISER HOSPITAL ASSISTANCE CORPORATION CO BEN NOBLE 31-1779500 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) Part I 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? 11g(i) Νo (ii) a family member of a person described in (i) above? 11g(ii) Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Νo

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organization in the cool (i) listed in in co		the orga	(v) Did you notify the organization in col (i) of your support?		s the ation in organized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
KAISER FOUNDATION HOSPITAL	941105628	7	Yes			No	Yes		0
KAISER FOUNDATION HEALTH PLAN INC	941340523	7	Yes			No	Yes		11268117
Total									11,268,117

Provide the following information about the organizations the organization supports

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, 160, 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						
c	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)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320046449

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

SCHEDULE D (Form 990)

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.

Internal Revenue Service

	ne of the organization SER HOSPITAL ASSISTANCE CORPORATION		Employer id	dentification number
	BEN NOBLE		31-17795	00
Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 99	90, Part IV, line 6.	inds or Ac	counts. Complete if the
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	<u> </u>	or advised	┌ Yes
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		may be	┌ Yes
Par	t III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990,	Part IV, line 7.
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ion or pleasure) Preservation of an Preservation of cer	tified historio	
	on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easement	r's	2b	
c	Number of conservation easements on a certified h		2c	
d	Number of conservation easements included in (c)		2d	
3	` '	•		nizotion during
3	Number of conservation easements modified, transfe the taxable year -	erreu, releaseu, extiliguistieu, or terrilliateu	u by the orga	inzacion during
	the taxable year F			
4	Number of states where property subject to conserv	ation easement is located ►		
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		tions, and	☐ Yes ☐ No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sect	tion	┌ Yes
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financial		
ar	Complete if the organization answered		or Other S	imilar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	l for public exhibition, education or researc	h ın furtherar	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		•
	(i) Revenues included in Form 990, Part VIII, line 1		ı	► \$
	(ii) Assets included in Form 990, Part X		.	\$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA			'

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part		Organizations Maintaining Col	lections of Art, I	<u>list</u>	<u>tori</u>	cal Treas	ures, or Ot	he	<u>r Similar</u>	Asse	ts (co	ntınued)
3		g the organization's accession and other s (check all that apply)	records, check any o	fth	e foll	owing that a	re a sıgnıfıcar	nt u	se of its co	llection	ו	
а	Γ	Public exhibition	•	d	Γ	Loan or exc	change progra	ms				
b	Γ	Scholarly research		e	Γ	Other						
с	Γ	Preservation for future generations										
4	Prov Part	ide a description of the organization's col	llections and explain	how	they	further the	organization's	s e>	empt purp	ose in		
5		ng the year, did the organization solicit or ets to be sold to raise funds rather than to							nılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					anızatıon an	ISW	ered "Yes	s" to Fo	orm 9	90,
1a		ne organization an agent, trustee, custodi ided on Form 990, Part X?	an or other intermedia	ary	for c	ontributions	or other asse	ts	not	Г	Yes	┌ No
b	If"Y	es," explain why in Part XIV and complet	e the following table				_					
										A mou	ınt	
С	Begi	inning balance					1	Lc				
d	Add	itions during the year					1	Ld				
е	Dıst	ributions during the year					_1	le				
f	Endi	ing balance					_ 1	Lf				
2a	Dıd t	the organization include an amount on Fo	rm 990, Part X, line 2	1?						Γ	Yes	┌ No
		es," explain the arrangement in Part XIV										
Pai	rt V	Endowment Funds. Complete If	the organization a		were Prior Y		Form 990, wo Years Back				\ Faur Va	na ra Da ak
1a	Beau	nning of year balance	(a)Curient rear	(0)	PHOLI	eai (c)ii	wo rears back	(u)	Tillee feats t	back (e)roul te	ears back
b		tributions	_									
c		estment earnings or losses										
d		nts or scholarships										
e		er expenditures for facilities										
	and	programs										
f	Adm	ninistrative expenses										
g	End	of year balance										
2	Prov	ide the estimated percentage of the year	end balance held as									
а	Boar	d designated or quasi-endowment 🕨										
b	Perm	nanent endowment 🕨										
С	Term	n endowment 🕨										
3 a		there endowment funds not in the posses: nization by	sion of the organization	on t	hat a	re held and	admınıstered	for	the		Yes	No
	_	nrelated organizations								3a(i)	res	NO
		elated organizations								3a(ii)		
b		es" to 3a(II), are the related organization			ched	ule R? .				3b		
4		cribe in Part XIV the intended uses of the	organization's endov	vme	nt fu	nds						
Par	t VI	Investments—Land, Buildings	<u>, and Equipment</u>	<u>. S</u>	ee F	orm 990, F	Part X, line 1	.0.				
		Description of investment				Cost or other (investment)	(b)Cost or oth basis (other)		(c) Depreci	ation	(d) Boo	ok value
1 a l	and								1	L		
b i	Buildii	ngs					202,368,3	382			20	2,368,382
c l	ease	hold improvements										
d I	quipi	ment										
е (Other	·	<u></u> .									

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 d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,268,427
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,268,977
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-550
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-550
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	11,279,182
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	10,755
3	Subtract line 2e from line 1	3	11,268,427
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,268,427
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	<u> </u>	11,279,182
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	1	
b	Prior year adjustments	-	
C	Losses reported on Form 990, Part IX, line 25	-	
a		1 _	10 205
е 3	Add lines 2a through 2d	2e 3	10,205
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	11,268,977
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV) 4b	-	
		4c	
с 5	Add lines 4a and 4b	5	11,268,977
	rt XIV Supplemental Information		11,200,977
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art XIV	/, lines 1b and 2b.
_		_	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	ACCRUAL TO CASH ADJUSTMENT \$10205
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	ACCRUAL TO CASH ADJUSTMENT \$10755

Part XIV Supplemental In	formation(continued)	
Ident if ier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	ACCRUAL TO CASH ADJUSTMENT \$10205
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	ACCRUAL TO CASH ADJUSTMENT \$10755

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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 HOSPITAL ASSISTANCE CORPORATION CO BEN NOBLE Employer identification number

31-1779500

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	COPIES OF THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE BY WRITTEN OR ORAL REQUEST TO ANY MEMBER OF THE BOARD OF DIRECTORS OR THE CFO

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	THE FORM 990 IS REVIEWED AND APPROVED BY THE PRESIDENT OF THE BOARD OF DIRECTORS PRIOR TO FILING

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

Cat No 51056K

Schedule 0 (Form 990) 2008

DLN: 93493320046449

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Department of the Treasury Internal Revenue Service Open to Public Inspection

KAISER HOSPITAL ASSISTANCE CORPORATION				Employer identi	i ication number	
CO BEN NOBLE				31-1779500		
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	
KAISER HOSPITAL ASSISTANCE I-LLC 603 GREAT SPRINGS ROAD BRYN MAWR, PA 19010	HOLDING TITLE AND LEASEING OF PROPERTY	CA	11,268,427	210,030,945	KAISER HOSPITAL ASSISTANCE CORPORATION	
Part II Identification of Related Tax-Exempt Organiz	ations				1	
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (sta or foreign country	(D) te Exempt Code section)	(E) Public charity statu (if section 501(c)(3	(F) Direct controlling entity	
						_
						_

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

126	τV	Transactions with Related Organizations				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	es No
1 Du	rıng th	ne tax year, dıd the orgranızatıon engage ın any of the following transactıon	s with one or more related organizations listed in Parts II-	·IV?		
а	Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ıty		1a	No
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No
d	Loans	or loan guarantees to or for other organization(s)			1d	No
e	Loans	or loan guarantees by other organization(s)			1e	No
f	Sale o	fassets to other organization(s)		<u></u>	1f	No
g	Purch	ase of assets from other organization(s)		<u>[</u>	1g	No
h	Excha	inge of assets		<u>.</u>	1h	No
i I	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1 j	No
k	Perfor	mance of services or membership or fundraising solicitations for other org	anization(s)	L	1k	No
1 1	Perfor	mance of services or membership or fundraising solicitations by other orga	anization(s)	[11	No
m	Sharın	ng of facilities, equipment, mailing lists, or other assets		<u>[</u>	1m	No
n	Sharır	ng of paid employees		<u>[</u>	1n	No
o	Reımb	oursement paid to other organization for expenses		<u>[</u>	10	No
р	Reımb	oursement paid by other organization for expenses		<u> </u>	1p	No
q	Other	transfer of cash or property to other organization(s)		-	1q	No
r	Other	transfer of cash or property from other organization(s)		[1r	No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	nips and transaction thresholds		
		(A)	(B) Transaction	(C)		
		Name of other organization(s)	type(a-r)	Amount Involved		
(1)						
(2)						
(2)						
(3)						
(4)						
(+)						
(5)						
(6)						

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

	_		(5)		· -			1	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?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No
	1				·	1	1	1		