Form 990

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

A Fo	or the	1999 calendar year, OR tax year period beginning, 1999, and endin	<u>g</u>
B ch	neck if:	Please C Name of organization	D Employer identification number
	Change o address	Use IRS KAISER FOUNDATION HEALTH PLAN OF	
t	tnitiat	label of MA CCACHIICTTTC TAC	04-2583575
	return Final	type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number
, سعب	retum	See C/O KAISER FOUNDATION HEALTH PLAN,	- Friedrich Hallipei
	Amended	Specific ONE KAISER PLAZA, 1550 ORDWAY	(510) 271-6385
	retum (required	Instruc-	
a	also for state	tions. City or town, state or country, and ZIP + 4	F Check ► if exemption application
1	reporting)		is pending
		ganization \rightarrow X Exempt under section 501(c) (3) \triangleleft (insert number) OR \triangleright section \triangleleft	·
		501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule	
H (a)	Is this	a group return filed for affiliates? Yes X No I If either box in H is cl	necked "Yes," enter four-digit
		group exemption num	<u>ber</u> (GEN) ▶
(b)	If "Yes	s," enter the number of affiliates for which this return is filed: _ ▶ J Accounting method:	Cash X Accrual
(c)	ls this a	separate return filed by an organization covered by a group ruling? Yes X No Other (specify)	<u> </u>
K Che	eck here	if the organization's gross receipts are normally not more than \$25,000. The organization no	ed not file a return with the IRS:
but	if it red	beived a Form 990 Package in the mail, it should file a return without financial data. Some states requ	
		990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than	
Part I		evenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions	
	Γ		5.1 page 10.)
읽	ı	Contributions, gifts, grants, and similar amounts received:	, [8]
7000	1	Direct public support NON	<u>*</u>
		Indirect public support	
	C	Government contributions (grants)	_
`	d	Total (add lines 1a through 1c) (attach schedule of contributors)	
		(cash \$)	1d NON
-	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2
ام	3	Membership dues and assessments	3
皿		Interest on savings and temporary cash investments	
到		Dividends and interest from securities	5
₹		Gross rents 6a	
SCANNED			
W		Less: rental expenses 6b	
ا ہ	l _	Net rental income or (loss) (subtract line 6b from line 6a)	6c
ויים	l	Other investment income (describe) 7
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Other	-88
ጁ		than inventory	
	b	Less; cost or other basis and sales expenses 8 b	_83
	C	Gain or (loss) (attach schedule)	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d
		Special events and activities (attach schedule)	
- 1	а	Gross revenue (not including \$ of	
	l	contributions reported on line 1a) 9a	
	l	Less: direct expenses other than fundraising expenses 9b	
	l	Net income or (loss) from special events (subtract line 9b from line 9a)	9c
	l		9C
Į	l	Gross sales of inventory, less returns and allowances	-
	1	Less: cost of goods sold	
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c
	11	Other revenue (from Part VII, line 103) RECEIVE	11
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 1921	12 NON
	13	Program services (from line 44, column (B))	13 NON
	14	Management and general (from line 44,60 quart (C))	14 NON
Ses	15	Fundraising (from line 44, column (D))	15
enses		Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule), OGDEN, UT	16
xpenses	16	rayrients to armates (attach screeding)	
Expenses	1	Total expenses (add lines 15 and 14 column (A))	17 37037
Expenses	17	Total expenses (add lines 16 and 44, column (A))	1 1
Expenses	17 18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 NON
Expenses	17 18 19	Excess or (deficit) for the year (subtract line 17 from line 12) Net assets or fund balances at beginning of year (from line 73, column (A))	18 NON 19 NON
et Assets Expenses	17 18 19 20	Excess or (deficit) for the year (subtract line 17 from line 12)	18 NON

For Paperwork Reduction Act Notice, see page 1 of the separate Instructions.

Form 990 (19

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	13 A in already some supported an limb	0.0000.00				
_	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants and allocations (attach schedule)					
_	(cash \$)	22	NONE	NONE		
_	Specific assistance to individuals (attach schedule)	23				
	Benefits paid to or for members (attach schedule)	24		· · · · · · · · · · · · · · · · · · ·		
	Compensation of officers, directors, etc.					
	Other salaries and wages	26				
7	Pension plan contributions	27				
	Other employee benefits	28				
	Payroll taxes		- 			
	Professional fundraising fees	30				
	Accounting fees					 -
	Legal fees	32	 			
	Supplies	33	 	<u> </u>		
	Telephone	35	· · · · · · · · · · · · · · · · · · ·	· -		
	Postage and shipping	36	 -		· · · · · · · · · · · · · · · · · · ·	
	Occupancy	37				
		38	· · · · · · · · · · · · · · · · · · ·			
	Printing and publications	39	·	<u> </u>		
	Travel	40				
	Conferences, conventions, and meetings	41				-
	Interest	42				
	Other expenses (itemize): a	43a				
		43b		<u> </u>		
c		43c				
d		43d		· -		
e		43e		· -		
	Total functional expenses (and lines 22 through 43) Organizations completing columns (6)-(0), carry these totals to lines 13-15	44	NONE	NONE	NONE	
	orting of Joint Costs Dig you report in	COLUT				
dud "Ye	orting of Joint Costs Did you report in cational campaign and fundraising solicit es," enter (i) the aggregate amount of these jo ne amount allocated to Management and gen	ation? int cos	nn (B) (Program serv	ices) any joint costs fro	om a combined	Yes X No
dud "Ye ii) ti	cational campaign and fundraising solicites," enter (i) the aggregate amount of these jo the amount allocated to Management and gen	ation? int cos eral \$	nn (B) (Program serv	rices) any joint costs from: ; (ii) the amount allocate; and (iv) the amount a	om a combined ated to Program services llocated to Fundraising	Yes X No
dud "Ye ii) ti Pa	cational campaign and fundraising solicites," enter (i) the aggregate amount of these jo	ation? int cos eral \$ rvice	nn (B) (Program servits\$ Accomplishmer	ices) any joint costs from: ; (ii) the amount allocation; and (iv) the amount allocations (See Specific II	om a combined ated to Program services llocated to Fundraising	Yes X No \$ \$ ge 22.) Program Service
dud "Ye ii) ti De /ha dl d	cational campaign and fundraising solicites," enter (i) the aggregate amount of these jobe amount allocated to Management and general Statement of Program Se	ation? int cos eral \$ rvice ? ▶ urpose urs a	ts\$ Accomplishmer SEE STATEM achievements in a cleaning that are leading to the control of th	; (ii) the amount allocates; and (iv) the amount allocates; and (iv) the amount allocates; and concise manner and concise manner measurable. (Section	om a combined ated to Program services llocated to Fundraising s nstructions on page r. State the number n 501(c)(3) and (4)	Yes X No \$ \$ ge 22.)
dud "Ye ii) the Vha Vha of c	cational campaign and fundraising solicities," enter (i) the aggregate amount of these joine amount allocated to Management and general Statement of Program Set is the organization's primary exempt purpose organizations must describe their exempt plients served, publications issued, etc. Disc	ation? int cos eral \$ rvice ? _ urpose uss a ble tru	ts \$ Accomplishmer SEE STATEM achievements in a cl- chievements that are is sts must also enter the	; (ii) the amount allocation; and (iv) the amount allocation; and (iv) the amount allocation; and (iv) the amount allocation in the second in	om a combined ated to Program services llocated to Fundraising s nstructions on page r. State the number n 501(c)(3) and (4)	Yes X No \$ ge 22.) Program Servic Expenses (Required for 501(c)(4) orgs., and 4947(trusts; but optiona
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Part IV Balance Sheets (See Specific Instructions on page 22.)

1	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	NONE	45	
	46	Savings and temporary cash investments	NONE	46	NONE
	• •	Cutings and comporary basis invocational		70	
	47a	Accounts receivable 47a 47a			
		Less: allowance for doubtful accounts 47b		47c	
	, ,	2000; allowariou for adapted accounts			
	482	Pledges receivable 48a			
		Less: allowance for doubtful accounts 48b		48c	
	49			49	· · · · · · · · · · · · · · · · · · ·
	50	Grants receivable Receivables from officers, directors, trustees, and key employees		43	
	30			50	
	512	(attach schedule)		30	<u> </u>
	314	·			
\$	_	schedule)		£4.	
Assets				51c	
Ä	52	Inventories for sale or use		52	
	l	Prepaid expenses and deferred charges		53	
	54	Investments - securities (attach schedule)		54	
	poa	Investments - land, buildings, and			
	١.	equipment; basis			
	P	Less: accumulated depreciation (attach			
•		schedule)55b		55c	
	56	Investments - other (attach schedule)		56	
	1	Land, buildings, and equipment basis			
	b	Less: accumulated depreciation (attach			
		schedule) [57b]		57c	—
	58	Other assets (describe ►)		58	
		Total and a field Page 45 th accord 500 (access a condition 74)	le a ren		
_	59	Total assets (add lines 45 through 58) (must equal line 74)	NONE		NONE
		Accounts payable and accrued expenses	NONE		<u>NONE</u>
	1	Grants payable	··	61	
	62	Deferred revenue		62	
Liabilities	l	Loans from officers, directors, trustees, and key employees (attach			
1	١	schedule)		63	
LI _a		Tax-exempt bond liabilities (attach schedule)		64a	
		Mortgages and other notes payable (attach schedule)	•	64b	
	65	Other liabilities (describe ►)		65	
		Teach time title and a linear CO through CE	37.0377	00	37.0378
	66	Total liabilities (add lines 60 through 65)	NONE	66	<u> NONE</u>
	Orga	67 through 69 and lines 73 and 74.			
	67	· · · · · · · · · · · · · · · · · · ·			
čě	68	Unrestricted		67	
a	l	Permanently restricted			 .
or Fund Balances	69	· · · · · · · · · · · · · · · · · · ·		69	
Б	Orga	inizations that do not follow SFAS 117, check here X and			
굔		complete lines 70 through 74.			
9	70	Capital stock, trust principal, or current funds		70	
ets	71	Paid-in or capital surplus, or land, building, and equipment fund	3=4	71	
SS	72	Retained earnings, endowment, accumulated income, or other funds	NONE	72	NONE_
Net Assets	73	Total net assets or fund balances (add lines 67 through 69 OR lines			
S	[70 through 72; column (A) must equal line 19 and column (B) must			
	 	equal line 21)	NONE		NONE
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	NONE	74	NONE_

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

	Financial Statements wi					Reconciliation Financial State			
	Return (See Specific Inst	ruc	tions, page 24.)			Return		,	•
Total reven				a	Total ex	penses and losses	per		
				e l		•	•	a	NONE
•				ь	Amount	s included on line	a but not	-	
line 12, Fo	rm 990;				on line 1	17, Form 990:		100 mg 200 mg	
				(1)		-			
				8	and use	of facilities \$			
Donated sen	vices			(2)	Prior yea	r adjustments	<u> </u>		
					reported	on line 20,			
Recoveries o	of prior			Ĭ					
year grants	s <u> </u>			(3)				X 29 X 3	
					line 20, F	Form 990 \$			
				(4)	Other (spe	ecify):			
	\$					<i>"</i>			
Add amour	nts on lines (1) through (4)	Ь				s			
					Add amo	unts on lines (1) thro	ough (4) ▶	Ь	
Line a minu	ıs line b	С	NONE	c c				_	NONE
Amounts ir				d					
	•								
Investment o	expenses			(1)	Investme	nt expenses			
				1			•		
6b. Form 99	O \$			7	6b, Form	990 \$		ŵ»,	
				(2)	· ·				
. (1 //					(-				
	s			4		s			
Add amour	nts on lines (1) and (2)	d			Add amo	ounts on lines (1)	and (2)	ď	
				T _e					
	-	e	NONE			•		e	_ NONE
									see Specific
Inst	ructions on page 24.)			_	-		-	-	•
						(C) Compensation			(E) Expense
	(A) Name and address					-0)			account and other allowances
STATE	EMENT 5						}		
						NONE	N	ONE	NONE
									<u> </u>
						1			
	·							_	
				-					,
			<u>. </u>	_					
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<u> </u>	<u> </u>								
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	per audited Amounts in line 12, Fo Net unrealiz on investme Donated ser and use of f. Recoveries of year grants Other (specify) Add amounts in Form 990 Investment on the included 6b, Form 99 Other (specify) Add amounts in form 100 included Company of the first of	per audited financial statements Amounts included on line a but not on line 12, Form 990: Net unrealized gains on investments . \$ Donated services and use of facilities \$ Recoveries of prior year grants \$ Other (specify): \$ Add amounts on lines (1) through (4) > Line a minus line b Amounts included on line 12, Form 990 but not on line a: Investment expenses not included on line 6b, Form 990 \$ Other (specify): \$ Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d)	per audited financial statements Amounts included on line a but not on line 12, Form 990: Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Madd amounts on lines (1) through (4) Line a minus line b Amounts included on line 12, Form 990 but not on line a: Investment expenses not included on line 6b, Form 990 Shadd amounts on lines (1) and (2) Other (specify): Shadd amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d) List of Officers, Directors, Trust Instructions on page 24.) (A) Name and address	Amounts included on line a but not on line 12, Form 990: Net unrealized gains on investments . \$ Donated services and use of facilities \$ Recoveries of prior year grants \$ Other (specify):	per audited financial statements Amounts included on line a but not on line 12, Form 990: Net unrealized gains on investments Secoveries of prior year grants Secoveries of prior Secoveries of prior year grants Secoveries of prior Secoveries of prior year grants Secoveries of prior Sec	per audited financial statements Amounts included on line a but not on line 12, Form 990: Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Cother (specify): Add amounts on lines (1) through (4) Amounts included on line 12, Form 990 but not on line a: Investment expenses not included on line 6b, Form 990 . \$ Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d)	per audited financial statements a NONE audited financial statement Amounts included on line a but not on line 12, Form 990: Net unrealized gains Online 17, Form 990: (1) Donated services Online 20, Form 990 Online 20, Form	per audited financial statements	per audited financial statements

Form **990** (1999)

<u>For</u>	m 990 (1999)		F	Page <u>5</u>
Pa	ort VI Other Information (See Specific Instructions on page 25.)		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X	7
	If "Yes," attach a conformed copy of the changes.			*****
78 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	2000.000.00	X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	78ъ	N	
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement STMT 3.	79	X	<u> </u>
	a Is the organization related (other than by association with a statewide or nationwide organization) through common	(80,000.00	· 🔝	
000	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	888	37	33301353c2
		80a	X	
ı	b If "Yes," enter the name of the organization SEE STATEMENT 6 AND 7			
٠.	and check whether it is X exempt OR nonexempt.			
81 a	a Enter the amount of political expenditures, direct or indirect, as described in the	200		
	instructions for line 81 NONE	A3888(25)	222233	235555
	b Did the organization file Form 1120-POL for this year?	81b	N/	A
82 a	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			ł
	or at substantially less than fair rental value?	82a		X
ŧ	b If "Yes," you may indicate the value of these items here. Do not include this amount	[:84:02Y] -13:48:1		
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in	(28) X (1)		
	Part III.)			W2384
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
Ŀ	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N.	/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N	<u> </u>
ŀ	b If "Yes," did the organization include with every solicitation an express statement that such contributions	(22.8)		
	or gifts were not tax deductible?	84b	N	A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N	A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N	A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	××	,000	
	received a waiver for proxy tax owed for the prior year.	100 PM	98899	
	Dues, assessments, and similar amounts from members	438 S.		
	d Section 162(e) lobbying and political expenditures 85d NONE		* vy	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e NONE	2000		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f NONE		(***)	
	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N	2800000 7 3
•	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable	UUg	-174	<u>~</u>
•	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N	/ 7 .
0 6	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	0011	~ <u>``</u>	
		200		
	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A b Gross income from other sources. (Do not net amounts due or paid to other	1000000 100000		ŇŶĸ
,				
	sources against amounts due or received from them.) 87b N/A At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	\$2,375,738 	3333,18	aliguaro (
00			.	
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	1800 S.V	X
89 a	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			8000006. 18780000
_	section 4911 ► NONE ; section 4912 ► NONE ; section 4955 ► NONE			
ŧ	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	* * * * * * * * * * * * * * * * * * * *	89b	لــــــــا	<u>_x</u>
•	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958		<u>NC</u>	NE
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		<u>NÇ</u>	<u>NE</u>
	a List the states with which a copy of this return is filed MASSACHUSETTS			
		90b		
91	The books are in care of ▶ NATIONAL TAX DIRECTOR Telephone no. ▶ 510 27	<u> 11-6</u>	385	<u>i</u>
	Located at ▶ ONE KAISER PLAZA 1550 ORDWAY, OAKLAND CA ZIP+4 ▶ 94612			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			-∟
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		NC	NE
		Form	990	(1999)

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Program servicio revenue: Secondario Control Cont	Program service revenue: Business Amount Exclusion Amount comment (access Amount on the code of the c	dicated,			ated business income		y section 512, 513, or 514	
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Name, address, and EIN of corporation, partnership or disregarded entity Percentage of ownership interest What is a statement of activities in the last of my knowledge reparer (other than officer) is based on all information of which preparer has any knowledge. Percentage of Nature of activities Total income End-of-year assets What is a statement of the last of my knowledge reparer (other than officer) is based on all information of which preparer has any knowledge.	Name, address, and EIN of corporation, partnership or disregarded entity Percentage of ownership interest ownership interest % % Under penalties of persury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge reparer (other than officer) is based on all information of which preparer has any knowledge. Base 2000 Description Description	•	of the organization's exempt purpos	ses (other th	an by providing funds for su	art VII contri	buted importantly to the acc	omplishment
We will be the statements of persure I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge reparer (other than officer) is based on all information of which preparer has any knowledge. B 28 2000 DEBORAH STOKES DICE PRES	Under penalties of persury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge reparer (other than officer) is based on all information of which preparer has any knowledge.	•	of the organization's exempt purpos	ses (other th	an by providing funds for su	art VII contri	buted importantly to the acc	omplishment
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Under penalties of persurv. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge reparer (other than officer) is based on all information of which preparer has any knowledge.	Under penalties of persure I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge reparer (other than officer) is based on all information of which preparer has any knowledge.	art IX	Information Regarding Tax. (A) Name, address, and EIN of corporation,	ses (other th	idiaries and Disregar (B) Percentage of ownership interest	art VII contri	es (See Specific Inst	omplishment ructions on page 30.)
Under penalties of perium. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge reparer (other than officer) is based on all information of which preparer has any knowledge. B 28 2000 DEBORAL STOIKES DICE PLES	Under penalties of persury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge reparer (other than officer) is based on all information of which preparer has any knowledge. SOUR PLES Dete Type or print name and title. A CONTROLL	art IX	Information Regarding Tax. (A) Name, address, and EIN of corporation,	ses (other th	idiaries and Disregar (B) Percentage of ownership interest %	art VII contri	es (See Specific Inst	omplishment ructions on page 30.)
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	Date Type or print name and title. > CONTROLL	art IX	Information Regarding Tax: (A) Name, address, and EIN of corporation, partnership, or disregarded entity	able Subs	idiaries and Disregar (B) Percentage of ownership interest % % % %	art VII contri	es (See Specific Instruction (D) Total income	ructions on page 30.) End-of-year assets
	Date Type or print name and title. > CONTROLL	art IX	Information Regarding Tax: (A) Name, address, and EIN of corporation, partnership, or disregarded entity	able Subs	idiaries and Disregar (B) Percentage of ownership interest % % % % examined this return, including	rded Entiti (C) e of activities	es (See Specific Install (D) Total income	ructions on page 30.) (E) End-of-year assets
		art IX	Information Regarding Tax: (A) Name, address, and EIN of corporation, partnership, or disregarded entity	able Subs	idiaries and Disregar (B) Percentage of ownership interest % % % % examined this return, including	rded Entiti (C) a of activities accompanying	es (See Specific Instance) Total income schedules and statements, and and on all information of which pr	ructions on page 30.) (E) End-of-year assets

SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

1999

OMB No. 1545-0047

Department of the Treasury

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ Internal Revenue Service Name of the organization KAISER FOUNDATION HEALTH PLAN OF Employer Identification number MASSACHUSETTS, INC 04-2583575 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions, List each one. If there are none, enter "None.") (b) Title and average (d) Contributions to (e) Expense account and other (a) Name and address of each employee paid more hours per week mployee benefit plans & (c) Compensation than \$50,000 devoted to position deferred compensation allowances NO EMPLOYEES IN 1999 NONE NONE NONE NONE Total number of other employees paid over \$50,000_ ▶ NONE Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE__ Total number of others receiving over \$50,000 for

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. JSA

Schedule A (Form 990) 1999

9E1210 1.000

9E1220 1.000

703689 1257

_ Sche	dule_A (Form 990) 1999				04-2583	357	5 Page 3
Par	t IV-A Support Schedule (Complete only if yo	u checked a box on l	ine 10, 11, or 12.) <i>U</i>	se cash method of a	counting.		
	Note: You may use the worksheet in the ins	tructions for convertin	ng from the accrual to	o the cash method of	accounting.		
Cale	ndar year (or fiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995		(e) Total
15	Gifts, grants, and contributions received. (Do						(5) 10(4)
	not include unusual grants. See line 28.)						
16	Membership fees received						
•							
17	•						
	merchandise sold or services performed, or						}
	furnishing of facilities in any activity that is						i
	not a business unrelated to the organization's			Ì			
	charitable, etc., purpose	NONE	<u>79810189.</u>	77565318.	7429578	<u>. 0</u>	<u>231671287.</u>
18	Gross income from interest, dividends,						
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less						
	section 511 taxes) from businesses acquired			· ·			
	by the organization after June 30, 1975	NONE	544,242.	23,681.	76,55	5	644.478.
19	Net income from unrelated business		<u> </u>	23,001.		<u> </u>	344,470,
	activities not included in line 18						1
20	Tax revenues levied for the organization's					_	
20							
	benefit and either paid to it or expended on						
	its behalf				-	_	
21	The value of services or facilities furnished to						J
	the organization by a governmental unit						Ì
	without charge. Do not include the value of						
	services or facilities generally furnished to the						
	public without charge						
22	Other income, Attach a schedule, Do not						
	include gain or (loss) from sale of capital assets						1
23	Total of lines 15 through 22	NONE	80354431.	77588999.	7437233	5	232315765.
24	Line 23 minus line 17	NONE	544,242.	23,681.	76,55		644,478.
25	Enter 1% of line 23	NONE	803,544.	775,890.	743,72		044,470
			•	NOT APPLI			March 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
26					гчопъ. ▶	20a	
a	Attach a list (which is not open to public inspection)	_		•	S		
	person (other than a governmental unit or publicly s			or 1995 through			
	1998 exceeded the amount shown in line 26a. Enter	the sum of all these	excess amounts		▶ [2	26b	1900 NDS 17 15 104 114 114 114 114 114 114 114 114 114
c	Total support for section 509(a)(1) test: Enter line 24,	column (e)			▶	26c	
đ	Add: Amounts from column (e) for lines: 18	19		·			
	22	26	ь		▶ 2	26d	
e	Public support (line 26c minus line 26d total)			<i>.</i>	▶ 2	26e	
f	Public support percentage (line 26e (numerator) di	vided by line 26c (de	nominator))	<u> </u>	> 2	26f	%
27	Organizations described on line 12: a For amount	s included in lines	15, 16, and 17 tha	t were received from	n a "disqualified	<u> </u>	
	person," attach a list to show the name of, and total						
	of such amounts for each year:		, , , , , , , , , , , , , , , , , , , ,			-	
	(1998)NONE (1997)	NONE	(1996)	NONE	(1995)		NONE
h	For any amount included in line 17 that was received						
U	-	•	•		=		
'	received for each year, that was more than the large		-				
	organizations described in lines 5 through 11, as we						
	and the larger amount described in (1) or (2), enter the		•	•			
	(1998) NONE (1997)				(1995)_	-	NONE_
c	Add: Amounts from column (e) for lines; 15	16	· ·				
	17 231671287. 20	21			▶ 2	27 c_	<u>231671287.</u>
d	Add: Line 27a total NONE	and line 27b total	NO	<u>NE</u>	▶ 2	27 <u>d</u>	NONE
e	Public support (line 27c total minus line 27d total) .			· -	▶ 2	27 e	
ť	Total support for section 509(a)(2) test: Enter amou				_		
g g	Public support percentage (line 27e (numerator) of					27~	99.7226%
9 h	Investment income percentage (line 18, column (
28	Unusual Grants: For an organization described in line						<u> </u>
•	attach a list (which is not open to public inspection)	for each year showing	ng the name of the o	contributor, the date a	nd amount of the		
-164	grant, and a brief description of the nature of the gra	ant. Do not include the	ese grants in line 15	. (See page 4 of the i			.i
9E12	221 1.000				Sc	nedu	ile A (Form 990) 1999

Part V

Private School Questionnaire (See page 4 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,	20		
31	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		0.000
JI	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31	1.1698150	1,
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		80.00	
			32	
			, 2002 	
		100000	ŵ.	
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		ļ
t	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	ŀ		1
	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b	-	
C		22-		
	with student admissions, programs, and scholarships? I Copies of all material used by the organization or on its behalf to solicit contributions?	32c 32d		
·	Copies of an material used by the organization of offits behan to solicit conditioning:	324	# 57.80°.	200
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	3.4:3.0 8,808	X.X	
	., ,			
33	Does the organization discriminate by race in any way with respect to:			
			w v	
а	Students' rights or privileges?	33a		
ь	Admissions policies?	33b		
		[]		[
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
_	***************************************	000		
· e	Educational policies?	33e		
f	Use of facilities?	33f		
. 9	Athletic programs?	33 <u>q</u>		
h	Other extracurricular activities?	33h		
	Outer excluding additions:	3311	Sixwii:	(((((((((((((((((((
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			100
		930		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	_	
h	Has the organization's right to such aid ever been revoked or suspended?	34b		
Ŋ	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	340		3777
	The second of th			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

During the year, did the organization attempt to influence national, state or local legislation, including any	Yes	No	Amount
attempt to influence public opinion on a legislative matter or referendum, through the use of:			7,111.0-0.11
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		_X_	
c Media advertisements		<u>X</u> _	<u>NONE</u>
d Mailings to members, legislators, or the public		Χ_	NONE
e Publications, or published or broadcast statements		X	NONE
f Grants to other organizations for lobbying purposes		X.	<u> NONE</u>
g Direct contact with legislators, their staffs, government officials, or a legislative body		X_	NONE
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	NONE
i Total lobbying expenditures (add lines c through h)			NONE

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule A (Form 990) 1999

Sch	edule A (F	orm 990) 1999		04-2583575	Page 6
Pa	rt VII			d Relationships With Noncharitable	
<u></u>	Did that		(See page 8 of the instructions.)	owing with any other organization described in	
3 I			tion 501(c)(3) organizations) or in sectio		section
а			ization to a noncharitable exempt organization	· · · · · · · · · · · · · · · · · · ·	Yes No
					X
	(ii) Oth	her assets		a(ii)	X
Ь		ansactions:			ļ
	(i) Sa	les or exchanges of assets	with a noncharitable exempt organization	n	X_
	(II) Pul	rchases of assets from a n	oncharitable exempt organization	b(ii)	X
	(iii) Re	intal of facilities, equipment imbursement arrangements	c, or other assets	b(iv)	X
	(v) Lo	ans or loan guarantees		b(v)	X
	(vi) Per	rformance of services or m	embership or fundraising solicitations	b(vi)	X
			ailing lists, other assets, or paid employee		X
d				(b) should always show the fair market value of the	
	-		by the reporting organization. If the organization	-	
			ow in column (d) the value of the goods, other		
	(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arran	commente
	Line no.	THIS CALL HITOTYCE	Harrie of Horio Harradie Cachiol Organization	Description of transactor, transactorio, and straining area.	igententa
		<u> </u>			
	-				
					
	_ .	 			
	<u>.</u>	 			
				·	
			 		
					
					
	_				
	describ	-	ectly affiliated with, or related to, one or Code (other than section 501(c)(3)) or in the check the control of		X No
		(a)	(b)	(c)	
	N	ame of organization	Type of organization	Description of relationship	
		· · · · · · · · · · · · · · · · · · ·			
	<u>-</u>				
	 _				
	•				
		 			
				<u> </u>	
					
					
_					

(Rev. June 1998)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

► File a separate application for each return. Fig. 25.

OMB No. 1545-0148

Please typ	Name Employer identification number
print. File t	
original a	
copy by the	d Human Waterman
your return	See ONE KAISER PLAZA, 1550 ORDWAY
instruction	} * '
	OAKLAND, CA 94612
	prograte income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts
	ust use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041. uest an extension of time until <u>AUGUST_15, 2000</u> , to file (check only one):
	Form 706-GS(D) Form 990-T (sec. 401(a) or 408(a) trust) Form 1120-ND (sec. 4951 taxes) Form 8612
<u></u>	Form 706-GS(T) Form 990-T (trust other than above) Form 3520-A Form 8613
	Form 990 or 990-EZ Form 1041 (estate) (see instructions) Form 4720 Form 8725
≈=	Form 990-BL Form 1041-A Form 5227 Form 8804
	Form 990-PF
	e organization does not have an office or place of business in the United States, check this box
2a For	calendar year <u>1999</u> , or other tax year beginning,, and ending,,
b If th	s tax year is for less than 12 months, check reason: 🔲 Initial return 💢 Final return 🔲 Change in accounting period
3 Has	an extension of time to file been previously granted for this tax year?
	e in detail why you need the extension THIS ENTITY IS A MEMBER OF AN AFFILIATED GROUP
	MPRISING A NATIONAL MANAGED HEALTH CARE DELIVERY PROGRAM AND IT MUST
	FER RETURN FILING UNTIL DATA FOR EACH MEMBER'S RETURN IS COMPLETE.
	s form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, , 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions
	, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions
	nated tax payments made. Include any prior year overpayment allowed as a credit N/A
	unce due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD
	oon if required. See instructions
Under pena	Signature and Verification ties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true
correct, and	complete; and that I am authorized to prepare this form.
Signature >	Title VICE PRESIDENT/CONTROLLER Date 05/04/200
FILE OR	GINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.
Notice 1	Applicant — To Be Completed by the IRS
√¶√We	HAVE approved your application. Please attach this form to your return.
□We	HAVE NOT approved your application. However, we have granted a 10-day grade period from the later of the date shown
	w or the due date of your return (including any prior extensions). This grade period is considered to be a valid extension of
time	for elections otherwise required to be made on a timely return. Please attach this form to your return.
	HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an
_	nsion of time to file. We are not granting the 10-day grace period.
∐ We	cannot consider your application because it was filed after the due date of the return for which an extension was requested.
☐ Oth	EXTENSION APPROVED
	RECEIVE
	By: By:
	Director JUN 2-1 2000 JUN 2 8 20(
If you want	a copy of this form to be returned to an address other than that shown above, please presenting the control of the company of
ii you wan	Name OGDEN SUBMISSION PROCESSING CHATTER
Please	N/A
Type	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)
or	
Print	City, town, or post office, state, and ZIP code. For a foreign address, see instructions
For Paper	work Reduction Act Notice, see back of form.

Application for Extension of Time To File

(Rev. June 19	OMB No. 1545-0148		
Department of i			
Please type	OT A	lame Em	ployer Identification number
print. File th	ne K	AISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC 04 Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)	<u>1-258</u> 3575
original and			
copy by the date for filing			
your return.		NE KAISER PLAZA, 1550 ORDWAY	
instructions.	· [C	city, town or post office, state, and ZIP code. For a foreign address, see instructions.	
		AKLAND CA 94612	
		come tax return filers must use Form 7004 to request an extension of time to file. Partnersh	ips, REMICs, and trusts
		rm 8736 to request an extension of time to file Form 1065, 1066, or 1041.	
		tension of time until NOVEMBER 15, 2000, to file (check only one):	_
=	orm 706-G		=
	orm 706-G	··· ===	Form 8613
	orm 990 or		Form 8725
	orm 990-Bl orm 990-Pf		Form 8804 ☐ Form 8831
		tion does not have an office or place of business in the United States, check this box	
		rear 1999 , or other tax year beginning, and ending	
		is for less than 12 months, check reason: Initial return X Final return Change	in accounting period
		ion of time to file been previously granted for this tax year?	
		why you need the extension THIS ENTITY IS A MEMBER OF AN AFFI	
		ING A NATIONAL MANAGED HEALTH CARE DELIVERY PROGRAM	
		TURN FILING UNTIL DATA FOR EACH MEMBER'S RETURN IS	
		Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 5069, 8612,	
		4, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions.	. \$ NONE
b If this	s form is f	for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and	
		payments made. Include any prior year overpayment allowed as a credit	. \$NONE
		Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD	
coup	on if requ	ired. See instructions	. \$ 0
tinder penalti	ties of perium	Signature and Verification , I declare that I have examined this form, including accompanying schedules and statements, and to the best of my	knowledge and belief, it is true.
		d that I am authorized to prepare this form.	
	<u> </u>		
Signature >	MY.	Unclus Section Title VICE PRESIDENT/CONTROLLER	Date ► 08/8 /2000
FILE ORIG	GINAL AN	ND ONE COPY. The IRS will show below whether or not your application is approved and will ret	urn the copy.
Notice to	o Applica	ant — To Be Completed by the IRS	
□Wei	HAVE and	roved your application. Please attach this form to your return.	
		T approved your application. However, we have granted a 10-day grade period from the lat	er of the date shown
		ue date of your return (including any prior extensions). This grade period is considered to be	
		ons otherwise required to be made on a timely return. Please attach this form to your return	
□Wel	HAVE NO	T approved your application. After considering the reasons stated in item 4, we cannot gra	nt your request for an
		me to file. We are not granting the 10-day grace period.	,
□Wed	cannot cor	nsider your application because it was filed after the due date of the return for which an ext	ension was requested.
	al		
		D ₁	
		By:	Date
If you want a	a copy of thi	is form to be returned to an address other than that shown above, please enter the address to which the cop	y should be sent.
	Name		-
Please	KAISE	R FOUNDATION HEALTH PLAN, INC.	
Туре		reet, and room or suite no. (or P.O. box no. if mail is not delivered to street address)	
Or Peint		AISER PLAZA, 1550 ORDWAY, PO CONTROLLERS DEPT. ATT	D.A.RUHL
Print		or post office, state, and ZIP code. For a foreign address, see instructions.	
ŀ	UAKLA	ND CA 94612	

For Paperwork Reduction Act Notice, see back of form. ISA STF FED4863F

FILE COPY

Form 2758 (Rev. 6-98)

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PRIMARY EXEMPT PURPOSE OF KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC., A MASSACHUSETTS NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PUBLIC BENEFIT AND EXEMPT FROM INCOME TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3), HAS BEEN TO PROVIDE A PROGRAM OF HEALTH CARE SERVICES AS A FEDERALLY QUALIFIED PREPAID DIRECT CARE GROUP PRACTICE HEALTH MAINTENANCE ORGANIZATION.

AS OF THE CLOSE OF BUSINESS DECEMBER 31, 1997, ALL OF THE HEALTH CARE SERVICE PROGRAM, ADMINISTRATIVE AND OTHER RELATED SUPPORT ASSETS OF THE ORGANIZATION WERE TRANSFERED TO COMMUNITY HEALTH PLAN, AN ORGANIZATION EXEMPT FROM TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). THIS DISTRIBUTION IS PART OF A PLAN OF REORGANIZATION OF THE AFFILIATED MEMBERS OF THE KAISER PERMANENTE MEDICAL CARE PROGRAM IN THE REGION.

AS PART OF THIS REORGANIZATION, COMMUNITY HEALTH PLAN RECEIVED ALL OF THE OPERATING ASSETS OF THIS ORGANIZATION AND ASSUMED RESPONSIBILITY FOR THE LIABILITIES INCURRED BY THIS ORGANIZATION AND FOR THE CONTINUATION OF PROVIDING SERVICES TO THE APPROXIMATELY 45,000 MEMBERS OF THIS ORGANIZATION'S HEALTH PLAN AND TO MEMBERS OF THE COMMUNITY.

THIS ORGANIZATION RECEIVED NO CONTRIBUTIONS, DONATIONS, REVENUE OR OTHER FORM OF INCOME OR COMPENSATION FOR SERVICES DURING 1999. THE ORGANIZATION FURTHER INCURRED NO COSTS OR EXPENSES RELATED TO CHARITABLE, PROGRAM SERVICE, ADMINISTRATIVE OR OTHER ACTIVITY DURING THE YEAR. DURING 1999 THE ORGANIZATION WAS DORMANT WITHOUT ASSETS OR ACTIVITY OF ANY TYPE. THE ORGANIZATION'S STATE CORPORATE AUTHORITY WAS TERMINATED EFFECTIVE WITH THE MERGER DECEMBER 31, 1997. THIS IS THE FINAL RETURN BEING FILED FOR THIS ORGANIZATION.

FORM 990, PART VI - CHANGES TO ORGANIZING OR GOVERNING DOCUMENT

PLEASE SEE THE ATTACHED DOCUMENTS INCLUDED AND MADE A PART OF THIS RETURN:

COMMONWEALTH OF MASSACHUSETTS INTERLOCUTORY ORDER APPROVING THE

TRANSFER OF ALL FUNDS, PROPERTY AND ASSETS TO COMMUNITY HEALTH

PLAN ON THE ASSUMPTION BY COMMUNITY HEALTH PLAN OF THE

INDEBTEDNESS, OBLIGATIONS AND OTHER LIABILITIES OF THIS

ORGANIZATION.

REPORT REGARDING PURCHASE OF CERTAIN ASSETS OF KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC. BY COMMUNITY HEALTH PLAN.
WRITTEN CONSENT OF MEMBERS OF THE BOARD OF DIRECTORS OF KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC. GRANTING APPROVAL OF THE ACQUISITION OF THE ORGANIZATION'S ASSETS AND PROGRAM SERVICE OBLIGATIONS BY COMMUNITY HEALTH PLAN, A NEW YORK NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PUBLIC BENEFIT AND ALSO EXEMPT FROM INCOME TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3).

FORM 990, PART VI - LIQUIDATION, DISSOLUTION, TERMINATION ______

PLEASE REFER TO QUESTION 77, PART VI, FORM 990 REGARDING CHANGES TO THE ORGANIZATION'S GOVERNING DOCUMENTS WHICH EXPLAIN THE DISPOSITION OF THE ORGANIZATION'S ASSETS AND ASSUMPTION OF THE LIABILITIES AND PROGRAM SERVICE OBLIGATIONS BY COMMUNITY HEALTH PLAN AS OF DECEMBER 31, 1997.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

THE ORGANIZATION IS NOT A GRANT MAKING ORGANIZATION AND AS SUCH DID NOT MAKE ANY CHARITABLE DISBURSEMENTS DURING 1999.

COMPENSATION, BENEFITS AND REIMBURSEMENTS OF DIRECTORS AND OFFICERS

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

		(C) COMPE	NSATION	(D) BEN	EFITS :	i (E) REIMBU	IRSEMENTS 😿
(A) NAME	дли (в)	TOTAL	ALLOCATE	TOTAL_	ALLOCATE KFHP MA	TOTAL	ALLOCATE KFHP MA
DIRECTORS OF THE ORGANIZATION	:				<i>i</i>	ie. I	
DAVID M LAWRENCE, MD RICHARD G BARNABY	DIRECTOR & CHAIRMAN DIRECTOR	1,153,774 1,667,371	. O:	32,207 34,849	0	72,030 65,971	0
SUBTOTAL FOR DIRECTORS	. •	2,821,144	<u> </u>	67,056	0	138,001	0
OFFICERS AND KEY EMPLOYEES OF THE ORG	ANIZATION			17. 7			9 12
DAVID M LAWRENCE, MD MARILYN J KAWAMURA WILLIAM A GILLESPIE, MD L DAŁE CRANDALL KIRK E MILLER	CHIEF EXECUTIVE OFFICER REGIONAL PRESIDENT EXECUTIVE VICE PRESIDENT SENIOR VICE PRESIDENT SENIOR VICE PRESIDENT	SEE ABOVE 332,136 492,055 676,685 421,589	SEE ABOVE 0 0 0	SEE ABOVE 20,810 32,668 26,941 24,390	SEE ABOVE 0 0	SEE ABOVE 5,748 126,135 69,214 11,743	0.,
SUBTOTAL FOR OFFICERS & KEY ER	MPLOYEES	1,922,445	<u> </u>	. 104,809	<u>o</u> ,	212,840	0
TOTAL FOR DIRECTORS, OFFICERS & KEY EMI	PLOYEES	4,743,589	0,	171,865	0	350,841	<u> </u>

- THIS ORGANIZATION WAS INACTIVE DURING 1999 AND HAD NO ACTIVE DIRECTORS OR OFFICERS. THOSE LISTED COMPRISED THE SENIOR MANAGEMENT TEAM OF THE NORTHEAST REGION SERVICE AREA FOR THE KAISER PERMANENTE MEDICAL CARE PROGRAM.
- NOTE 1: THIS ORGANIZATION IS ONE OF THE ORGANIZATIONS LISTED ON THE STATEMENT IN THIS RETURN HEADED "RELATED AND CONTROLLED ENTITIES." THIS ORGANIZATION PARTICIPATES IN THE DIRECT SERVICE PREPAID HEALTH CARE PROGRAM COMMONLY REFERRED TO AS "THE KAISER PERMANENTE MEDICAL CARE PROGRAM" (MEDICAL CARE PROGRAM).
- NOTE 2: COMPENSATION, BENEFIT CONTRIBUTIONS AND REIMBURSEMENT FOR CERTAIN EXPENSES OF DIRECTORS, OFFICERS AND KEY EMPLOYEES
 ARE PAID BY KAISER FOUNDATION HEALTH PLAN, INC. (KAISER) AND ARE ALLOCATED TO THE SPECIFIC MEMBER ORGANIZATIONS FOR WHICH THE
 INDIVIDUAL PERFORMS SERVICES. CERTAIN DIRECTORS, OFFICERS AND KEY EMPLOYEES PERFORM SERVICES FOR SEVERAL OF THE MEDICAL CARE PROGRAM MEMBER ORGANIZATIONS, BASED ON MANAGEMENT ANALYSIS AND IN A MANNER CONSISTED WITH THE ALLOCATION OF OTHER COMMON EXPENSES A COMPOSITE ALLOCATION OF APPROXIMATELY 24% OF COMPENSATION, BENEFIT CONTRIBUTIONS AND REIMBURSEMENT OF EXPENSES IS ALLOCATED TO KAISER FOUNDATION HOSPITALS. THE BALANCE OF COMPENSATION, ETC IS THEN ALLOCATED TO KAISER FOUNDATION HEALTH PLAN, INC. AND ITS SUBSIDIARY GROUP MEMBERS BASED ON THE PERCENTAGE OF HEALTH PLAN MEMBERSHIP TO THE TOTAL MEMBERSHIP OF ALL KAISER PERMANENTE ORGANIZATIONS FOR THOSE INDIVIDUALS ASSIGNED TO A SPECIFIC ENTITY OR GROUP OF ENTITIES, THEIR COMPENSATION, BENEFIT CONTRIBUTIONS AND REIMBURSEMENT OF EXPENSE ARE ALLOCATED DIRECTLY TO THE ENTITY BASED ON A RATIO OF THE MEMBERSHIP OF THE ENTITY TO THE TOTAL MEMBERSHIP OF THE GROUP OF ENTITIES TO WHICH THEY ARE ASSIGNED.
- NOTE 3: THE AMOUNTS REPORTED ABOVE FOR REIMBURSEMENT OF EXPENSE INCLUDE SUCH ORDINARY AND NECESSARY EXPENSES AS TRAVEL TRANSPORTATION, LODGING, MEALS, BUSINESS MEETINGS, CONFERENCES AND OTHER ROUTINE EXPENDITURES FOR WHICH THE INDIVIDUAL ACCOUNTS TO THE EMPLOYER ORGANIZATION AND IS REIMBURSED ON A SPECIFIC EXPENDITURE BASIS
- NOTE 4: THE ABOVE LISTED INDIVIDUAL OFFICERS AND KEY EMPLOYEES ARE SCHEDULED TO WORK A MINIMUM OF 40 HOURS PER WEEK IN THEIR RESPECTIVE POSITIONS.
- NOTE 5: THE ABOVE LISTED DIRECTORS, OFFICERS AND KEY EMPLOYEES CAN BE CONTACTED C/O: KAISER FOUNDATION HEALTH PLAN, INC. ONE KAISER PLAZA, 1550 ORDWAY OAKLAND, CALIFORNIA 94612

ATTACHMENT FOR:

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

FORM 1120, SCHEDULE K, QUESTIONS 3, 4 AND 5

KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC., EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), IS A WHOLLY OWNED SUBSIDIARY OF KAISER FOUNDATION HEALTH PLAN, INC., A CALIFORNIA NOT-FOR PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).

EMPLOYER	TE MODINE TAX DIDERTIFY EXTENDE OUDE DECTION OF NONE OF	DIRECT & INDIRECT % CONTROLLED
ID#	ENTITY NAME	BY KFHP, INC.
SUBSIDIARY E	NTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY KAISER	•
FOUNDATION	HEALTH PLAN, INC, THAT ARE EXEMPT FROM FEDERAL INCOME	
TAX UNDER IR	C SECTION 501(C)(3):	
94-1340523	KAISER FOUNDATION HEALTH PLAN, INC.	100%
93-0798039	KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	100%
84-0591617	KAISER FOUNDATION HEALTH PLAN OF COLORADO	100%
48-0924402	KAISER FOUNDATION HEALTH PLAN OF KANSAS CITY, INC.	100%
75-1607081	KAISER FOUNDATION HEALTH PLAN OF TEXAS	100%
58-1592076	KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.	100%
56-1421313	KAISER FOUNDATION HEALTH PLAN OF NORTH CAROLINA	100%
52-0954463	KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, I	100%
34-0922268	KAISER FOUNDATION HEALTH PLAN OF OHIO	100%
23-7425486	COMMUNITY HEALTH PLAN	100%
06-0943948	KAISER FOUNDATION HEALTH PLAN OF CONNECTICUT, INC.	100%
13-2847437	KAISER FOUNDATION HEALTH PLAN OF NEW YORK	100%
04-2583575	KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC.	100%
31-1573811	KAISER/GROUP HEALTH	100%
94-3299123	CAMP BOWIE SERVICE CENTER	100%
94-3299124	KAISER HEALTH PLAN ASSET MANAGEMENT, INC.	100%
93-0954562	KAISER HEALTH ALTERNATIVES	100%
94-1616359	KAISER FOUNDATION INTERNATIONAL	100%
93-0480268	OHP	100%
94-1265039	KAISER PERMANENTE ADVISORY SERVICES	100%
22-3038896	RIVERVIEW DAYCARE, INC.	100%
	ENTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY KAISER	
FOUNDATION	HEALTH PLAN, INC. THAT ARE TAXABLE FOR FEDERAL INCOME	

SUBSIDIARY ENTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY KAISER FOUNDATION HEALTH PLAN, INC. THAT ARE TAXABLE FOR FEDERAL INCOME TAX PURPOSES:

03-0329760	OAK TREE ASSURANCE, LTD.	100%
95-4237200	KAISER FOUNDATION ADDED CHOICE HEALTH PLAN, INC.	100%
94-3113684	KAISER PERMANENTE HEALTH ALTERNATIVES, INC.	100%
94-3259432	KAISER PROPERTIES SERVICES, INC.	100%
99-0242151	PERMANENTE SERVICES OF HAWAII, INC.	100%
91-1814507	CHP COMPANIES, INC.	100%
94-3295378	CHP INSURANCE AGENCY, INC.	100%
14-1688501	CHPS CORPORATION	100%
14-1685128	CAMPUS PLAZA 7, INC.	100%
22-2751724	HUDSON VALLEY COMMUNITY SERVICES CORP.	100%
22-2973489	UPSTATE COMMUNITY SERVICES, INC.	100%

04-2583575

DIRECT &

ATTACHMENT FOR:

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

FORM 1120, SCHEDULE K, QUESTIONS 3, 4 AND 5

KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC., EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), IS A WHOLLY OWNED SUBSIDIARY OF KAISER FOUNDATION HEALTH PLAN, INC., A CALIFORNIA NOT-FOR PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).

EMPLOYER	ENTITY NAME		INDIRECT % CONTROLLED BY KFHP, INC.	
	DATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING IPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3):			
94-1105628	KAISER FOUNDATION HOSPITALS	*(1)	N/A	
94-3299125	KAISER HOSPITALS ASSET MANAGEMENT, INC.	*(2)	N/A	
	DATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING ARE NOT EXEMPT FROM FEDERAL INCOME TAX: KAISER PERMANENTE INTERNATIONAL		N/A	
94-3292262	KAISER PERMANENTE VENTURES	*(2) *(2)	N/A	
94-3203402	KAISER PERMANENTE INSURANCE COMPANY	*(3)	50%	
NOTE *(1)	KAISER FOUNDATION HOSPITALS, A CALIFORNIA NOT-FOR-PROI EXEMPT FROM INCOME TAX UNDER THE PROVISIONS OF INTER SECTION 501(C)(3), SHARES A COMMON BOARD OF DIRECTORS FOUNDATION HEALTH PLAN, INC.	NAL R	EVENUE CODE	
NOTE *(2)	THESE ENTITIES ARE SUBSIDIARIES OF KAISER FOUNDATION H	TIÁSC	ALS.	
NOTE *(3)	KAISER PERMANENTE INSURANCE COMPANY IS A NON-EXEMPT CASULTY INSURANCE COMPANY OF WHICH 100% OF THE PREFISO% OF THE COMMON STOCK IS OWNED BY KAISER FOUNDATION THE REMAINING 50% OF COMMON STOCK IS OWNED BY NON-AFPHYSICIANS PRACTICE GROUPS.	ERREI ON HE	O STOCK AND ALTH PLAN, INC.	

THE COMMON ADDRESS FOR ALL ENTITIES LISTED ABOVE IS:

C/O KAISER FOUNDATION HEALTH PLAN, INC. ONE KAISER PLAZA, 1550 ORDWAY OAKLAND, CA 94612

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, 23.

SUPREME JUDICIAL COURT FOR SUFFOLK COUNTY SJ-97-0710

KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS

24

SCOTT HARSHBARGER, AS HE IS THE ATTORNEY GENERAL OF THE COMMONWEALTH OF MASSACHUSETTS AND COMMUNITY HEALTH PLAN

INTERLOCUTORY ORDER

On the Plaintiff's Motion for Entry of Interlocutory Order, it appearing that the Defendant Scott Harshbarger, Attorney General of the Commonwealth, by and through Assistant Attorney General Richard C. Allen, and Community Health Plan have assented thereto, NOW THEREFORE, it is adjudged and ordered:

That the Plaintiff transfer to Community Health Plan the Plaintiff's funds, property, and assets, conditioned upon the assumption by Community Health Plan of the Plaintiff's indebtedness, obligations, and other liabilities. Community Health Plan shall use said assets of the Plaintiff for the same business and charitable purposes as the Plaintiff as set forth in paragraph 10 of the Plaintiff's Complaint.

BY THE COURT, (Abrams, J.)

Maura S. Doyle, Clerk

Entered: 31 December 1997

1. 124.13

REPORT REGARDING PURCHASE OF CERTAIN ASSETS OF KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC. BY COMMUNITY HEALTH PLAN

Community Health Plan ("CHP") and Kaiser Foundation Health Plan of Massachusetts, Inc. ("Massachusetts Health Plan") propose to enter into a formal purchase agreement pursuant to which certain assets and the liabilities of Massachusetts Health Plan will be transferred to CHP. Massachusetts Health Plan would not be dissolved. Like CHP, Massachusetts Health Plan is tax exempt under Section 501(c)(3) of the Internal Revenue Code. Kaiser Foundation Health Plan, Inc., is the sole member of Massachusetts Health Plan and CHP Companies, Inc. ("CHP Co.") is the sole member of CHP. In addition to this corporation's approval, the transaction must be approved by each corporation's sole member. The sale of the assets of Massachusetts Health Plan to CHP would benefit current and future members by consolidating resources and reducing unnecessary or duplicate costs. It is recommended that the following resolutions be approved.

PROPOSED RESOLUTIONS

RESOLVED, that Community Health Plan ("CHP") is hereby authorized to enter into a purchase agreement ("Agreement") with Kaiser Foundation Health Plan of Massachusetts, Inc. ("Massachusetts Health Plan") pursuant to which CHP shall purchase the Acquired Assets (as defined in the Agreement) of Massachusetts Health Plan including without limitation the assets listed on Schedule A, attached hereto as Attachment 2, Schedule A, and shall assume the liabilities of Massachusetts Health Plan, all subject to the terms and conditions set forth therein, the Agreement to be substantially in the form made available to CHP, with such additions or changes thereto as the officer or officers executing the same may in his or their discretion, deem to be in the best interest of CHP; and

CHP CHP Co Exhibit 5. Page 2 of 3

RESOLVED FURTHER, that CHP is hereby authorized to execute and deliver the Agreement, and the officers of CHP are hereby authorized and directed to do any and all things and to execute and deliver any and all documents they deem to be necessary or advisable in connection therewith; and

RESOLVED FURTHER, that CHP is hereby authorized to execute and deliver the Agreement and the officers of CHP are hereby authorized and directed to do any and all things and to execute and deliver any and all documents they deem to be necessary or advisable in connection therewith; and

RESOLVED FURTHER, that the Chairman of the Board or the President of CHP be, and each of them acting singly hereby is, authorized in the name and acting on behalf of the corporation to execute and deliver the Agreement and any other instruments authorized in the preceding resolutions, and that the several officers of the corporation, be, and each of them acting singly hereby is, authorized and directed to do or cause to be done all such acts or things and to make, execute and deliver, or cause to be made, executed and delivered, all such instruments, agreements, certificates and other documents, in the name and on behalf of the corporation as they may deem necessary, advisable or appropriate to effectuate or carry out the purpose and intent of the foregoing resolutions; and

RESOLVED FURTHER, that the execution and delivery by any officer of this corporation of the aforesaid instruments, agreements, certificates and other documents authorized in the preceding resolutions, and the taking by any such officer of any acts in any way relating to the transactions contemplated by the Agreement, shall be conclusive evidence of the approval by the Board of Directors thereof and of his or her authority to execute and deliver and take the same in the name and on behalf of CHP; and

RESOLVED FURTHER, that the election of the Directors of this corporation and their committee assignments, as presented at this meeting, are approved; and

CHP Co CHP Co Exhibit 5. Page 3 of 3

RESOLVED FURTHER, that the transaction, under the terms and conditions set forth in the Agreement, is approved, and will be effective upon the approval by each corporation's sole member, the closing of the transaction, and receipt of all necessary regulatory approvals.

KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC.

The undersigned, who are the members of the Board of Directors of Kaiser Foundation Health Plan of Massachusetts, Inc., hereby unanimously consent in writing, in signed counterparts, to the adoption of the following resolutions, with the same force and effect as though adopted at a duly called and held meeting of the Board of Directors on such date:

RESOLVED, that we, the undersigned, understand the special purpose of this Written Consent, and hereby waive any meeting notice requirements and direct the Secretary to enter a copy of this Written Consent into the minute book of this corporation; and

RESOLVED FURTHER, that this corporation is hereby authorized to enter into a purchase agreement ("Agreement") with Community Health Plan (CHP) pursuant to which CHP shall purchase the Acquired Assets (as defined in the Agreement) of this corporation including without limitation the assets listed on Schedule A, attached hereto, and shall assume the liabilities of the corporation, all subject to the terms and conditions set forth therein, the Agreement to be substantially in the form made available to this corporation's member, with such additions or changes thereto as the officer or officers executing the same may in his or their discretion, deem to be in the best interest of the corporation; and

RESOLVED FURTHER, that this corporation is hereby authorized to execute and deliver the Agreement, and the officers of this corporation are hereby authorized and directed to do any and all things and to execute and deliver any and all documents they deem to be necessary or advisable in connection therewith; and

RESOLVED FURTHER, that the Chairman of the Board, the President, and the Treasurer of this corporation (as set forth below) be, and each of them acting singly hereby is, authorized in the name and acting on behalf of the corporation to execute and deliver the Agreement and any other instruments authorized in the preceding resolutions, and that the several officers of the corporation, be, and each of them acting singly hereby is, authorized and directed to do or cause to be done all such acts or things and to make, execute and deliver, or cause to be made, executed and delivered, all such instruments, agreements, certificates and other documents, in the name and on behalf of the corporation as they may deem necessary, advisable or appropriate to effectuate or carry out the purpose and intent of the foregoing resolutions; and

John Baackes Richard G. Barnaby Stephen Gehlbach, MD Klaus Kroner Cathy Schoen Nancy Steeper; and

RESOLVED FURTHER, that all Committees of the Board of Directors of this corporation are dissolved as of the Effective Date; and

RESOLVED FURTHER, that the resignation of all officers of this corporation is approved; and

RESOLVED FURTHER, that the following individuals are elected as the only officers of this corporation.

Richard G. Barnaby, President and Chairman Kirk Miller, Secretary, Clerk, and Treasurer; and

penin Baackes Date: 2/20/97
Richard G. Barnaby Date:
Stephen Gehlbach, M.D. Date:
Klaus Kroner Date:
David M. Lawrence, M.D. Date:
Cathy Schoen Date:
Nancy Steeper Date:

KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC.

The undersigned, who are the members of the Board of Directors of Kaiser Foundation Health Plan of Massachusetts, Inc., hereby unanimously consent in writing, in signed counterparts, to the adoption of the following resolutions, with the same force and effect as though adopted at a duly called and held meeting of the Board of Directors on such date:

RESOLVED, that we, the undersigned, understand the special purpose of this Written Consent, and hereby waive any meeting notice requirements and direct the Secretary to enter a copy of this Written Consent into the minute book of this corporation; and

RESOLVED FURTHER, that this corporation is hereby authorized to enter into a purchase agreement ("Agreement") with Community Health Plan (CHP) pursuant to which CHP shall purchase the Acquired Assets (as defined in the Agreement) of this corporation including without limitation the assets listed on Schedule A, attached hereto, and shall assume the liabilities of the corporation, all subject to the terms and conditions set forth therein, the Agreement to be substantially in the form made available to this corporation's member, with such additions or changes thereto as the officer or officers executing the same may in his or their discretion, deem to be in the best interest of the corporation; and

RESOLVED FURTHER, that this corporation is hereby authorized to execute and deliver the Agreement, and the officers of this corporation are hereby authorized and directed to do any and all things and to execute and deliver any and all documents they deem to be necessary or advisable in connection therewith; and

RESOLVED FURTHER, that the Chairman of the Board, the President, and the Treasurer of this corporation (as set forth below) be, and each of them acting singly hereby is, authorized in the name and acting on behalf of the corporation to execute and deliver the Agreement and any other instruments authorized in the preceding resolutions, and that the several officers of the corporation, be, and each of them acting singly hereby is, authorized and directed to do or cause to be done all such acts or things and to make, execute and deliver, or cause to be made, executed and delivered, all such instruments, agreements, certificates and other documents, in the name and on behalf of the corporation as they may deem necessary, advisable or appropriate to effectuate or carry out the purpose and intent of the foregoing resolutions; and

John Baackes Richard G. Barnaby Stephen Gehlbach, MD Klaus Kroner Cathy Schoen Nancy Steeper; and

RESOLVED FURTHER, that all Committees of the Board of Directors of this corporation are dissolved as of the Effective Date; and

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John Baackes
Date:
·
Richard G. Barnaby
Date:
Stephen Gehlbach, M.D.
Date:
Klaus Kroner
Date:
Land for former
David M. Lawrence, M.D.
Date:
Cathy Schoen
Date:
Nancy Steeper
Date:

KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC.

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RESOLVED, that we, the undersigned, understand the special purpose of this Written Consent, and hereby waive any meeting notice requirements and direct the Secretary to enter a copy of this Written Consent into the minute book of this corporation; and

RESOLVED FURTHER, that this corporation is hereby authorized to enter into a purchase agreement ("Agreement") with Community Health Plan (CHP) pursuant to which CHP shall purchase the Acquired Assets (as defined in the Agreement) of this corporation including without limitation the assets listed on Schedule A, attached hereto, and shall assume the liabilities of the corporation, all subject to the terms and conditions set forth therein, the Agreement to be substantially in the form made available to this corporation's member, with such additions or changes thereto as the officer or officers executing the same may in his or their discretion, deem to be in the best interest of the corporation; and

RESOLVED FURTHER, that this corporation is hereby authorized to execute and deliver the Agreement, and the officers of this corporation are hereby authorized and directed to do any and all things and to execute and deliver any and all documents they deem to be necessary or advisable in connection therewith; and

RESOLVED FURTHER, that the Chairman of the Board, the President, and the Treasurer of this corporation (as set forth below) be, and each of them acting singly hereby is, authorized in the name and acting on behalf of the corporation to execute and deliver the Agreement and any other instruments authorized in the preceding resolutions, and that the several officers of the corporation, be, and each of them acting singly hereby is, authorized and directed to do or cause to be done all such acts or things and to make, execute and deliver, or cause to be made, executed and delivered, all such instruments, agreements, certificates and other documents, in the name and on behalf of the corporation as they may deem necessary, advisable or appropriate to effectuate or carry out the purpose and intent of the foregoing resolutions; and

John Baackes Richard G. Barnaby Stephen Gehlbach, MD Klaus Kroner Cathy Schoen Nancy Steeper; and

RESOLVED FURTHER, that all Committees of the Board of Directors of this corporation are dissolved as of the Effective Date; and

RESOLVED FURTHER, that the resignation of all officers of this corporation is approved; and

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Richard G. Barnaby, President and Chairman Kirk Miller, Secretary, Clerk, and Treasurer; and

John Baackes
Date:
•
Richard G. Barnaby Date:
Stephen Gehlbach, M.D. Date: 일시합니다
Klaus Kroner
Date:
David M. Lawrence, M.D. Date:
Cathy Schoen Date:
Nancy Steeper Date:

KAISER FOUNDATION HEALTH PLAN OF MASSACHUSETTS, INC.

The undersigned, who are the members of the Board of Directors of Kaiser Foundation Health Plan of Massachusetts, Inc., hereby unanimously consent in writing, in signed counterparts, to the adoption of the following resolutions, with the same force and effect as though adopted at a duly called and held meeting of the Board of Directors on such date:

RESOLVED, that we, the undersigned, understand the special purpose of this Written Consent, and hereby waive any meeting notice requirements and direct the Secretary to enter a copy of this Written Consent into the minute book of this corporation; and

RESOLVED FURTHER, that this corporation is hereby authorized to enter into a purchase agreement ("Agreement") with Community Health Plan (CHP) pursuant to which CHP shall purchase the Acquired Assets (as defined in the Agreement) of this corporation including without limitation the assets listed on Schedule A, attached hereto, and shall assume the liabilities of the corporation, all subject to the terms and conditions set forth therein, the Agreement to be substantially in the form made available to this corporation's member, with such additions or changes thereto as the officer or officers executing the same may in his or their discretion, deem to be in the best interest of the corporation; and

RESOLVED FURTHER, that this corporation is hereby authorized to execute and deliver the Agreement, and the officers of this corporation are hereby authorized and directed to do any and all things and to execute and deliver any and all documents they deem to be necessary or advisable in connection therewith; and

RESOLVED FURTHER, that the Chairman of the Board, the President, and the Treasurer of this corporation (as set forth below) be, and each of them acting singly hereby is, authorized in the name and acting on behalf of the corporation to execute and deliver the Agreement and any other instruments authorized in the preceding resolutions, and that the several officers of the corporation, be, and each of them acting singly hereby is, authorized and directed to do or cause to be done all such acts or things and to make, execute and deliver, or cause to be made, executed and delivered, all such instruments, agreements, certificates and other documents, in the name and on behalf of the corporation as they may deem necessary, advisable or appropriate to effectuate or carry out the purpose and intent of the foregoing resolutions; and

John Baackes Richard G. Barnaby Stephen Gehlbach, MD Klaus Kroner Cathy Schoen Nancy Steeper; and

RESOLVED FURTHER, that all Committees of the Board of Directors of this corporation are dissolved as of the Effective Date; and

RESOLVED FURTHER, that the resignation of all officers of this corporation is approved; and

RESOLVED FURTHER, that the following individuals are elected as the only officers of this corporation.

Richard G. Barnaby, President and Chairman Kirk Miller, Secretary, Clerk, and Treasurer; and

John Baackes Date:
Date:
Richard G. Barnaby
Date:
Stephen Gehlbach, M.D.
Date:
Klaus Kroner
Date:
David M. Lawrence, M.D.
Date:
Cathy Schoen
Date:
Names Steener
Nancy Steeper Date: 2/20/97

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RESOLVED FURTHER, that this corporation is hereby authorized to enter into a purchase agreement ("Agreement") with Community Health Plan (CHP) pursuant to which CHP shall purchase the Acquired Assets (as defined in the Agreement) of this corporation including without limitation the assets listed on Schedule A, attached hereto, and shall assume the liabilities of the corporation, all subject to the terms and conditions set forth therein, the Agreement to be substantially in the form made available to this corporation's member, with such additions or changes thereto as the officer or officers executing the same may in his or their discretion, deem to be in the best interest of the corporation; and

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Richard G. Barnaby
Richard G. Barnaby Date: 7
Stephen Gehlbach, M.D. Date:
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Cathy Schoen 3/10/97
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