DLN: 93490319011576

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

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Form **990**

A I	For the	2005 ca	alendar year		01-01-2005 and ending	g 12-31	-2005					
	Check if a Address ch	applicable hange	Please use IRS	C Name of organization KAISER FOUNDATION HEA OF THE MID-ATLANTIC ST							ployer - 0 9 5 4	identification number 463
\vdash	Name cha	inge	label or print or		D box if mail is not delivered t	to street	address	s) Room	/suite			
	nıtıal retu	_	type. See Specific	ONE KAISER PLAZA SUITE	1550L				_			
_	inal retur		Instruc- tions.	City or town, state or cou OAKLAND, CA 94612	ntry, and ZIP + 4							e number 1-6611
	mended			,								
		n pending								_		method
, ,	фрисацог	n penaing					ı	١				
					and 4947(a)(1) nonexempt schedule A (Form 990 or 99		able					o section 527 organizations for affiliates? Yes V No
			trusts in	ast attach a completed b	circuate A (101111330 0132	, c LL).				-		r of affiliates 🕨
G '	Web sit	: e: ► N/A	4						Are all at			
J ,	Organiza	ation typ	e (check only	one) ► 🔽 🕏 501(c) (3)	◀ (insert no)	.) or	527					See instructions)
K .	Check he	re ▶ □ ıf	f the omanizat	non's aross receints are norm	ally not more than \$25,000 T	'he		H(d)				urn filed by an organization
	organızatı	ion need n	ot file a returr	n with the IRS, but if the org	anization received a Form 990	Package	e in		covered		<u> </u>	
	tne maii,	it should t	ile a return wi	thout financial data Some s	tates require a complete re	eturn.		I			·	Number ►
L	Gross r	eceipts	Add lines 6	b, 8b, 9b, and 10b to li	ne 12 🕨 1,894,687,14	2		М	Check F	· ✓ ch B	If the o	rganization is not required to 990, 990-EZ, or 990-PF)
	art I				es in Net Assets or		Bala	nces			`	
	1			s, grants, and similar ar					(0000		10 61 61	
	a	Directi	public suppo	ort		1a						
	Ь	Indirec	t public sup	port		1b						
	l c			butions (grants)		1c						
	١										1d	
	d d				nonc noncernment fees and contracts				031	⁻'	2	1 600 700 204
	3	_				-		II, IIIIe	93) .	ŀ	3	1,688,799,384
	4	Membership dues and assessments									4	4 363 001
	5	Interest on savings and temporary cash investments									5	4,363,091
		Dividends and interest from securities									5	
	6a	<u> </u>								00		
	b	est value anyone a contract of the contract of									e -	368 600
	C C	Net rental income or (loss) (subtract line 6b from line 6a)								ŀ	6c 7	268,600
当	7						• •			_	'	
Revenu	8a			n sales of assets ry	(A) Securities	_		(B) 0		000		
ä	١.				199,194,285					,000		
	b			is and sales expenses	200,831,477					,797		
	C		. , ,	· L	-1,637,192					,203	0.1	1.613.000
	d	-	. , ,	,	ns (A) and (B))			• • • • • • • • •	· ·	-	8d	-1,613,989
	9	Special	events and	i activities (attach sche	edule) If any amount is f	rom ga i	ming, (cnecki	iere 🕦			
	a			t including \$ rted on line 1a)	of	ا ۔ ا	ĺ					
	١.		•	•		9a				_		
	b			ses other than fundrais		9 b				_	0.5	
	10a		•	•	(subtract line 9b from line	e 9a) 10a	 I			.	9c	
	10a			entory, less returns and s sold		10a 10b				=		
	b c		_		h schedule) (subtract line 10b		10=1			\dashv	10c	
	111		, ,	, ,			•			┟	11	2,009,782
	12		•	•						┟	12	1,693,826,868
	+										13	
ب	13				3))					- 1	14	1,544,777,983
9 9	14 15	-	_	,	` ''					- 1	15	125,953,738
Expenses		Fundraising (from line 44, column (D))								. }	16	
ш	16 17									-		1 670 721 721
	+				mn (A))						17	1,670,731,721
<u>8</u>	18		• •		ine 17 from line 12) .					-	18	23,095,147
Net Assets	19				of year (from line 73, col	•				}	19	169,289,912
量	20		=		ces (attach explanation)					- F	20	-1,366,651
_	21	net ass	ets or fund	palances at end of year	r (combine lines 18, 19,	ana 20	<i>)</i> •			<u>· </u>	21	191,018,408

Part II Statement of Functional Expenses

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

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) $(cash $2,042,185]$ noncash $(cash $0]$) If this amount includes foreign grants, check here	22	2,042,185	2,042,185		
23	Specific assistance to individuals (attach schedule)	23	, ,	, ,		
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	66,567	66,567		
26	Other salaries and wages	26	245,430,655	245,430,655		
27	Pension plan contributions	27	27,351,834	27,351,834		
28	Other employee benefits	28	37,869,871	37,869,871		
29	Payroll taxes	29	17,076,866	17,076,866		
30	Professional fundraising fees	30				
31	Accounting fees	31	82,959	82,959		
32	Legal fees	32	97,642	97,642		
33	Supplies	33	97,860,282	97,860,282		
34	Telephone	34	1,550,298	1,550,298		
35	Postage and shipping	35	5,221,029	5,221,029		
36	Occupancy	36	27,621,132	27,621,132		
37	Equipment rental and maintenance	37	13,216,647	13,216,647		
38	Printing and publications	38	5,817,412	5,817,412		
39	Travel	39	2,379,606	2,379,606		
40	Conferences, conventions, and meetings	40	1,903,581	1,903,581		
41	Interest	41	18,906,959	18,906,959		
42	Depreciation, depletion, etc (attach schedule)	42	23,386,358	23,386,358		
43	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
b		43b				
С		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	1,670,731,721	1,544,777,983	125,953,738	0

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.

NDATION HEALTH PLAN OF THE MID-ATL PROFIT CORPORATION ORGANIZED FOR ME TAX UNDER INTERNAL REVENUE CO O PROVIDE A PROGRAM OF HEALTH CAR JP PRACTICE HMO HEALTH PLAN IS A S ANIZATION ALSO EXEMPT FROM TAX UN I CONTRACTED WITH KAISER FOUNDATI MANENTE MEDICAL GROUP, P C (MEDICAL ICAL SERVICES FOR ITS MEMBERS HOSE ROVIDE SUCH HOSPITAL BASED MEDICAL LITIES CONTRACT PAYMENTS TO COMMISTANTIAL PORTION OF	ANTI R THE DE SE E AND UBSII DER I ON H AL GR PITAL AL CA MUNI ements neasura	C STATES, INC ("HEALTH PLAN"), A MARYLAND NOT-PUBLIC BENEFIT AND GENERALLY EXEMPT FROM ECTION 501(C)(3), AND COMPARABLE STATE STATUTES, MEDICAL SERVICES AS A PREPAID DIRECT CARE DIARY OF KAISER FOUNDATION HEALTH PLAN, INC AN INTERNAL REVENUE CODE SECTION 510(C)(3) HEALTH OSPITALS (HOSPITALS) AND MID-ATLANTIC OUP) TO PROVIDE OR ARRANGE FOR HOSPITAL AND IN TURN CONTRACTS WITH COMMUNITY HOSPITALS RE WHERE HOSPITALS DOES NOT OWN OR OPERATE TY HOSPITALS AND MEDICAL GROUP REPRESENTS A	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
EE STATEMENT 3		·	
Grants and allocations \$ 2,042,185)		If this amount includes foreign grants, check here 🕨 🦵	1,544,777,983
Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
		,	
Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
ther program services (attach schedule)		,	
Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
otal of Program Service Expenses (should eq	ual lır	ne 44, column (B), Program services) 🕨	1,544,777,983
	NDATION HEALTH PLAN OF THE MID-ATI PROFIT CORPORATION ORGANIZED FOR ME TAX UNDER INTERNAL REVENUE CO DEPROVIDE A PROGRAM OF HEALTH CAR UP PRACTICE HMO HEALTH PLAN IS A SECURITY OF ANIZATION ALSO EXEMPT FROM TAX UN INCONTRACTED WITH KAISER FOUNDATION MANENTE MEDICAL GROUP, P.C. (MEDICAL MEDICAL SERVICES FOR ITS MEMBERS HOSE MEDICAL SER	NDATION HEALTH PLAN OF THE MID-ATLANTI PROFIT CORPORATION ORGANIZED FOR THE OME TAX UNDER INTERNAL REVENUE CODE SE OPROVIDE A PROGRAM OF HEALTH CARE AND UP PRACTICE HMO HEALTH PLAN IS A SUBSIL ANIZATION ALSO EXEMPT FROM TAX UNDER I I CONTRACTED WITH KAISER FOUNDATION H MANENTE MEDICAL GROUP, PC (MEDICAL GR ICAL SERVICES FOR ITS MEMBERS HOSPITAL ROVIDE SUCH HOSPITAL BASED MEDICAL CA LITIES CONTRACT PAYMENTS TO COMMUNIT STANTIAL PORTION OF CONTRACT PAYMENTS TO COMMUNIT CONTRACT PAYMENTS CONTRACT PA	anizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, strons issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt ble trusts must also enter the amount of grants and allocations to others.) EE STATEMENT 3 Grants and allocations \$ 2,042,185) If this amount includes foreign grants, check here ▶ □ Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Grants and allocations \$) If this amount includes foreign grants, check here ▶ □

Forr	n 990	(2005)					Page 4
Pa	rt IV	Balance Sheets (See the instruction	ons.)				
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		thin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	2,421,946	45	6,842,194		
	46	Savings and temporary cash investments	166,209,882	46	169,325,056		
		carrigo and component, cach invocamente		· · · · ·			<u> </u>
	47a	Accounts receivable	47a	71,831,151			
	b	Less allowance for doubtful accounts	47b	10,491,783	56,179,678	47c	61,339,368
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable		_		49	
	50	Receivables from officers, directors, truste (attach schedule)		· · · · · · · · · · · · · · · · · · ·		50	
	51a	Other notes and loans receivable (attach schedule)					
Assets	ь	Less allowance for doubtful accounts	51b			51c	
Ass Ass	52	Inventories for sale or use	26,400,920	52	24,837,014		
-	53	Prepaid expenses and deferred charges .			3,251,650	53	4,235,092
	54	Investments—securities (attach schedule)		► Cost FMV	806,109	54	801,467
	55a	Investments—land, buildings, and					
	ь	equipment basis	55a				
		schedule)	55b			55c	
	56	Investments—other (attach schedule) .				56	
	57a	Land, buildings, and equipment basis	57a	489,388,512			
	b	b Less accumulated depreciation (attach schedule)		278,718,154	209.373.284	57c	210,670,358
	58	Other assets (describe	57Ь	1	59,294,979	58	21,300,696
	59	Total assets (must equal line 74) Add lines	s 45 th	rough 58	523,938,448	59	499,351,245
	60	Accounts payable and accrued expenses			134,971,864	60	147,540,289
	61	Grants payable		[61	
	62	Deferred revenue		[14,410,497	62	3,115,181
رم 1	63	Loans from officers, directors, trustees, and	d key e	mployees (attach			
		schedule)				63	
ķ;	64a	Tax-exempt bond liabilities (attach schedu		64a			
	b	Mortgages and other notes payable (attach	ule)		64b		
	65	Other liablilities (describe ►)	205,266,175	65	157,677,367
	66	Total liabilities Add lines 60 through 65 .	354,648,536	66	308,332,837		
	Orga	nnizations that follow SFAS 117, check here					
		67 through 69 and lines 73 and 74					
ő	67	Unrestricted		[67	
Balances	68	Temporarily restricted		68			
B교	69	Permanently restricted		69			
Fund	Orga	unizations that do not follow SFAS 117, chec complete lines 70 through 74					
P	70	Capital stock, trust principal, or current fur		6,795,610	70	6,795,610	
	71	Paid-in or capital surplus, or land, building,	and eq	uipment fund		71	
Assets	72	Retained earnings, endowment, accumulate	d incor	me, or other funds .	162,494,302	72	184,222,798
Net A	73	Total net assets or fund balances (add lines 70 through 72,	s 67 th	rough 69 or lines			
2		column (A) must equal line 19, column (B)	169,289,912	73	191,018,408		

Total liabilities and net assets / fund balances Add lines 66 and 73

499,351,245

523,938,448

Part	IV-A Reconciliation of Rever the instructions.)	nue per Audited Finar	icial Sta	tements V	Vith Reven	ue pe	r Return (See
а	Total revenue, gains, and other suppo	ort per audited financial stat	ements			а	1,691,649,419
b	A mounts included on line a but not or	ı lıne 12					
1	Net unrealized gains on investments		b1	1	-935,917		
2	Donated services and use of facilities	·	b2		·		
3	Recoveries of prior year grants .		b3			1 1	
4	<u>_</u>						
			b4		1,246,300		
	Add lines b1 through b4					ь	-2,182,217
c	Subtract line b from line a					С	1,693,831,636
d	Amounts included on line 12, but not	on line a					
1	Investment expenses not included or	n line 6b	d1				
2	Other (specify) 💆						
			d2		-4,768		
	Add lines d1 and d2					d	-2,182,217
е	Total revenue (line 12) Add lines ca					е	1,693,826,868
-	IV-B Reconciliation of Exper						
a	Total expenses and losses per audite				• •	а	1,669,920,923
b	A mounts included on line a but not or		م ا	I			
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on lii		b2				
3	Losses reported on line 20		b3				
4	Other (specify)		b4		4,768		
	Add lines b1 through b4					ь	4,768
c	Subtract line b from line a					c	1,669,916,155
d	A mounts included on line 17, but not						
1	Investment expenses not included or		d1	1			
2	·		<u> </u>				
2	Other (specify)		d2		815,566		
	Add lines d1 and d2					d	815,566
e	Total expenses (line 17) Add lines c	and d			•	e	1,670,731,721
Part	V-A Current Officers, Direct						
	director, trustee, or key en	nployee at any time dur	ing the y	ear even ıf	they were r	ot con	npensated.) (See the
	instructions.)				(D) Contrib	itions to	
	(A) Name and address	(B) Title and average hours		mpensation	employee bene	efit plans	
		per week devoted to position	(п пот ра	id, enter -0)	deferred com plan		allowances
	STATEMENT	SEE STATEMENT					
	KAISER PLAZA _AND,CA 94612	2		0			0
NON		NONE					
	KAISER PLAZA	NONE 0		0			0 0
OAKI	_AND,CA 94612						

Par	t V-A Current Officers, Directors	s, Trustees, and Key	y Employees (cont	inued)		Yes	No
75a	Enter the total number of officers, director	s, and trustees permitted	l to vote on organizatioi	n business at board			
	meetings		. •9				
Ь	Are any officers, directors, trustees, or ke						
	employees listed in Schedule A , Part I , or						
	contractors listed in Schedule A, Part II-A						
	relationships? If "Yes," attach a statemen	t that identifies the indivi	duals and explains the	relationship(s) .	75b	Yes	
c	Do any officers, directors, trustees, or key						
	employees listed in Schedule A , Part I , or						
	contractors listed in Schedule A, Part II-A						
	tax exempt or taxable, that are related to	this organization through	common supervision o	r common control?	75c	Yes	
	Note. Related organizations include section	on 509(a)(3) supporting o	organizations				
	If "Yes," attach a statement that identifies	the individuals, explains	the relationship betwe	en this			
	organization and the other organization(s)	, and describes the comp	ensation arrangements	,			
	including amounts paid to each individual	by each related organizat	ion				
d	Does the organization have a written confl	ict of interest policy? .			75d	Yes	
Pai	rt V-B Former Officers, Director						
	Benefits (If any former office (described below) during the						
	benefits in the appropriate co			: amount of compens	aliuii	or our	EI
				(D) Contributions to employee benefit plans	(E) Ext	oense acc	count and
	(A) Name and address	(B) Loans and Advances	(C) Compensation	and deferred compensation plans		ner allowa	
101							
	E KAISER PLAZA KLAND, CA 94612	0	0	0			0
<u> </u>	CLAND, CA 94012						
Dar	t VI Other Information (See the	instructions)				V	N.
	Did the organization engage in any activity not prev		'Voc " attach a detailed desc	rintion of each activity	76	Yes	No
76		•		•	76		No
77	Were any changes made in the organizing	•	but not reported to the	IK57	77		No
	If "Yes," attach a conformed copy of the c			_		v	
	Did the organization have unrelated business gross				78a	Yes	
	If "Yes," has it filed a tax return on Form S				78b	Yes	,
79 RN=	Was there a liquidation, dissolution, termination, or	-	•		79		No
υd	Is the organization related (other than by association		, ,	iiiion membersnip,		V	
	governing bodies, trustees, officers, etc., to any oth		mization		80a	Yes	
b	If "Yes," enter the name of the organization	-					
			etheritis 🔽 exempto				
	Enter direct or indirect political expenditu			0			
b	Did the organization file Form 1120-POL fo	rthis vear?			81b		l No

•			rage /
Par	t VI Other Information (continued)	Yes	No
32a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	a	Νο
Ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue		
	ın Part I or as an expense ın Part II (See ınstructions ın Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	a Yes	
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83	b Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	а	Νο
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	ь	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	а	
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	ь	
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year		
c	Dues assessments, and similar amounts from members 85c		
d	Section 162(e) lobbying and political expenditures 85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85	g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	h	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0		
ь	Gross receipts, included on line 12, for public use of club facilities 86b 0		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	.	No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under		
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0		
Ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	ь	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	·	(
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed DC,MD,VA		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b		5,904
91a	The books are in care of NATIONAL DIRECTOR OF TAX Telephone no (510) 271	-6385	
	ONE KAISER PLAZA STE 1550L Located at OAKLAND, CA ZIP + 4 94612		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	N o
	If "Yes," enter the name of the foreign country 🛌		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		
с	At any time during the calendar year, did the organization maintain an office outside of the United States?	c	Νo
	If "Yes," enter the name of the foreign country 📭		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here	1	• Г

Part VIII A	nalvsis of Inco	me-Producing A	Activities (S	See	the instructions	5.)		<u> </u>
	oss amounts unless				business income		ction 512, 513, or 514	(E)
_			(A) Busine code	ess	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program	n service revenue							
a MMBRS	HLTH CR PREM							1,442,162,093
b COPAY	DEDUCT FEES							88,859,906
c NON-PL	LAN & IND REV							3,481,653
d OTHER	PRGM SERVICE							11,693,311
e						1		. ,
	re/Medicaid paymen	ts						142,602,421
	d contracts from go							112,002,121
_	_	_				+		
	ship dues and asse					14	4,363,091	
	n savings and temporar	securities				17	4,303,071	
			•			+		
	tal income or (loss)					+		
			•			16	260,600	
	l income or (loss) from p					16	268,600	
	nvestment income					10	4 640 000	
•	oss) from sales of assets	•				18	-1,613,989	
	, ,	pecial events	·					
102 Gross p	rofit or (loss) from s	ales of inventory						
103 Otherre	evenue a <u>INCIN</u>	T-AFFILIATE				14	2,009,782	
ь								
c								
d								
е								
104 Subtota	l (add columns (B),	(D), and (E))					5,027,484	1,688,799,384
		s (B), (D), and (E))						1,693,826,868
Note: Line 105	plus line 1d, Part I, s	should equal the amo	unt on line 12,	Part .	I.			
▼ of the		y for which income is mpt purposes (other						
Part IX I		jarding Taxable	Subsidiar	ies	and Disregar	ded Entitie	s (See the instru	ctions.)
	(A) ress, and EIN of corporat hip, or disregarded entity		nterest		(C) Nature of activitie	S	(D) Total income	(E) End-of-year assets
			%					
			%					
			%					
Part X I	Information Reg	arding Transfe	rs Associa	ted	with Persona	l Benefit Co	ntracts (See th	e instructions.)
(a) Did the ord	anization, during the ve	ar, receive any funds, di	rectly or indirect	lv. to i	pay premiums on a p	ersonal benefit co	ontract?	┌ Yes ┌ No
_		the year, pay premit	-					□ Yes ▽ No
• •		870 and Form 4720 (nectly, on a pers	onar benefit et	miract	, 100 , 110
	• • • •	I declare that I have ex	•		cluding accompanying	s cepodulos and et	atomonts and to the h	act of my knowledge
		t, and complete Declara						
Please						2006-	11-13	
Sign	Signature of officer					Date	11 13	
Here	DEBORAH STOKES VP 8	& CONTROLLER						
	Type or print name and							
				Date			Droparor's SSN or D	TIN (See Gen Inst W)
D-:4	Preparer's			Date	•	Check If self-	Fiepalei's 33N OFF	TIN (See Gell Tilst W)
Paid	signature					empolyed 🕨	-	
Preparer's	Firm's name (or yours	<u> </u>		<u> </u>				
Use	ıf self-employed),	•					EIN Þ	
Only	address, and ZIP + 4	KPMG LLP						
		55 SECOND STREET						
		CAN EDANGISCO CA	04105				Phone no 🕨	

DLN: 93490319011576

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ) 牣

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2005

Name	of the organization
KAISER	FOUNDATION HEALTH PLAN
OF THE	MID-ATLANTIC STATES INC

Employer identification number

52-0954463

Part I	Compensation of the Five Highest Paid Employees Other	Than Officers, Directors, and Trustees
	/Con which is the continue to the continue of	amban UNIama UN

(See page 1 of the instructions. List each one. If there are none, enter "None.

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT ONE KAISER PLAZE OAKLAND, CA 94612	SEE STATEMENT 40	0	0	0
Total number of other employees paid over \$50,000	1,977			

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

"None.")		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
INOVA GROUP OF HOSPITALS		
PO BOX 370	HOSPITAL SERVICES	84,079,690
BALTIMORE, MD 21297		
WASHINGTON HOSPITAL CENTER		
PO BOX 631290	HOSPITAL SERVICES	43,477,735
BALTIMORE, MD 21263		
HOLY CROSS HOSPITAL		
9805 DAMERON DR	HOSPITAL SERVICES	44,477,220
SILVER SPRINGS, MD 20902		
CHILDRENS HOSPITAL		
PO BOX 37212	HOSPITAL SERVICES	19,433,355
BALTIMORE, MD 21297		
MID-ATLANTIC PERMANENTE MEDICAL GRO		
2101 E JEFFERSON ST	MEDICAL SERVICES	325,391,172
ROCKVILLE, MD 20852		
Total number of others receiving over \$50,000 for professional services		

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CHRISTINE E BAKER AS PARENT NEX		
888 17TH STREET NW 4TH FLOOR WASHINGTON, DC 20006	NON MEDICAL SERVICES	3,850,675
EMPLOYEE BENEFITS CORP		
1410 SPRING HILL ROAD SUITE 301 MCLEAN, VA 22102	NON MEDICAL SERVICES	2,793,677
KREMERS URBAN LLC		
13201 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	NON MEDICAL SERVICES	2,615,580
MT DONAHOE ASSOCIATES		
7160 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 20146	NON MEDICAL SERVICES	1,427,317
MIDATLANTIC CARDIOVASCULAR		
1838 GREENE TREE ROAD SUITE 150 PIKESVILLE, MD 21208	VARIOUS SERVICES	1,090,653
Total number of other contractors receiving over 611		<u>. </u>

\$50,000 for other services

1	Statements About Activities (See page 2 of the instructions.)		Yes	''
	During the year, has the organization attempted to influence national, state, or local legislation, include any att	empt		
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incl	ırred ın		
	connection with the lobbying activities 🛰 234,588 (Must equal amounts on line 38, Part VI-A, c			
	ı of Part VI-B)	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Othe	r 🗀		
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of	of the		
	lobbying activities			
	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or	with		
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner,	or		
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transaction	s.) 📆		
	Sale, exchange, or leasing property?	2a	Yes	
,	Lending of money or other extension of credit?	2b	Yes	
	Furnishing of goods, services, or facilities?	2c	Yes	
ı	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	i
	Transfer of any part of its income or assets?	2e		N
	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how y	ou 🗀		
	determine that recipients qualify to receive payments)	3a		ĺΝ
	Do you have a section 403(b) annuity plan for your employees?	3b	Yes	
	During the year, did the organization receive a contribution of qualified real property interest under section 170	(h)? 3c		ĺΝ
	Did you maintain any separate account for participating donors where donors have the right to provide advice	`		<u> </u>
	on the use or distribution of funds?	4a		
	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		<u> </u>
0	organization is not a private foundation because it is (Please check only ONE applicable box) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i) A school, Section 170(b)(1)(A)(ii) (Also complete Part V.)			
0		the hospital'	s name	e, ci
0	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter and state		s name	e, ci
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Sche	edule A (Form 990 or 990-EZ) 2005						Page 3
	Support Schedule (Comple: You may use the worksheet in the instruction						of accounting.
Cal	endar year (or fiscal year beginning in)	▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received (I include unusual grants See line 28)	Do not					0
16	Membership fees received						0

15	include unusual grants See line 28)						
16	Membership fees received						
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of	1 550 661 004	1 271 050 010	1 242 400 414	1.20	1 060 145	F F24 006 F7
	facilities in any activity that is related to the	1,558,661,004	1,371,858,010	1,342,498,414	1,20	51,969,145	5,534,986,57
	organization's charitable, etc , purpose						
18	Gross income from interest, dividends, amounts						
	received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section	5,887,879	34,163,324	35,419,794	ϵ	66,686,650	142,157,64
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities						
	not included in line 18						
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						
	behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without						
	charge Do not include the value of services or						
	facilities generally furnished to the public without						
	charge						
22	Other income Attach a schedule Do not include						
	gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	1,564,548,883	1,406,021,334	1,377,918,208	1,32	28,655,795	5,677,144,22
24	Line 23 minus line 17	5,887,879	34,163,324	35,419,794	6	6,686,650	142,157,64
25	Enter 1% of line 23	15,645,489	14,060,213	13,779,182	1	3,286,558	
26	Organizations described on lines 10 or 11: a Er	nter 2% of amount	: ın column (e), lın	e 24	•	26a	
b	Prepare a list for your records to show the name of	f and amount conti	ributed by each pe	erson (other than	а		
	governmental unit or publicly supported organizati	on) whose total ar	fts for 2001 throu	ah 2004 exceed	ed		
	the amount shown in line 26a Do not file this list	· •		-			
	amounts	your roturni.	zintar tila tatar ar i	an enese exects		26b	
	Total support for section 509(a)(1) test. Enter line	24 column (a)				26c	
		e 24, column (e)	10			200	
d	Add Amounts from column (e) for lines 18		_ 19			!!	
	22 _		26b			26d	
е	Public support (line 26c minus line 26d total)				•	26e	
f	Public support percentage (line 26e (numerator) d	livided by line 26c	(denominator))		•	26f	
27	Organizations described on line 12: a For amou	ınts ıncluded ın lır	nes 15, 16, and 1	7 that were receiv	ved from	a "dısqua	llified person,"
	prepare a list for your records to show the name of	, and total amount	s received in eac	h year from, each	disqua"	lified pers	on "
	Do not file this list with your return. Enter the sun	n of such amounts	for each year				
	(2004)0 (2003)0		(2002)0		(2001))	
h	For any amount included in line 17 that was receiv	ed from each pers	.` on (other than "di	squalified persor	.` ns"), pre:	pare a list	for your
	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de	• •					•
			= :		-		=
	return. After computing the difference between the		and the larger am	ount described in	1 (1) or (Z), enter	the sum of
	these differences (the excess amounts) for each y	ear					
	(2004) 0 (2003) 0		(2002)0		(2001))	
				_			
c	Add Amounts from column (e) for lines 15		<u> </u>	0			
	17 5,534,986,573 20		0 21	0	•	27c	5,534,986,57
d	Add Line 27a total 0	and line 27b tot	al	0	>	27d	
e	Public support (line 27c total minus line 27d total))			>	27e	5,534,986,57
	Total support for section 509(a)(2) test Enter am		column (e) 🕨 📗	27f 5.67	7,144,220		, , , , , , , , , , , , , , , , , , , ,
_	Public support percentage (line 27e (numerator) d	•	· · ·		.,, <u>z</u> zo] 27g	97 5 %
_	Investment income percentage (line 18, column (e			donominat ==\\	F"		
						27h	2 5 %
28	Unusual Grants: For an organization described in li		-	=	_	_	
	prepare a list for your records to show, for each ye	ar the name of the	contributor the	date and amount	of the ar	ant and a	a brief

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that shocked the box on line 6 in Part IV)			
29 D	(To be completed ONLY by schools that checked the box on line 6 in Part IV) oes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	ther governing instrument, or in a resolution of its governing body?	29		
	oes the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	rochures, catalogues, and other written communications with the public dealing with student admissions,			
	rograms, and scholarships?	30		
-	as the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	ne period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
		31		
	nat makes the policy known to all parts of the general community it serves? f "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
11	Tes, please describe, it into, please explain (11 you need more space, attach a separate statement)			
_		4		
_		4		
_		4		
_		4		
	oes the organization maintain the following			
a R	ecords indicating the racial composition of the student body, faculty, and administrative staff?	32a		
bR	ecords documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
b	asıs?	32b	İ	
c C	opies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	ith student admissions, programs, and scholarships?	32c	i	
	opies of all material used by the organization or on its behalf to solicit contributions?	32d		
u -				
T f	fyou answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
11	you answered No to any of the above, please explain (II you need more space, attach a separate statement)			
_		4		
33 <u>-</u>		4		
33 D	oes the organization discriminate by race in any way with respect to			
_				
a S	tudents' rights or privileges?	33a		
ЬΑ	dmissions policies?	33Ь		
c E	mployment of faculty or administrative staff?	33c		
d S	cholarships or other financial assistance?	33d		
e E	ducational policies?	33e		
_				
اء	se of facilities?	33f		
, ,	50 of facilities	33.		
^	thletic programs?	33g		
g A	thetic programs.	33g		
_				
h O	ther extracurricular activities?	33h		
Ιf	fyou answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
_				
_		_		
_				
_				
34a D	oes the organization receive any financial aid or assistance from a governmental agency?	34a		
ьΗ	as the organization's right to such aid ever been revoked or suspended?	34b		
Ιf	fyou answered "Yes" to either 34a or b, please explain using an attached statement			
35 D	oes the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	f Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule A (Form 9)			200=

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

he	ck 🕨 a 🦵 ıf the organızatıon belong	s to an affiliated group Check 🕨 b 🦵 if	f you che	cked	"a" and "limited con	trol" provisions apply
		bbying Expenditures " means amounts paid or incurred)			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)		36		
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		37		
38	Total lobbying expenditures (add line	es 36 and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures	(add lines 38 and 39)		40		0
41	Lobbying nontaxable amount Enter t	he amount from the following table—				
	If the amount on line 40 is—	The lobbying nontaxable amount is—				
	Not over \$500,000	20% of the amount on line 40	ηl			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	 	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000	۱ ا			
42	Grassroots nontaxable amount (ente	r 25% of line 41)		42		
43	Subtract line 42 from line 36 Enter	0- ıf lıne 42 ıs more than lıne 36		43		0
44	Subtract line 41 from line 38 Enter	0- ıf lıne 41 ıs more than lıne 38		44		0
	Caution: If there is an amount on eithe	er line 43 or line 44, you must file Form 4720.				
		1-Year Averaging Period Under Se	ction 5	01(h)	

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

		Lobbying Expenditures During 4-Year Averaging Period				
	Calendar year (or fiscal year beginning in) 🏲	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For rep	porting o	nly by organ	izations that did	not complete Part VI-A	(See page 11	of the inst	tructions.) 📽
							

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- ${f b}$ Paid staff or management (Include compensation in expenses reported on lines ${f c}$ through ${f h.}$)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- ${\boldsymbol g} \quad \text{Direct contact with legislators, their staffs, government officials, or a legislative body}$
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines **c** through **h.**)

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

<u>T</u>	i of the instructions.) 🖼								
	Yes	No	A mount						
		Νo							
	Yes								
		Νo							
		Νo							
		Νo							
	Yes		13,73						
	Yes		219,73						
	Yes		1,12						
			234,58						

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

a Transf	ers from the reporting	g organization to a no	ncharitable exempt organization	of		Yes	No
(i)	Cash				51a(i)		Νo
	O ther assets				a(ii)		Νo
-	transactions						
			narıtable exempt organization		b(i)		No
	Purchases of assets		· -		b(ii)		No
	Rental of facilities, ed		sets		b(iii)		No
	Reimbursement arrar	-			b(iv)		No
	Loans or loan guaran		fundraising solicitations		b(v) b(vi)		No No
			er assets, or paid employees		c D(VI)		No
			ete the following schedule Colur	nn (h) should always show the fa		t valu	
transa	ction or sharing arran	ngement, show in colu	mn (d) the value of the goods, ot (c)				
ne no	A mount involved	Name of noncha	aritable exempt organization	arrangeme			
descri	•	of the Code (other th	with, or related to, one or more to the section 501(c)(3)) or in sect	· •	Г	Yes	<u> </u>
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of rela	ationship		

Additional Data

Software ID:

Software Version:

EIN: 52-0954463

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

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
a PROF & PUBLIC LIABILITY INS	43a	50,467,974	50,467,974		
b DUES & SUBSCRIPTIONS	43b	283,127	283,127		
c BUSINESS LICENSE & TAXES	43c	1,325,874	1,325,874		
d PROPERTY, SALES, INC TAXES	43d	12,858,661	12,858,661		
e EMPLOYEE DEVELOPMENT	43e	1,737,730	1,737,730		
f EMPLOYEE RELATED EXPENSES	43f	4,274,759	4,274,759		
g PURCHASED INTERDIVSN MED SERV	43g	2,656,916	2,656,916		
h AMORTIZATION OF GOODWILL	43h	670,886	670,886		
i INTERREGIONAL CHARGE	43i	28,130,453	28,130,453		
j INFORMATION TECHNOLOGY SERV	43j	107,797,740	107,797,740		
k PURCHASED MEDICAL SERVICES	43k	253,350,148	253,350,148		
I PROGRAM OFFICE ALLOCATION	431	125,953,738		125,953,738	
m MISCELLANEOUS	43m	5,805,052	5,805,052		
n BANK SERVICE CHARGES	43n	2,715,533	2,715,533		
• BAD DEBT EXPENSE	43o	815,566	815,566		
p ADVERTISING & MARKETING	43p	21,858,514	21,858,514		
q BASIC CONTRACTUAL PAYMENTS	43q	492,607,227	492,607,227		
r PURCHASED NON-MEDICAL SERVICES	43r	29,539,940	29,539,940		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93490319011576

TY 2005 Cash Grants Paid Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.

TY 2005 Gain/Loss from Sale of Other Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
GAIN ON FIXED ASSETS	1997-05		2005-08		52,000	28,797		23,203	

TY 2005 Gain/Loss from Sale of Public Securities Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

EIN: 52-0954463

Gross Sales Price: 199,246,285

Basis: 200,860,274

Sales Expenses:

Total (net): -1,613,989



TY 2005 Investments - Securities Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Book Value	Cost/FMV
MARKETABLE SECURITIES	801,467	F

TY 2005 Other Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Beginning of Year Amount	End of Year Amount
DUE FROM AFFILIATED HEALTH PLN	4,824,236	0
PREPAID PENSION	25,995,074	20,541,337
SECURITY DEPOSITS	0	50,000
DUE FROM HOSPITALS	27,029,878	147,681
GOODWILL-NET OF AMORTIZATION	0	561,678
OTHER ASSETS	1,445,791	0

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TY 2005 Other Changes in Net Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Amount
NET UNREALIZED LOSS ON INVESTMENTS	935,917
PRINCIPLE	430,734

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TY 2005 Other Expenses Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Amount
FIXED ASSET LOSS-RECLASS	4,768



TY 2005 Other Expenses Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Amount
BAD DEBT EXPENSE-RECLASS	815,566

TY 2005 Other Liabilities Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Beginning of Year Amount	End of Year Amount
DUE TO RELATED ENTITIES	106,483,023	43,872,758
HEALTH FACILITY REVENUE BOND	13,091,632	9,917,036
RESERVE FOR SELF INS RISK	4,623,085	5,480,804
RESERVE FOR PROF & PUBLIC LIAB	33,902,623	49,327,236
OTHER CURRENT LIABILITIES	11,141,375	11,636,935
POSTRETIREMENT BENEFITS	35,996,331	36,715,635
OTHER LONG TERM LIABILITIES	28,106	726,963

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490319011576

TY 2005 Other Revenues Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Amount
BAD DEBT EXPENSE-RECLASS	-815,566
ACCOUNTING PRINCIPLE	-430,734



TY 2005 Other Revenues Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Amount
FIXED ASSET LOSS-RECLASS	-4,768

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93490319011576

TY 2005 Non Electing Public Charities Statement

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

EIN: 52-0954463

Statement:



TY 2005 Self Dealing Statement

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Line Number	Explanation
2a	

Line Number	Explanation	
2b		

Line Number	Explanation
2c	

Line Number	Explanation			
2d	FORM 990, PART V			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2005 Supplemental Support Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005			1,558,661,004	5,887,879					1,564,548,883
2004			1,371,858,010	34,163,324					1,406,021,334
2003			1,342,498,414	35,419,794					1,377,918,208
2002			1,261,969,145	66,686,650					1,328,655,795

Form 8868 (Re	v 12-2004)					Page 2
If you are	e filing for an Addi	tional (not automatic)	3-Month Extension, complete on	ily Part II and	d check this box.	
	•	•	n granted an automatic 3-month		n a previously filed	d Form 8868.
			on, complete only Part I (on pag th Extension of Time - Mus		ginal and One	Сору.
			FOUNDATION HEALTH PLAN	1 000000	Employer identif	
Type or print		E MID-ATLANTIC S			52-095446	53
•		nd room or suite no. If a P.		1000000	For IRS use only	
File by the extended	ONE KATSER	R PLAZA, SUITE 1	5501.	- 8.7.384		
due date for filing the			e. For a foreign address, see instruction	s. 💛 💥	777278772887372	
return See instructions	OAKLAND, O	A 94612				
Check type			oplication for each return):	500 SEC. 2.150. S. S.	<u> </u>	<u> </u>
	n 990		90-T(sec. 401(a) or 408(a) trust)	Г	Form 5227	
	n 990-BL		90-T (trust other than above)	F	Form 6069	
	n 990-EZ	Form 1	•		Form 8870	
		Form 4		L_		
	n 990-PF		ready granted an automatic 3-m	onth extens	sion on a previou	usly filed Form 8868
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•	one No ▶ <u>510</u>		FAX No. ▶ <u>5</u>			,
_		·	e of business in the United States			——
	_		n's four digit Group Exemption Nur			his is
	= ::		for part of the group, check this	box ►	and attach a lis	st with the
		pers the extension is for.				
•		3-month extension of ti	<u> </u>			<u> </u>
		<u>05</u> ,or other tax year b		and end		
	•		k reason 🔃 Initial return 👢	_ Final retu		e in accounting period
7 State	in detail why you	need the extension!	<u>THIS ENTITY IS A MEMBE</u>	ROFAV	ERTICALLY	
			DELIVERY PROGRAM AND R			
			'S TAX RETURN DATA IS			
			F, 990-T, 4720, or 6069, enter t			
						<u> </u>
b If this	application is for	Form 990-PF, 990-T, 4	1720, or 6069, enter any refunda	able credits	and estimated	
tax p	ayments made. I	nclude any prior year	overpayment allowed as a cre-	dit and any	amount paid	
-	ously with Form 8				<u>\$</u>	<u> </u>
c Balar	ice Due. Subtract	line 8b from line 8a. Ir	nclude your payment with this for	rm, or, if req	uired, deposit	
with	FTD coupon or,	ıf required, by usıng	EFTPS (Electronic Federal Tax	k Payment	System) See	
instru	ictions	<u> </u>			<u></u> \$	<u></u>
			Signature and Verificati			
•	, , , , , , , , , , , , , , , , , , , ,	e that I have examined this that I am authorized to prepare	form, including accompanying schedules	and statement	s, and to the best o	of my knowledge and belief,
it is true, com	ect, and complete, and	that I am authorized to prepare	e this form			
Signature >	Deenh S	ti Ber	Title ▶VP &	CONTROLL	LER Date	▶ 8-1-06
		Notice to	Title ►VP & • Applicant - To Be Comple	ted by the	RS	
We We	have approved this a		this form to the organization's return.	_		
We	have not approved	this application. However	r, we have granted a 10-day grace p	eriod from the	e later of the date	shown below or the due
date	of the organization	i's return (including any p	rior extensions). This grace period is Please attach this form to the organiza	considered t	o be a valid exten	sion of time for elections
1 1	•	•	nsidering the reasons stated in item		grant your reques	t for an extension of time
		ing a 10-day grace period.	iordoring the reasons stated in item	, we carmot	grant your reques	rior arrestendion of time
☐ We	cannot consider this	s application hecause it w	as filed after the extended due date o	f the return fo	r which an extensio	n was requested
				1 1370 1 010111 10		ir iras roquostou.
	<u></u>					
			By:			
Director					-	Date
	Mailing Address	Enter the address if w	ou want the copy of this application	n for an add	ditional 3-month s	
		rent than the one enter		mior arradi	EXTENSI	ON APPROVED
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	Oity Of town, provi	nee or state, and country	(melading postal of Zir code)			NOOESSING, OGDEN
JSA	<u> </u>					Form 8868 (Rev 12-2004)
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FORM 990 PART I, LINE 8 GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

DESCRIPTION	DATE & HOW ACQ'RD NOTE #1	DATE SOLD	SALES PRICE	COST/ EXPENSE OF SALE	EXPENSE ACCUM	
GAINS AND LOSSES FROM		<u>STMENTS</u>				
State Street	Various	Various	199,194,285	200,831,477	-	(1,637,192)
GAIN OR LOSS FROM SALE	S OF FIXED A	SSETS				
Miscellaneous Equipment	Various	Various	52,000	28,797	-	23,203
						(1,613,989)

NOTE #1: ALL OF THE FOREGOING FIXED ASSETS AND EQUIPMENT WERE ACQUIRED BY PURCHASE BY THE ORGANIZATION FOR USE IN ITS TAX-EXEMPT ACTIVITIES.

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC. FORM 990 $\,$ TAX YEAR 2005

52-0954463

STATEMENT OF FIXED ASSETS AND DEPRECIATION

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

	COST		ACCUMULATED	ACCUMULATED DEPREC/AMORT			
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR	DEP/AMORT EXPENSE		
LAND LAND IMPROVEMENTS BUILDINGS LEASEHOLD IMPROVEMENTS EQUIPMENT CAPITALIZED SOFTWARE CAPITALIZED LEASES CONSTRUCTION IN PROGRESS	41,410,728 512,927 241,062,148 32,381,769 148,834,909 23,561,834 0 1,638,879	45,067,771 548,656 242,465,374 33,921,728 139,083,099 23,360,141 0 4,941,743	0 415,914 108,756,865 21,158,498 125,751,872 20,289,719 0	0 379,392 119,488,785 25,551,842 112,377,795 20,920,340 0	0 33,627 10,873,022 2,741,497 8,658,454 1,079,758 0		
TOTALS TO: PART IV, LINE 57(A) PART IV, LINE 57(B) PART IV, LINE 57(C) PART II, LINE 42 COLUMN (B)	489,403,194 213,030,326	489,388,512 210,670,358	276,372,868	278,718,154	23,386,358		

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC. 52-0954463 12/31/2005

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

(A) NAME	(B) TITLE/		(C1) COMPENSATION	(C2) COMPENSATION	(D1) BENEFIT	(D2) BENEFIT	(E) EXP ACCT/
"""	HOURS* WEEKLY		PRE 2005	2005	2005	PAID 2006	OTHER ALLOW.
see note 2	*see note 7		see notes 3 & 4	see notes 3 & 4	See Notes 3, 4 & 5	See Notes 3, 4 & 5	see notes 3, 4 & 6
DIRECTORS:							
Bernard J Tyson	Director & Chair		0	0	0	0	0
Raymond Baxter	Director	2	0	0	0	0	0
Thomas W Chapman	. Director	2	0	13,050	0	0	0
James O Gibson	Director	2	0	14,207	0	0	0
J Eugene Grigsby III	Director	2	0	12,910	0	0	0
Susan Hager	Director	2	0	14,250	0	0	0
Maniyn J Kawamura	Director		0	0	O	0	0
Leslie A Margolin	Director		0	0	0	0	0
Jean M Hams	Director	2	0	12,150	O	0	0
OFFICERS AND KEY EMPLOY	EES:						
Marilyn J Kawamura	Regional President	40	0	0	C	0	0
Robert E Briggs *	Senior Vice President to February 2005	40	0	0	0	0	0
Kathryn Lancaster	Senior Vice President	40	0	0	(0	0
Steven R Zatkin	. Senior Vice President	40	0	0	(0	0
Thomas R Meier	Vice President/Treasurer	40	0	0	C	0	0
Deborah Stokes	Vice President/Controller	40	0	0	(0	0
Dinah Server	. Assistant Secretary	40	0	0	(0	0
Victoria B Zatkin	. Assistant Secretary	40	0	0	C) 0	0

12/31/2005

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

(A) NAME		(C1) COMPENSATION PRE 2005	(C2) COMPENSATION 2005	(D1) BENEFIT 2005	(D2) BENEFIT PAID 2006	(E) EXP ACCT/ OTHER ALLOW.
see note 2		see notes 3 & 4	see notes 3 & 4	See Notes 3, 4 & 5	See Notes 3, 4 & 5	see notes 3, 4 & 6
Bernard J Tyson		31,163	233,880	25,620	57,218	0
Raymond Baxter		198,023	712,176	221,128	213,979	0
Thomas W Chapman		0	161,173	14,000	0	0
James O Gibson		0	0	0	0	0
J. Eugene Grigsby III		0	159,975	0	0	0
Susan Hager		0	0	0	0	0
Leslie A Margolin		1,417,493	1,276,512	47 5,781	483,580	0
Jean M Harris		0	12,150	0	0	0
Marilyn J Kawamura		691,804	563,993	332,759	189,594	0
Robert E Briggs *	•	3,798,344	3,893,545	114,996	3,334	0
Kathryn Lancaster		156,539	577,854	240,701	323,499	0
Steven R Zatkin		512,031	815,098	657,832	333,189	0
Thomas R Meier		166,555	330,101	123,589	154,818	0
Deborah Stokes		184,465	387,744	125,771	114,031	0
Dinah Seiver		194,419	343,292	107,080	77,624	0
Victoria B Zatkin		33,467	225,589	60,622	66,581	0

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

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

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

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

Note #3 - The executive compensation program for Kaiser Foundation Health Plan, Inc. and Subsidiaries and Kaiser Foundation Hospitals and Subsidiaries (KFHP/H) is designed to recruit, retain and motivate qualified senior management personnel. Senior management personnel have a significant impact on the strategic and policy direction and results of the organization. Therefore, the executive compensation program is, to a significant degree, performance-based. The compensation program is reviewed annually by an independent committee of the Board of Directors of KFHP/H, which evaluates and approves all programs and payments to executives.

Base pay for executive positions is established at a level comparable to the relevant market. In addition, other components of the compensation program bear 'at-risk' features designed to focus on strategically important performance goals and to assist in attracting and retaining top performers. The executive compensation program is targeted at the median of the comparable external market in which the organization competes for executive leadership. The compensation program focuses on objectives in the areas of quality of member care and service, financial soundness, and the community and social mission of the organization.

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

Some of the amounts shown as Compensation were actually earned in years prior to 2005. This compensation is effectively reported in Part V twice – once in the year deferred and again in the year paid. However, the compensation is only paid once. The disclosure rules mandate that significant amounts of compensation are double-counted in both 2004 and 2005. For instance, column C1 includes amounts paid in 2005 for achievement of performance goals for prior years, and column D2 includes payments scheduled for 2006 for performance goals achieved in 2005.

Note #5 – The Organization offers various benefit plans, both qualified and non-qualified. Among the benefits offered to the officers listed on Form 990, Part V-A line 75 c are a qualified Defined Benefit Plan (Plan A), a qualified Defined Contribution Plan (Plan B), a Section 403(b) Tax Sheltered Annuity Plan (TSA), a Section 457(b) Deferred Compensation Plan (CAP), and health and welfare benefit plans. Included in Benefits reported for this purpose are the value of the annual contributions to Plan B, TSA, CAP and certain health and welfare benefit plans. Estimates for 2005 accruals for future benefits under Plan A are included in column D1.

For other benefit plans available to executives which provide future benefits earned during 2005 (where the specific amounts are available and determinable by the time this tax report is filed), the amount is included in the Benefits column D1 reported in this return. Amounts determinable at year-end under termination of employment arrangements calling for future payments in a subsequent year are included in the D1 Benefit Plans column for this purpose. Individuals noted with (*) may have amounts included by reason of termination of employment and from benefit plan accounts that were previously earned.

Certain officers, directors and key employees are eligible for post-retirement medical and life insurance benefits if they meet certain eligibility requirements. Payments are not made to these post-retirement benefit plans on behalf of individuals until retirement, and thus, payments to these plans are not reported on Part V, column D. However, when the retiree benefits are actually paid, they are reported on Part V-B of the Form 990.

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

Note #7 – The average weekly time spent on the organization's affairs during 2005 is estimated to be two hours. Actual time spent by Board member may vary based on different responsibilities during the year. Key employees, who work full-time, may work in excess of the standard 40-hour work week.

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC. 52-0954463 DECEMBER 31, 2005

ATTACHMENT FOR:

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

KAISER FOUNDATION HEALTH PLAN, INC. AND KAISER FOUNDATION HOSPITALS, CALIFORNIA NOT-FOR PROFIT CORPORATIONS, EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), HAVE A CONTROLLING OR AFFILIATED INTEREST IN THE FOLLOWING CORPORATIONS AS OF DECEMBER 31, 2005:

EMPLOYER ID#	ENTITY NAME		DIRECT & INDIRECT % CONTROLLED BY KFHP, INC.
	ENTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY KAISER FOUNDATION I, INC., THAT ARE ALSO EXEMPT FROM FEDERAL INCOME TAX UNDER IRC 501(C)(3):		
93-0798039	KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST		100%
84-0591617	KAISER FOUNDATION HEALTH PLAN OF COLORADO		100%
58-1592076	KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.		100%
52-0954463	KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.		100%
34-0922268	KAISER FOUNDATION HEALTH PLAN OF OHIO		100%
23-7425486	COMMUNITY HEALTH PLAN		100%
94-3299124	KAISER HEALTH PLAN ASSET MANAGEMENT, INC.		100%
93-0954562	KAISER HEALTH ALTERNATIVES		100%
94-3299123	CAMP BOWIE SERVICE CENTER		100%
93-0480268	OHP		100%
91-2171891	LOKAHI ASSURANCE, LTD		100%
	ENTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY KAISER FOUNDATION I, INC. THAT ARE TAXABLE FOR FEDERAL AND STATE INCOME TAX PURPOSES:		
03-0329760	OAK TREE ASSURANCE, LTD.		100%
94-3113684	KAISER PERMANENTE HEALTH ALTERNATIVES, INC.		100%
94-3259432	KAISER PROPERTIES SERVICES, INC		100%
91-1814507	CHP COMPANIES, INC		100%
94-3299125	KAISER HOSPITALS ASSET MANAGEMENT, INC.	*(2)	N/A
	DATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING T ARE NOT EXEMPT FROM FEDERAL INCOME TAX:		
94-3245176	KAISER PERMANENTE INTERNATIONAL	*(2)	N/A
94-3292262	KAISER PERMANENTE VENTURES	*(2)	NA
68-0444615	CARETOUCH, INC	*(2)	NA
91-2166347	KP ONCALL, LLC (elected to be treated as a disregarded entity for tax purposes)	*(2)	NA
94-3203402	KAISER PERMANENTE INSURANCE COMPANY	*(3)	50%
N/A	HAMI - COLORADO, LLC (elected to be treated as a disregarded entity for tax purposes)	*(4)	N/A
20-2961620	KP CAL	` '	100%
20-2712661	KPCAL, LLC (elected to be treated as a disregarded entity for tax purposes)		100%
NOTE *(1)	KAISER FOUNDATION HOSPITALS, A CALIFORNIA NOT-FOR-PROFIT CORPORATION, EXEMPT FROM INCOME TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3), SHARES A COMMON BOARD OF DIRECTORS WITH KAISER FOUNDATION HEALTH PLAN, INC.		
NOTE *(2)	THESE ENTITIES ARE SUBSIDIARIES OF KAISER FOUNDATION HOSPITALS.		
NOTE *(3)	KAISER PERMANENTE INSURANCE COMPANY IS A NON-EXEMPT LIFE, ACCIDENT AND HEALTH INSURANCE COMPANY OF WHICH 100% OF THE PREFERRED STOCK AND 50% OF THE COMMON STOCK ARE OWNED BY KAISER FOUNDATION HEALTH PLAN, INC. THE REMAINING 50% OF COMMON STOCK IS OWNED BY NON-AFFILIATED PHYSICIANS PRACTICE GROUPS		
NOTE *(4)	HAMI - COLORADO, LLC - THE SOLE MEMBER OF THIS LIMITED LIABILITY COMPANY IS KAISER HOSPITALS ASSET MANAGEMENT, INC.		

THE COMMON ADDRESS FOR ALL ENTITIES LISTED ABOVE IS:

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

TIN: 52-0954463 DECEMBER 31, 2005

STATEMENT FORM 990 PART VIII RELATIONSHIP OF ACTIVITIES TO EXEMPT PURPOSE

LINE NUMBER 93:

93A MEMBERS HEALTH CARE PREMIUMS

Revenue received from or on behalf of members, for prepaid health care coverage under the HMO care plans offered by Health Plan to its members. Revenue excluded under the provisions of Revenue Ruling 68-27.

93B SUPPLEMENTAL CHARGES / PHARMACY

Revenue received for co-payments from or on behalf of members for health care services provided under the plans referred to in 93A above. Pharmaceutical sales to members. Revenue excluded under the provisions of Internal Revenue Regulation 1.501(c)(3)-1.

93C NON-PLAN AND INDUSTRIAL REVENUE

Revenue received from non-members for health care and from outside insurers for reimbursement for health care services provided to members for work-related injuries or conditions. Revenue excluded under the provisions of Internal Revenue Regulation 1.501(c)(3)-1.

93D OTHER PROGRAM SERVICE REVENUE

Revenue received from or on behalf of members for health care services provided under the plans referred to in 93A above.

93F MEDICARE / MEDICAID PAYMENTS

Revenue received from the Social Security Administration for medical and health care services provided to Plan members covered under Part B of Medicare. Revenue excluded under the provisions of Internal Revenue Regulation 1.501(c)(3)-1.

KAISER FOUNDATION HEALTH PLAN MID-ATLANTIC STATES, INC EMPLOYEE COMPENSATION FOR FORM 990 REPORTING PURPOSES FOR TAX YEAR 2005

TOP FIVE EMPLOYEES

NAME	TITLE	HOURS	(C1) COMPENSATION PRE-2005	(C2) COMPENSATION 2005	(D1) BENEFITS 2005	(D2) BENEFITS PAID 2006	(E) EXP ACCT/ OTHER ALLOW.
CARRIE HARRIS-MULLER	VP	see note 7	see notes 3 & 4 130,211	see notes 3 & 4 298,377	see notes 3, 4 & 5 65,349	see Notes 3, 4 & 5 62,817	see notes 3, 4 & 6
CARRIE HARRIS-MOLLER	VP	40	130,211	290,377	65,349	02,017	0
KENDALL HUNTER	VP	40	300,915	401,696	69,208	93,132	0
LEVY CURRY	VP	40	1,270	339,642	96,320	54,864	15,000
KAY LEWIS	VP	40	85,985	191,423	88,139	39,886	0
THOMAS CURTIN JR.	VP	40	8,655	405,594	74,346	103,228	0

NOTES: See Statement 15 for notes applicable to the above reporting.

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Schedule A, Part III, Question 2a:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP) is organized for the public benefit and provides health and medical care services for its members. KFHP and Kaiser Foundation Health Plan, Inc. (KFHP Inc.) and Kaiser Foundation Hospitals (KFH) have common Boards of Directors. KFHP, KFHP, Inc. and KFH are operated as separate charitable corporations. See **Statement 16** for a list of taxexempt and non-exempt related entities.

Based on a review of KFHP records and Conflict of Interest (COI) statements for these directors, officers and key employees for 2005, KFHP did not engage in the sale, exchange, or leasing of property with any of the persons listed on Form 990, Part V.

Based on a review of the records of the affiliated taxable entities for transactions with these individuals, none of these taxable entities engaged in any sale, exchange or lease of property with KFHP individual directors or officers.

In the normal course of business in carrying out its charitable purposes, KFHP may have entered into the sale, exchange, or leasing of property with some of the related entities described in **Statement 16**. KFHP relationships with such organizations are conducted at a price which is not less than cost or more fair market value.

Schedule A, Part III, Question 2b:

Statement 21, page 2 provides a list of the directors, officers and key employee family members with whom KFHP did business or who were employed by KFHP or any KFHP affiliate. KFHP does not have trustees, creators or substantial contributors.

Based on a review of KFHP records and COI statements for these directors, officers and key employees for 2005, KFHP did not engage in the lending of money or other extension of credit with any of these persons in 2005. KFHP, Inc. has a program that provides loans to relocate executives. The program was modified in August 2002 to take into consideration the Section 402 provisions of the Sarbanes Oxley Act, limiting certain employees' eligibility for loans. **Statement 15** provides information regarding officer and key employee loans made by KFHP, Inc. as disclosed in the KFHP, Inc. 2005 Form 990, Part IV and Schedule A, Part III, question 2b.

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Based on the COI questionnaires for 2005, **Statement 21, page 1** lists non-affiliated taxable organizations which did business with KFHP in 2005 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. KFHP relationships with such organizations are conducted on a fair market value basis and the KFHP officer director or key employee abstained from voting on any such matter.

Schedule A, Part III, Question 2c:

Form 990, Part V lists the officers, directors and key employees of KFHP in 2005. Based on a review of COI statements for these directors, officers and key employees for 2005, **Statement 21, page 2** provides a list of their family members with whom KFHP did business or who were employed by KFHP or any KFHP affiliate. KFHP does not have trustees, creators or substantial contributors. Any such transactions are conducted on a fair market value basis.

Based on a review of KFHP records and COI statements for these directors, officers and key employees for 2005, KFHP did not engage in the furnishing of goods, services, or facilities with any of the persons in 2005.

In the normal course of business in carrying out its charitable purposes, KFHP may have entered into the furnishing of goods, services, or facilities with some of the related taxable entities. **Statement 22** generally describes the transactions between KFHP and those entities.

Based on the COI questionnaires for 2005, **Statement 21, page 1** lists non-affiliated taxable organizations, which did business with KFHP in 2005 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. **Statement 21, page 1** also provides a general summary of the transactional relationship (if any) between KFHP and such organizations. KFHP relationships with such organizations are conducted on a fair market value basis and the officer, director or key employee abstained from voting on any such transaction.

TIN: 52-0954463 DECEMBER 31, 2005

LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES FORM 990, SCHEDULE A, PART VI-B

The Organization is a member of the Kaiser Permanente Medical Care Program and participated and benefited from lobbying activities conducted at the national level by Kaiser Foundation Health Plan, Inc. for the benefit of its enrolled members and for the health care industry as a whole. As an organization generally exempt from income tax under Internal Revenue Code Section 501(c)(3), Health Plan did not participate in or conduct political campaigns.

During the year this Organization may have made comments or statements concerning legislation which may affect the health care industry. Health Plan may have engaged in telephone conversations and/or written letters to various federal, state, and local officials regarding matters which affected the healthcare industry as a whole. The amount of time and money involved in the activities is detailed on lines a through h. Health Plan has not intervened in any political campaign.

Health Plan has several employees and/or may retain a professional consultant to represent Health Plan's interests in various legislative and regulatory bodies and from time-to-time to keep informed of Federal and State legislation having an impact on Health Plan's charitable activities as an exempt Health Maintenance Organization.

These individuals attempt to ensure that proposed legislation and enacted laws are compatible with the Interest of Health Plan and its members by performing the following activities:

- Collecting, analyzing and distributing within the Organization, public and private
 policy recommendations regarding proposed legislation and enacted laws that
 affect the operation of Health Plan and its ability to provide quality health and
 medical care services to its members in a cost effective environment.
- Providing appropriate informational materials to legislators and to their staffs that
 pertain to matters of common interest in the health care community and in the notfor-profit community.
- Also by preparing written and oral testimony, these individuals appear at
 legislative hearings, monitor legislative proceedings and meet with legislators
 and/or their staffs regarding issues pertinent to the mission of Health Plan. Those
 individuals appearing at such hearings and meetings for and on behalf of Health
 Plan often are representing the interests of common interest groups as well as the
 interests of the members of Health Plan.
- Other employees and officers perform services by delivering speeches at various public and private functions and in serving as faculty in healthcare related educational programs throughout the community.

FEIN: 52-0954463

12/31/2005

NON-AFFILIATED TAXABLE ORGANIZATION RELATIONSHIPS

NAME	NON-AFFILIATED TAXABLE ORG	TRANSACTIONAL RELATIONSHIP
RAYMOND BAXTER	UNION BANK	NONE

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12/31/2005

FAMILY AFFILIATIONS REPORTED

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

TAXABLE ENTITY RELATIONSHIPS KAISER FOUNDATION HOSPITALS AND HEALTH PLAN INC.

EMPLOYER TAX ID #	ENTITY NAME		Purpose of Entity
KAISER FOU	NDATION HOSPITAL SUBSIDIARIES (TAXABLE):		
94-3245176	KAISER PERMANENTE INTERNATIONAL	Txbl	An International consulting company
94-3292262	KAISER PERMANENTE VENTURES	Txbl	Inactive.
68-0444615	CARETOUCH, INC.	Txbl	Retail health products (web based) enterprise Winding up its business affairs.
91-2166347	KP ONCALL, LLC	LLC	Owns & operates nurse telemedicine services call center.
KAISER FOU	NDATION HEALTH PLAN INC. SUBSIDIARIES (TAXABLE	<u>):</u>	
94-3113684	KAISER PERMANENTE HEALTH ALTERNATIVES	Txbl	Provides dental plans and Point of Service medical plans in Washington state to groups/individuals.
94-3259432	KAISER PROPERTIES SERVICES, INC.	Txbl	Holds a CA real estate brokerage license.
94-3203402	KAISER PERMANENTE INSURANCE COMPANY	Txbl	Insurance company offering indemnity benefit plans
03-0329760	OAK TREE ASSURANCE, LTD.	Txbl	Captive insurance company to insure workers compensation & auto insurance coverage
91-2171891	LOKAHI ASSURANCE LTD	Txbl	A captive insurance company to insure and secure reinsurance for property & casualty risks
	ORDWAY INTERNATIONAL, LTD	Txbl	A holding company to provide offshore risk management tools.
	ORDWAY INDEMNITY, LTD.	Txbl	An offshore company used as a risk management tool.
91-1814507	CHP COMPANIES, INC.	Txbl	Holding company, sole member of CHP CHP is an inactive health plan in New York.

2005 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF MID-ATLANTIC STATES. INC.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. or "Mid-Atlantic Health Plan" is a tax-exempt subsidiary health plan of Kaiser Foundation Health Plan, Inc. (KFHP). KFHP, with its five principal operating tax-exempt subsidiary health plans—Kaiser Foundation Health Plan of Colorado; Kaiser Foundation Health Plan of Georgia, Inc.; Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.; Kaiser Foundation Health Plan of Ohio—as well as Kaiser Foundation Hospitals (KFH) are nonprofit corporations that are part of the integrated health care delivery system known as the Kaiser Permanente Medical Care Program or "Kaiser Permanente."

This report describes the structure of Kaiser Permanente and documents the National Community Benefit activities, programs and services of KFHP, its subsidiaries, and KFH, combined, as well as the specific community benefit provided by the Mid-Atlantic Health Plan in Maryland, Virginia and the District of Columbia.

In 2005, Kaiser Permanente served over 8.4 million people in nine states: California, Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia, Washington and the District of Columbia. The program is the largest private nonprofit health care program in the United States and has more than 148,000 employees and nearly 13,000 physicians and 120 dentists. The Mid-Atlantic Health Plan serves more than 501,000 members, and has 5,548 administrative, clerical and technical employees as well as 710 Permanente physicians.

In the Mid-Atlantic states region, three separate legal organizations comprise Kaiser Permanente: Health Plan of the Mid-Atlantic States, Inc., a Maryland nonprofit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3); KFH, a California nonprofit public benefit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3); and the Mid-Atlantic Permanente Medical Group, P.C., an independent multi-specialty group of physicians organized as a professional corporation.

Persons enroll in Kaiser Permanente through KFHP or one of the Health Plan subsidiaries or "Health Plan." Health Plan provides and arranges comprehensive health care services for members on a predominantly prepaid basis and fulfills its contractual obligations to group and individual members by contracting with KFH and Mid-Atlantic Permanente Medical Group to provide the required health care services.

Members receive services from various Permanente Medical Groups in the respective Kaiser Permanente regions. Permanente Medical Groups accept responsibility for professional care of Health Plan members, are responsible for their own physician recruitment, selection and staffing; they are legally separate entities independent from Health Plan, KFH and each other. The Permanente Medical Groups generally treat members in facilities owned, leased or contracted by KFHP or KFH.

KFHP and KFH are separate corporations governed by identical boards of directors. KFH accepts responsibility to provide or arrange necessary hospital services and facilities for Health Plan members. In the Mid-Atlantic States, KFH contracts with community hospitals to provide hospital services to members for specialized care and other services.

Membership in KFHP and its health plan subsidiaries is available without regard to sex, race, religion, ethnic background, sexual orientation, and occupational status or income level. Health Plan members are broadly representative of the various ages, social, and income groups within the areas it serves. Once enrolled, a member is free to maintain membership regardless of age, health status or employment.

KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY

Through the Kaiser Permanente mission, the organization contributes to the health of the communities in two related ways. First, Kaiser Permanente strives for excellence in serving its more than eight million members through market-leading performance in quality, service and affordability. By doing so, Kaiser Permanente provides a discipline in the marketplace by demonstrating meaningful value and affordability, and generating resources to reinvest in the community's health.

Second, Kaiser Permanente directly invests in improvements to community health by working to increase access for the underserved, disseminating care improvements, altering the social determinants of health, educating healthcare workers and consumers, and informing public policy.

This latter approach, which Kaiser Permanente calls the Direct Community Benefit Investment (DCBI) is fundamental to being a nonprofit organization. It embodies the organization's commitment to improve the health of communities beyond services to Health Plan members. It is more than traditional corporate citizenship or corporate philanthropy. It is an intentional, planned, budgeted, measurable, accountable creation for better health in our communities. It is done in collaboration with, not in isolation from, the community. DCBI serves to fulfill Kaiser Permanente's social purpose, justify its tax-exempt status, and differentiate it from other health care organizations.

This tradition of community benefit dates from the earliest days of the Program, when charitable care to non-employees, and later, nonmembers, was initiated. That heritage has continued through the years in Kaiser Permanente's early participation in publicly financed programs such as Medicaid and Medicare, establishment of residency training and medical research programs, and later, in the development of the Educational Theatre, Safety Net Partnerships, Community Health Initiatives and Charitable Health Coverage Programs.

In 2001, the Board reaffirmed DCBI as a national program and set the following four goals:

- Address critical questions in American health care that the Program's history, culture and competencies position it uniquely to examine
- Build the reputation of Kaiser Permanente for its leadership in helping to solve major health challenges
- Create a program that engages the creativity and spirit of the people of Kaiser Permanente at all levels
- Meet the requirements placed on KFH, KFHP, and its subsidiary health plans as tax-exempt organizations that return value to the communities served beyond the provision of health care to members

The Board directed that this new DCBI program be guided by a national strategy, with continued local flexibility and implementation. The program is supported by national and regional funding pools, and built on the organization's integrated healthcare system. Community benefit investments are concentrated in four areas:

- Vulnerable Populations Address the financing and delivery problems of populations that are vulnerable due to socioeconomic status, illness, ethnicity, age, or other disabling factors
- Evidence-based Medicine Develop and communicate the evidence base to determine what form of
 medical care works, for which patients and populations, under what circumstances, at what cost and
 in which delivery settings
- Education Evaluate and demonstrate educational models for the health professions in integrated
 care systems and for health care consumers in managing their own health and obtaining health care
 services

 Public Policy – Develop and disseminate public policy information that reflects the interests of the nation as a whole

The Board elaborated that at least 75% of total community benefit funding will be directed to the Program priorities within the four focus areas and the remaining 25% of funding will be directed by local regions to respond to local community benefit needs and opportunities that may or may not be within the four key focus areas.

As part of the new approach, the Board approved the formation of a National Community Benefit Governance Council, and established a standing Community Benefit Committee of the Board of Directors to oversee the new program. The Board also designated a national executive of KFHP and KFH to lead Kaiser Permanente's Community Benefit Program as a full-time assignment. Raymond J. Baxter, PhD is the Senior Vice President for Community Benefit, reporting to the CEO and Chairman of the Board.

COMMUNITY BENEFIT PROVIDED BY KAISER FOUNDATION HEALTH PLAN, INC.

KFHP provides comprehensive health care services on a prepaid basis through an integrated health care delivery system, available to the community as a whole. Because the Health Plan is a nonprofit organization, revenues that exceed the cost of operations and provision of care are reinvested in the program to improve facilities and service, increase benefits, fulfill our charitable mission and maintain affordable rates rather than to pay dividends to stockholders.

KFHP provides care that emphasizes prevention to minimize medical indigence and contributes to quality of life in the communities we serve. To best serve the community by providing affordable, comprehensive health care and support in its social mission, KFHP is organized and operated as a fully integrated delivery system.

- Integrated Services and Facilities KFHP has organized and integrated the professional and
 physical resources required to provide comprehensive health care. In hospital-based Kaiser
 Permanente regions, this care primarily occurs at major medical centers, as well as at nearby
 outpatient medical offices owned by KFH and at medical office buildings owned or leased by KFHP.
 Members typically have all the services and professional care they require available in one place,
 which facilitates a coordinated approach to care. Equipment and supporting personnel are shared
 and high-technology services such as neurosurgery, open-heart surgery, and cancer treatment are
 also centralized to facilitate development and transfer of best clinical practices among all Permanente
 providers.
- Group Practice Contracting Permanente Medical Groups are organized into large multi-specialty group practices that take responsibility for providing comprehensive care to a defined population in facilities owned or leased by KFH or KFHP. The income that Permanente Medical Groups and their physicians receive is in consideration of their professional medical and related services. The amounts paid to the Permanente Medical Groups are negotiated annually. By altering the direct relationship between service performed and income received, KFHP removes incentives to perform unneeded services, and encourages use of the most appropriate medical care. Group practice enhances quality and appropriateness of care for members and for the community by facilitating development and sharing of "best clinical practices" throughout the community and across the nation.
- Prepayment Generally, KFHP pays the Permanente Medical Groups a per-member payment on a budgeted, prepaid basis that does not vary with the amount of service provided. Permanente Medical Group physicians are generally not compensated on a fee-for-service basis.
- Benefits Plans KFHP offers a variety of coverage options that provide for unlimited hospital days,
 physician visits, preventive services, immunizations, well-baby care and prenatal care. In order to
 maximize affordability and encourage people at different income levels to purchase coverage, KFHP
 offers a variety of cost-sharing options. Comprehensive prepaid coverage with differing levels of
 premium and cost-sharing minimizes financial barriers to care promoting early consultation, detection

and treatment of disease. KFHP actively encourages members to maintain their health through regular preventive self-care.

- No Pre-existing Condition Exclusions Pre-existing condition exclusions allow carriers to exclude coverage for a condition that existed before enrollment with the carrier. KFHP imposes no pre-existing condition exclusions for group members and thereby provides substantial protection for new members who are ill at time of enrollment. KFHP offered health benefits coverage in all its markets without any pre-existing condition exclusions for many years prior to recently enacted federal and state statutes prohibiting pre-existing condition exclusions in certain markets. By ensuring that all our enrollees are covered for all their medical needs, we reduce the amount of uncompensated care, promote the health of our members, and prevent medical indigence.
- Participation in Medicare KFHP has participated in Medicare since it was first implemented in 1965.
 KFHP and its subsidiaries enrolled approximately 896,000 Medicare beneficiaries, providing
 Medicare Part A and Part B services, plus additional drug, optical, and inpatient coverage.
- Participation in Medicaid KFHP began enrolling Medicaid beneficiaries in the mid-1960s. Currently, KFHP and certain of its subsidiaries provide care to over 139,000 Medicaid managed-care members and in addition serve a large number of Medicare and Medicaid patients on a fee-for-service basis. KFHP also participates in the State Child Health Insurance Program (SCHIP) and served an additional 91,000 children in 2005.

THE COMMUNITY BENEFIT PROGRAMS IN THE MID-ATLANTIC REGION

In 2005, Kaiser Permanente spent approximately \$668 million or approximately 2.2% of revenue, to support the Community Benefit Program in the community. The Mid-Atlantic Health Plan provided approximately \$20.4 million in community benefit. A breakdown of the 2005 DCBI dollars attributable to KFHP and KFH nationally is described in Attachment A and those dollars attributable to the Mid-Atlantic Health Plan regionally in Attachment B. Many of the signature community benefit programs and services funded by Mid-Atlantic Health Plan, according to the national focus areas are as follows.

VULNERABLE POPULATIONS

The Mid-Atlantic Health Plan spent \$18.3 million to address financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age or other factors in 2005. A complete description of community benefits is listed below.

MEDICAL CARE SERVICES

Kaiser Permanente provides medical care services for vulnerable populations in many ways. These include Charitable Care Programs, participation in public programs for low-income individuals such as Medicaid and the State Children's Health Insurance Program (SCHIP).

Charitable Care (Medical Financial Assistance Program and Charitable Health Coverage) In the Mid-Atlantic States, Health Plan provides charity care to low-income vulnerable populations through two programs — the Medical Financial Assistance Program and Charitable Health Coverage Program. In 2005, the Mid-Atlantic States Health Plan spent \$9 million on under- and uninsured residents in Maryland, Virginia and the District of Columbia.

Medical Financial Assistance

Medical Care for Children Partnerships – This program is located in Montgomery, and Prince George's Counties in Maryland, and the Fairfax, Loudoun and Prince William Counties in Virginia, as well as the District of Columbia. Children in these programs may not be eligible for public or private health care programs, and must have family incomes of between 200% and 250% of poverty. Each of these programs is operated in partnership with local governments, hospitals and/or nonprofit community groups. Enrollees receive primary care services from Health Plan medical centers. Referrals to specialists not available from the Permanente Medical Group and inpatient hospitalizations are covered by the program's partners. This program targets children of "working poor" families.

Charity Care Charitable Coverage Programs

- Bridge Program This program enables participants to have health care coverage at significantly reduced costs at a time when they are experiencing financial difficulties due to job loss, involuntary reduction in work hours, death, divorce, or legal separation from a spouse. Typically, these individuals are not eligible for any other public or private group health care coverage. Based on income, Health Plan subsidizes either 90% or 95% of their monthly health care coverage cost. Participants in the Bridge Program whose incomes do not exceed 175% of the federal income guidelines (FIG) are eligible for a 95% monthly subsidy and individuals with incomes are between 175% and 200% of the FIG are eligible for a 90% subsidy coverage. Bridge provides comprehensive health care coverage to its members.
- Baltimore Partnersh.i.p. This partnership between the Baltimore County Department of Health,
 Greater Baltimore Medical Center and St. Agnes Healthcare is available only to adults living in
 Baltimore County, Maryland and whose incomes are 200% or below the FIG. Health Plan in the
 Mid-Atlantic States provides all primary care services for enrollees in Health Plan medical
 centers. The County Health Department, Greater Baltimore Medical Center and St. Agnes
 Healthcare provide referrals for specialists not available through Mid-Atlantic States Permanente
 physicians and arranges for inpatient hospitalization.

Grants and Donations for Medical Care Services

The Mid-Atlantic Health Plan donated over \$509,000 to support the delivery of medical care services by community providers. A total of 95 grants were made to organizations in this category. The following are examples of contributions made in 2005:

- Mission of Mercy Dental Clinic received \$7,500 to support for 3-day weekend dental clinic for uninsured in Northern Virginia.
- HSC Foundation was given \$75,000 to support the Health Services for Children with Special Needs Demonstration Project, which addresses the health, protection and general welfare of children with special needs.
- So Others May Eat, (SOME) provides nutrition services at the day programs and transitional
 housing homeless and low-income persons. They also operate a medical clinic. A \$21,900 grant
 from Mid-Atlantic Health Plan supported the expansion of outreach activities to increase the
 number of individuals served.
- Health Plan in the Mid-Atlantic States donated \$100,000 to the Washington Free Clinic to provide health care to the low-income uninsured in the District of Columbia. In 2005, the clinic was experiencing a cash flow cash-flow crisis and the charitable funds help to support continued operations.

COMMUNITY-BASED PROGRAMS FOR VULNERABLE POPULATIONS

The Mid-Atlantic Health Plan spent approximately \$46,000 in charitable contributions to support two community-based programs that provide other services for vulnerable populations.

Grants and Donations for Community-based Programs

Highlights of programs and services funded in 2005 are below:

Hispanic College Fund addresses the unique needs of the rapidly growing Latino population in
the greater Washington and Baltimore area. A \$25,000 grant was given to support their Hispanic
Youth Symposium which connects Hispanic high school students to businesses, government and
nonprofit organizations, stressing academic achievement, community service and personal
responsibility. The aim of the symposium was to encourage students to stay in school and
pursue higher levels of education. The program also provides scholarships.

EDUCATION

The Mid-Atlantic Health Plan spent \$947,000 on programs to educate consumers and health care professionals during 2005. A more complete description of these community benefit contributions follows.

CONSUMERS

Community benefit funds supported several community health education and prevention programs for Mid-Atlantic States health care consumers.

Community Health Education and Prevention Programs

Most often, community health fairs are the primary sites for dissemination of health education information to both Health Plan members and community residents in Mid-Atlantic States. In 2005, the Regional Community Benefit Department spent \$18,000 and supported several community health fairs. Here is one example:

WATTCH Health Fair targeted a diverse population of medically uninsured, homeless or working
poor residents in the Washington Metropolitan area. Mid-Atlantic Region physicians and staff
plus a host of other community health providers provided free health services including but not
limited to dental screenings, hearing, vision, height and weight evaluations, screenings for breast
cancer, sickle cell, HIV/AIDS, diabetes, cholesterol and anemia.

Educational Theatre Programs

The Educational Theatre Programs (ETP) in Mid-Atlantic States have performed free, award-winning health education plays for grades K-12 in the past 19 years in Maryland, Virginia and the District of Columbia.

In 2005, ETP spent \$765,000 and presented a total of 152 performances of two productions: *Professor Bodywise's Traveling Menagerie*, which provided basic health and safety messages to pre-school and elementary school children, encouraging healthy eating and physical activity and discouraging tobacco, alcohol and drug use; and *R-Files*, which taught grades 6 to 9 the strategies for developing refusal skills, coping with peer pressure, and increasing personal responsibility.

Teachers' guides are provided with each performance, highlighting the information provided in the production and offering suggestions for curriculum enhancement. Additionally, age-appropriate student activity booklets created by ETP staff and reviewed by Mid-Atlantic Permanente Medical Group pediatricians are distributed to each child at every performance, offering puzzles, games and other activities that reinforce the health and behavioral messages that were presented.

HEALTH CARE PROFESSIONALS

In 2005, the Mid-Atlantic Health Plan spent \$161,000 to support the education and training of health care professionals. The following provides a description of the efforts undertaken to alleviate health care workforce shortages in the community:

Grants and Donations for the Education of Health Care Professionals

Coppin State College Nursing School received \$68,190 to staff the Health Suite at the St. Francis Academy, a coeducational low income high school in Baltimore, Maryland.

OTHER COMMUNITY BENEFITS

The Mid-Atlantic Health Plan spent \$1.1 million on other community benefits in the region.

Other Grants and Donations

- City of Falls Church Police Department received \$10,000 to support the Falls Church Police Department Automated External Defibrillator program.
- Holy Cross Senior Fit received an \$82,020 grant to support a 45-minute exercise class designed
 for seniors 55 years and older. Senior Fit focuses on increasing upper and lower body strength,
 flexibility and improving cardiovascular endurance and balance. In a social setting this program
 provides participants with an opportunity to maintain independence and a healthy lifestyle, and
 improve functional activities of daily living.

Community Giving Campaigns

The Mid-Atlantic Health Plan supports the annual community giving campaigns of the United Way of Central Maryland (Baltimore area) and United Way of the National Capital Area (Washington, DC, suburban Maryland and Northern Virginia). Each campaign received a \$10,000 corporate gift, as well as identified employee and physician volunteers to coordinate the campaign in each medical center and facility. They also assisted with awareness-building activities, including raffles, ice cream socials, and inter-departmental contests and encouraged competition between medical centers to achieve 100% participation.

ATTACHMENT A

2005 NATIONAL DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM

The following chart summarizes 2005 Community Benefit investments nationally for KFHP and for KFH. The investments in the community reflected in the charts are unaudited.

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VULNERABLE POPULATIONS			
Medical Care Services	\$317,528,265	\$202,427,756	\$519,956,021
Community-Based Programs	930,380	13,391,455	14,321,835
Other Vulnerable Populations	20,957,834	6,663,432	27,621,266
Subtotal:	\$339,416,479	\$222,482,643	\$561,899,122
EVIDENCE-BASE			
Research	1,272,089	15,144,352	16,416,442
Medical Libraries	91,309	3,614,633	3,705,942
Tumor Board & Cancer Registry	309,976	1,833,846	2,143,822
Subtotal:	1,673,374	20,592,831	22,266,206
EDUCATION			
Consumer	3,516,584	8,082,297	11,598,881
Health Professionals	4,250,165	55,304,203	59,554,368
Subtotal:	7,766,749	63,386,500	71,153,249
PUBLIC POLICY			
Public Policy Grants/Expenses	1,314,750	1,066,257	2,381,007
Subtotal:	1,314,750	1,066,257	2,381,007
OTHER COMMUNITY BENEFITS	'		_
Other CB Grants/Expense	3,142,977	6,371,103	9,514,080
Community Giving	215,468	560,304	775,772
Subtotal:	3,358,445	6,931,407	10,289,852
TOTAL	\$353,529,797	\$314,459,638	\$667,989,435

ATTACHMENT B

DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM 2005 MID-ATLANTIC REGIONAL COMMUNITY BENEFIT FINANCIALS

The following chart summarizes 2005 community benefit investments by the Mid-Atlantic Health Plan. The investments in the community reflected in the chart are unaudited.

	P. C. C. L.	Physical C	R. Service
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VULNERABLE POPULATIONS			
Medical Care Services	\$9,413,001	\$0	\$9,413,001
Community-based Programs	46,000	0	\$46,000
Other Vulnerable Populations	8,894,417	0	\$8,894,417
Subtotal:	18,353,418	0	18,353,418
EVIDENCE-BASED MEDICINE			
Research	0	0	
Medical Libraries	0	0	0
Other	0	0	0
Subtotal:	0	0	0
EDUCATION			
Consumers	785,980	0	785,980
Health Professionals	161,200	0	161,200
Subtotal:	947,180	0	947,180
PUBLIC POLICY			
Public Policy Grants/Expenses	0	0	0
Subtotal:	0	0	0
OTHER COMMUNITY BENEFITS			
Other CB Grants/Expenses	1,106,500	0	1,106,500
Community Giving Campaign	21,500	0	21,500
Subtotal:	1,128,000	0	1,128,000
TOTAL	\$20,428,598	\$0	\$20,428,598