Form **990**

Department of the Treasury Internal Revenue Service A For the 2007 c

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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

2007

Open to Public Inspection

ernai Revenue				
rvice				
For the 2007 ca	lendar yea	r, or tax year beginning 01-01-2007 and ending 12-31-2007		
Check if applicable	Please	C Name of organization KAISER FOUNDATION HEALTH PLAN		D Employer identification number
Address change	use IRS	OF THE MID-ATLANTIC STATES INC		52-0954463
Name change	label or print or type. See	Number and street (or P O box if mail is not delivered to street address ONE KAISER PLAZA SUITE 1550L) Room/suite	E Telephone number
Initial return	Specific			(510) 271-6611
Fınal return	Instruc- tions.	City or town, state or country, and ZIP + 4 OAKLAND, CA 94612		F Accounting method
Amended return				
Application pending				
		501(c)(3) organizations and 4947(a)(1) nonexempt charitable nust attach a completed Schedule A (Form 990 or 990-EZ).		not applicable to section 527 organizations a group return for affiliates? Yes Vo

G	Web sit	e: N/A	H(b) If "Yes" ente	r number of			
J	Organiza	ation type (check only one) F 501(c) (3)	■ (insert no.)	or \Box 527	1 7		e instructions)
K	Check he	ere if the organization is not a 509(a)(3) suppo not more than 25,000 A return is not required, but of file a complete return	rting organization and its gross	receipts are	H(d) Is this a sepa covered by a	group ruling	,
	Gross r	eceipts Add lines 6b, 8b, 9b, and 10b to li		nization is not required to , 990-EZ, or 990-PF)			
	Part I	Revenue, Expenses, and Chang			1		
	1	Contributions, gifts, grants, and similar an		ruiiu bai	ances (See the	IIISUU	.cioiis.)
	a	Contributions to donor advised funds .		1a			
		Direct public support (not included on line		1b			
		Indirect public support (not included on lin	·	1c			
	d	Government contributions (grants) (not in	·	1d			
			٠				
	l e	Total (add lines 1a through 1d) (cash \$				1e	1 020 546 502
	2	Program service revenue including govern		•		2	1,939,546,503
	3	Membership dues and assessments .				3	0.014.757
	4	Interest on savings and temporary cash in				4	8,914,757
	5	Dividends and interest from securities .	ı		117 225	5	
	6a	Gross rents		6a 6b	117,325		
	b c	Net rental income or (loss) subtract line 6	l		0	6c	117 225
	7	. ,				7	117,325
Revenue	8a	Other investment income (describe) Gross amount from sales of assets		· · ·	(D) O+h		
Ř	l Ga	other than inventory	(A) Securities 272,336,404	8a	(B) O ther 260,075		
	Ь	Less cost or other basis and sales expenses	272,928,710	8b	93,724		
	"	Gain or (loss) (attach schedule)	-592,306	8c	166,351		
	d	Net gain or (loss) Combine line 8c, column	,		<u> </u>	8d	-425,955
	9	Special events and activities (attach sche				- Ou	423,333
			aute) If any amount is in	om gaming ,	eneck here F		
	a	Gross revenue (not including \$ contributions reported on line 1b)	of	9a			
	Ь	Less direct expenses other than fundrais		9b			
	c	Net income or (loss) from special events S	١ ١			9c	
	10a	Gross sales of inventory, less returns and	1	10a			
	Ь	Less cost of goods sold		10b			
	c	Gross profit or (loss) from sales of inventory (attack	ı	om line 10a		10c	
	11	Other revenue (from Part VII, line 103)				11	7,031,772
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c,				12	1,955,184,402
	13	Program services (from line 44, column (E				13	1,759,118,599
en ill	14	Management and general (from line 44, co	lumn (C))			14	141,379,787
Expenses	15	Fundraising (from line 44, column (D)) .				15	
Ä	16	Payments to affiliates (attach schedule)				16	
	17	Total expenses Add lines 16 and 44, colu	mn (A)			17	1,900,498,386
ē,	18	Excess or (deficit) for the year Subtract lii	ne 17 from line 12			18	54,686,016
<u>8</u>	19	Net assets or fund balances at beginning	of year (from line 73, colu	mn (A)) .		19	180,142,864
型型	20	Other changes in net assets or fund balan	ces (attach explanation)	2 3		20	21,466,339
Ż	21	Net assets or fund balances at end of year	Combine lines 18, 19, a	nd 20 .		21	256,295,219
_							

Part II Statement of Functional Expenses

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

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule)					
	(cash $\$ \frac{0}{}$ noncash $\$ \frac{0}{}$) If this amount includes foreign grants, check here	22-				
221-	· <u> </u>	22a				
22b	Other grants and allocations (attach schedule) $^{\odot}$ (cash \$2,018,159 noncash \$0					
	If this amount includes foreign grants, check here	22b	2,018,159	2,018,159		
23	Specific assistance to individuals (attach schedule)	23	_,,,_,,	_,,		
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	84,100		84,100	
b	Compensation of former officers, directors, key employees etc listed in Part V - B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	277,788,654	245,025,947	32,762,707	
27	Pension plan contributions not included on lines 25a, b and c	27	28,344,534	26,739,767	1,604,767	
28	Employee benefits not included on lines 25a - 27	28	48,747,522	43,225,940	5,521,582	
29	Payroll taxes	29	18,985,868	16,665,127	2,320,741	
30	Professional fundraising fees	30				
31	Accounting fees	31	782,314		782,314	
32	Legal fees	32	1,158,243		1,158,243	
33	Supplies	33	262,935,579	250,244,746	12,690,833	
34	Telephone	34	1,537,619	546,690	990,929	
35	Postage and shipping	35	5,777,462	4,239,169	1,538,293	
36	Occupancy	36	31,071,403	31,071,403		
37	Equipment rental and maintenance	37	6,851,104	6,845,871	5,233	
38	Printing and publications	38	3,927,288	1,398,661	2,528,627	
39	Travel	39	2,261,019	1,803,665	457,354	
40	Conferences, conventions, and meetings	40	1,422,548		1,422,548	
41	Interest	41	3,705,945	3,705,945		
42	Depreciation, depletion, etc (attach schedule)	42	26,940,134	26,940,134		
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
ь		43b				
c		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	1,900,498,386	1,759,118,599	141,379,787	0

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? F Ves V No If "Yes," enter **(i)** the aggregate amount of these joint costs \$\frac{0}{2}\$, (ii) the amount allocated to Program services \$\frac{0}{2}\$, (iii) the amount allocated to Fundraising \$0

For org The	anization How the public perceives an organization in	e people, serves as the primary or sole source of information and such cases may be determined by the information presented accurate and fully describes, in Part III, the organization's process.	on its return
All c	A M M C C C C C C C C C C C C C C C C C	TOUNDATION HEALTH PLAN OF THE MID- ATLANTIC STATES, INC ("HEALTH PLAN"), A MARYLAND NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PUBLIC BENEFIT AND SENERALLY EXEMPT FROM INCOME TAX UNDER NTERNAL REVENUE CODE SECTION 501(C)(3), AND COMPARABLE STATE STATUTES, IS TO PROVIDE A PROGRAM OF HEALTH CARE AND MEDICAL SERVICES AS A PREPAID DIRECT CARE GROUP PRACTICE HMO HEALTH PLAN IS A SUBSIDIARY OF KAISER FOUNDATION HEALTH PLAN, INC AN ORGANIZATION ALSO EXEMPT FROM TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) HEALTH PLAN CONTRACTED WITH KAISER FOUNDATION HOSPITALS HOSPITALS) AND MID-ATLANTIC PERMANENTE MEDICAL GROUP, PC (MEDICAL GROUP) TO PROVIDE OR ARRANGE FOR HOSPITAL AND MEDICAL SERVICES FOR ITS MEMBERS HOSPITAL IN TURN CONTRACTS WITH COMMUNITY HOSPITALS TO PROVIDE SUCH HOSPITALS DOES NOT OWN OR OPERATE FACILITIES CONTRACT PAYMENTS TO COMMUNITY HOSPITALS AND MEDICAL GROUP REPRESENTS A SUBSTANTIAL PORTION OF IN a clear and concise manner State the number of clients served, tole (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	SEE STATEMENT 4		
	(Grants and allocations \$ 2,018,159)	If this amount includes foreign grants, check here 🕨 🦵	1,759,118,599
b			
c	(Grants and allocations \$	If this amount includes foreign grants, check here ▶ ┌	
	(Grants and allocations \$	If this amount includes foreign grants, check here ▶ ┌	
d	(Grants and allocations \$	If this amount includes foreign grants, check here ▶ □	
e	Other program services (attach schedule)	Trans amount merades foreign grants, check here	
	(Grants and allocations \$	If this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should equal line	e 44, column (B), Program services) 🕨	1,759,118,599

Pa	art IV	Balance Sheets (See the instru	ıctions	s.)				
Not	e:	Where required, attached schedules and amo		thin the description	(A)			(B)
		column should be for end-of-year amounts or			Beginning of year 5.348.604	4=	E	nd of year
	45	Cash—non-interest-bearing			176,988,552	45 46		8,019,489 265,203,908
	46	Savings and temporary cash investments			170,900,552	46		203,203,908
	47a	Accounts receivable	47a	80,171,901				
		Less allowance for doubtful accounts	47b	13,324,660	68,430,377	47c		66,847,241
								<u> </u>
	48a	Pledges receivable	48a					
	ь	Less allowance for doubtful accounts	48b			48c		
	49	Grants receivable				49		
	50a	Receivables from current and former office		· · · · · · · · · · · · · · · · · · ·		F0-		
		key employees (attach schedule) Receivables from other disqualified persor				50a		
	6	4958(c)(3)(B) (attach schedule)				50b		
	51a	Other notes and loans receivable (attach						
		schedule)	51a					
2	ь	Less allowance for doubtful accounts	51b			51c		
Assets	52	Inventories for sale or use			26,596,024	52		22,009,078
-4	53	Prepaid expenses and deferred charges			2,344,396	53		3,840,895
	54a	Investments—publicly-traded securities	. •	- ┌ Cost ┌ FMV	0	54a		0
	Ь	Investments—other securities (attach sch	nedule)	► Cost FMV		54b		
	55a	Investments—land, buildings, and equipment basis	55a	1				
	ь	Less accumulated depreciation (attach schedule)	55b			55c		
	56	Investments—other (attach schedule) .		·		56		
		Land, buildings, and equipment basis	57a	525,760,221				
		Less accumulated depreciation (attach schedule)	57b	310,407,263	224,595,707	57c		215,352,958
	58	Other assets, including program-related in		ents				· · ·
		(describe 🕨			2 54 4 002		(SE)	20, 470, 020
				— '	3,514,092	58	95	30,476,920
	59	Total assets (must equal line 74) Add line	s 45 th	rough 58	507,817,752	59		611,750,489
-	60	Accounts payable and accrued expenses			141,391,922	60		197,265,466
	61	Grants payable				61		
	62	Deferred revenue			2,180,820	62		4,167,473
Ø.	63	Loans from officers, directors, trustees, ar						_
•		schedule)				63		
ķ;	64a	Tax-exempt bond liabilities (attach sched	ule) .	[13,040,845	64a	1	13,015,451
	ь	Mortgages and other notes payable (attac	h sched	ule) [64b		
	65	Other liablilities (describe ►)	171,061,301	65	%	141,006,880
	66	Total liabilities Add lines 60 through 65			327,674,888	66		355,455,270
	Orga	nnizations that follow SFAS 117, check here	• ►	nd complete lines				_
		67 through 69 and lines 73 and 74						
Balances	67	Unrestricted				67		
	68	Temporarily restricted				68		
9	69	Permanently restricted				69		
Fund	Orga	unizations that do not follow SFAS 117, che complete lines 70 through 74						
	70	Capital stock, trust principal, or current fu	nds -		6,795,610	70		6,795,610
ts of	71	Paid-in or capital surplus, or land, building		-		71		,-/-
ssets	72	Retained earnings, endowment, accumulat	•	· ·	173,347,254	72		249,499,609
S. A.	73	Total net assets or fund balances Add lin		, , , , , , , , , , , , , , , , , , ,				
ž		through 72 (Column (A) must equal line 19						
		line 21)			180,142,864			256,295,219
	I 74	Total liabilities and net assets / fund balance	e Add line	ac 66 and 73	507,817,752	74	I	611,750,489

Part	t IV-A Reconciliation of Reve	nue per Audited Finar	ncial Sta	tements V	Vith Reven	ue per	Return (See
	Total revenue, gains, and other supp	oort per audited financial sta	tements			а	1,966,109,181
b	A mounts included on line a but not o						
1	Net unrealized gains on investments		Ь1	I	3,118,608		
2	Donated services and use of facilities		b2				
3	Recoveries of prior year grants .		b3				
4	Other (specify)						
•	Other (specify)		b4		7,775,730		
	Add lines b1 through b4			.	<u> </u>	ь	10,894,338
с	Subtract line b from line a					c	1,955,214,843
d	Amounts included on Part I, line 12,		• •			 	
1	Investment expenses not included of		Ī	I			
_	6b	on Fait I, ille	d1				
2	Other (specify) 💆						
	other (speeny)		d2		-30,441		
	Add lines d1 and d2		·			d	10,894,338
e	Total revenue (Part I, line 12) Add						1,955,184,402
	d					e	_,,
Part	TV-B Reconciliation of Expe	nses per Audited Fina	ncial St	atements	With Expe	nses pe	er Return
а	Total expenses and losses per audit	ed financial statements .				а	1,889,956,829
b	A mounts included on line a but not o	on Part I, line 17					
1	Donated services and use of facilities	es	b1				
2	Prior year adjustments reported on F	Part I. line					
	20	,	b2				
3	Losses reported on Part I, line						
	20	•	b3				
4	Other (specify) 🏂						
			_ b 4		30,441		
	Add lines b1 through b4					b	30,441
c	Subtract line b from line a					С	1,889,926,388
d	Amounts included on Part I, line 17,	, but not on line a:					
1	Investment expenses not included o	on Part I, line					
	6b		d1				
2	Other (specify)			l .			
			_ d2	1	.0,571,998		
	Add lines d1 and d2					d	10,571,998
е	Total expenses (Part I, line 17) Add d					e	1,900,498,386
Part	director, trustee, or key e instructions.)	tors, Trustees, and Ke mployee at any time dur			(D) Contrib	not comp	pensated.) (See the
	(A) Name and address	(B) Title and average hours per week devoted to position		mpensation nid, enter -0)	employee ben deferred com plan	pensation	account and other allowances
ONE	STATEMENT KAISER PLAZA SUITE 1550L LAND,CA 94612	SEE STATEMENT 0		0			

art V-A Current Officers, Directors	s, Trustees, and Key	y Employees (conti	inued)		Yes	No
'5a Enter the total number of officers, director	s, and trustees permitted	l to vote on organization	n business at board			
meetings		 9				
b Are any officers, directors, trustees, or ke	y employees listed in For	 m 990, Part V-A, or hig	 jhest compensated			
employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
contractors listed in Schedule A, Part II-			·			
relationships? If "Yes," attach a statemen	·			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-			•			
tax exempt or taxable, that are related to				75c	Yes	
organization"		instructions for the de	inition of related	/50	res	
If "Yes," attach a statement that includes	the information described	d in the instructions				
d Does the organization have a written confl				75d	Yes	
Part V-B Former Officers, Director) Other
Benefits (If any former office (described below) during the benefits in the appropriate contacts of the contact of the conta	year, list that person	below and enter the	(D) Contributions to			
(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	employee benefit plans and deferred compensation plans		oense aco ner allowa	
Other Information (Coathe	in a trus a tion and A					T
Other Information (See the		ution If "Van " attails -			Yes	No
6 Did the organization make a change in its activities		ишевин тев, апаспа				.
detailed statement of each change				76		No
7 Were any changes made in the organizing If "Yes," attach a conformed copy of the c		but not reported to the 1	IRS?	77		No
8a Did the organization have unrelated business gross	income of \$1,000 or more duri	ing the year covered by this	return?	78a	Yes	
b If "Yes," has it filed a tax return on Form 9	990-T for this year? .			78b	Yes	
Was there a liquidation, dissolution, termination, or a statement	substantial contraction during t	the year? If "Yes," attach		79		No
Oa Is the organization related (other than by association	on with a statewide or nationwi	ide organization) through con	nmon membership	"		"
governing bodies, trustees, officers, etc., to any otl		, ,	· · ·	80a	Yes	
b If "Yes," enter the name of the organization						
		ether it is 🔽 exempt c	or nonexempt			
Enter direct or indirect political expenditu Did the organization file Form 1120-POL form			5,900	81b	Vas	

D	ANT Other Tofe weeking (southweek)			l age /
	t VI Other Information (continued)	ı	Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue			
	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?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?		103	N.
	,	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
_				
	, <u> </u>			
	Section 162(e) lobbying and political expenditures			
	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			1
g	Does the organization elect to pay the section 6033(e) tax on the amount on line $85f^{2}$	85g		
h	$If section \ 6033(e)(1)(A) \ dues \ notices \ were \ sent, \ does \ the \ organization \ agree \ to \ add \ the \ amount \ on \ line \ 85f to \ its$			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year?	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0			
b	Gross receipts, included on line 12, for public use of club facilities 86b 0			
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0	•		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
00-	· · · · · · · · · · · · · · · · · · ·			
вва	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX			
	, .	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning			
	of section 512(b)(13)? If yes complete Part XI			
		88b		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
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	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons			
	during the year under sections 4912, 4955, and 4958			
	Enter Amount of tax on line 89c, above, reimbursed by the organization			1
е	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?			
		89e		Νo
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		l No
~	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting			<u> </u>
9	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			1
		89g		1
90a	List the states with which a copy of this return is filed - DC,MD,VA			
	Number of employees employed in the pay period that includes March 12, 2007 (See 90b			5,556
_	instructions)			
91a	The books are in care of NATIONAL DIRECTOR OF TAX Telephone no (510)	271-6	385	
	ONE KAISER PLAZA STE 1550L			
	Located at 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		Yes	No
	account)?	91b		No
	If "Yes," enter the name of the foreign country 🛌			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			1

Form 990 (2007)								Page 8
Part VI Other Information (co	ntinued)						Yes	No
c At any time during the calendar ye	ar, dıd the organızatıo	n maıntaın	an office outside	of the United	d States?	91c		Νo
If "Yes," enter the name of the fore	ıgn country ▶							
92 Section 4947(a)(1) nonexempt charit	able trusts filing Form	990 ın lıeu	of Form 1041—Ch	neck here .	 .)	▶ ┌
and enter the amount of tax-exemp	ot interest received or	accrued d	uring the tax year		. 🕨 92			·
Part VIII Analysis of Income-P	roducing Activiti	es (See	the instruction	ns.)				
Note: Enter gross amounts unless otherw	ıse ındıcated.	Unrelated	business income	Excluded by s	section 512, 513, or	514	(E)	
		(A) Business	(B)	(C) Exclusion	(D)		Related exempt fu	
		code	Amount	code	Amount		incom	e
93 Program service revenue								
a MBR HLTH CARE PREM							1,668	,266,409
b SUPPL CHARGE/PHARM	_	621400	129,231				94	,307,697
c NON-PLAN & IND REV							5	,035,883
d OTHER PRGM SERVICE		621400	34,468				13	,916,240
e								
${f f}$ Medicare/Medicaid payments .							157	,856,575
g Fees and contracts from governm	ent agencies							
94 Membership dues and assessmen	ts							
95 Interest on savings and temporary cash i	nvestments			14	8,914,	757		
96 Dividends and interest from secur	rities							
97 Net rental income or (loss) from re	_							
a debt-financed property								
b non debt-financed property								
98 Net rental income or (loss) from personal	property			16	117,	325		
99 Other investment income								
100 Gain or (loss) from sales of assets other	than inventory			18	-425,	955		
101 Net income or (loss) from special								
102 Gross profit or (loss) from sales o	·							
103 Other revenue a INC INT-AFF	ILIATE			14	7,031,	772		
b								
c								
d								
e								
104 Subtotal (add columns (B), (D), ar	· · · ·		163,699		15,637,	899	1,939	,382,804
105 Total (add line 104, columns (B), (**				· · · • _		L,955,1	34,402
lote: Line 105 plus line 1e, Part I, should	•							
Part VIII Relationship of Act								
Line No. Explain how each activity for w of the organization's exempt pu					mportantly to th	ie accor	npiisnm	ent
93 SEE STATEMENT 21	,	<u> </u>	<u> </u>	' '				
Part IX Information Regardi		idiaries	and Disregard	ed Entitie	es (See the i	nstruc		
(A) Name, address, and EIN of corporation,	(B) Percentage of		(C)		(D)		(E End-of	•
partnership, or disregarded entity	ownership interest		Nature of activit	iles	Total incom	ne	asse	•
SEE STATEMENT ONE KAISER PLAZA SUITE 15L	10000	.						
OAKLAND, CA94612	10000	% 0				0		0
00000000	%							
	%							
	%							
Part X Information Regardi	ng Transfers Ass	ociated	with Personal	Benefit C	Contracts (Se	e the		
instructions.)								
(a) Did the organization, during the year, rece							│ Yes	_
(b) Did the organization, during the ye			irectly, on a perso	nal benefit o	contract?	•	Yes	∨ No
NOTE: If "Yes" to (b), file Form 8870 ar	nd Form 4720 (see inst	ructions).						

	a controlling organ	izativii as ueili	nea in section s	12(0)(13)					
.06 [Did the reporting organiza	ation make anv t	ransfers to a conf	trolled entity as o	defined	ın section 512	2(b)(13) of	Yes	No
	the Code? If "Yes," comp						(-,(-,7,-)		N o
	(A) Name and address o controlled entit		Employer Id	B) lentification nber		(C) Description of transfer	A moun	(D) t of trans	fer
	Totals								
								Yes	No
	Did the reporting organiza the Code? if "Yes," comp				as defi	ined in section	512(b)(13) of		No
	(A)		(1	В)		(C)		(D)	
	Name and address o controlled entit		1	lent if icat ion nber		Description of transfer	A moun	Amount of transfer	
		<u>-</u>			+				
	Totals								
								Yes	No
	Did the organization have royalties and annuities de			ct on August 17,	2006 0	overing the in	terests, rents,		
	Under penalties of penjury,	•		rn, including accomp	anying so	chedules and state	ements, and to the bes	st of my kno	w led ge
	and belief, it is true, correct	t, and complete De	eclaration of preparer	(other than officer) i	ıs based (1		any knowle	dge -
ease gn	Signature of officer					2008-11 Date	-13		
ere	DEBORAH STOKES VP,								
	Type or print name and	l title		.			I		
	Preparer's			Date		Check If elf-	Preparer's SSN or PTI	N (See Gen	Inst V
aid repar	signature					empolyed 🕨 🦵			
se nly	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP					EIN ▶		
		55 SECOND STREE	T						
	•						Phone no 🕨 (415) 🤉	163 E100	

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DLN: 93490319025578

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

2007

OMB No 1545-0047

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 Empl	oyees Other Than	Officers,	Directors, and	Trustees
	(See page 1 of the instructions. List each one. If t	here are none, enter	"None.")		

(d) Contributions (e) Expense to employee benefit (a) Name and address of each employee (b) Title and average hours (c) Compensation account and other paid more than \$50,000 per week devoted to position plans & deferred allowances compensation SEE STATEMENT SEE STATEMENT 0 0 0 ONE KAISER PLAZA 40 0 OAKLAND, CA 94612 Total number of other employees paid over 2,281 \$50,000

Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (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		
2990 TELESTAR COURT	HOSPITAL SERVICES	98,429,728
FALLS CHURCH, VA 22042		
WASHINGTON HOSPITAL CENTER		
110 IRVING STREET NW	HOSPITAL SERVICES	55,111,302
WASHINGTON, DC 20010		
HOLY CROSS HOSPITAL		
1500 FOREST GLEN ROAD	HOSPITAL SERVICES	56,043,571
SILVER SPRINGS, MD 20910		
CHILDRENS HOSPITAL		
111 MICHIGAN AVE NW	HOSPITAL SERVICES	24,427,442
WASHINGTON, DC 20010		
MID-ATLANTIC PERMANENTE MEDICAL GRO		
2101 E JEFFERSON ST	MEDICAL SERVICES	380,104,554
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 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
EMPLOYEE BENEFITS CORP		
1410 SPRING HILL ROAD SUITE 301	EMPLOYEE BENEFIT PLN	4,469,884
MCLEAN, VA 22102		
KREMERS URBAN LLC		
13201 COLLECTIONS CENTER DRIVE	GENERIC PHARMACY	1,837,909
CHICAGO,IL 60693		
MT DONAHOE ASSOCIATES		
7160 COLUMBIA GATEWAY DRIVE	SHORT TERM MEDICAL	1,922,529
COLUMBIA, MD 20146		
PLATINUM SELECT		
PO BOX 678064	TEMP SERVICES	883,826
DALLAS,TX 75267		
GROUP BENEFIT SERVICES		
6 N PARK DRIVE SUITE 310	INSURANCE SERVICES	851,688
HUNT VALLEY, MD 21030		
Total number of other contractors receiving over	7	
\$50,000 for other services		

Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	connection with the lobbying activities ► \$ 194,975 (Must equal amounts on line 38, Part VI-A, or line			
	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 Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🕏			
а	Sale, exchange, or leasing property?	2a	Yes	
ь	Lending of money or other extension of credit?	2b	Yes	
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		Νo
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments)	3a		No
Ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
ь	Did the organization make any taxable distributions under section 4966?	4b		Νo
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0			

P	art I	Reason for Non-Private	oundation Status	(See pages 4 th	rough 7 of the	instructions.)	
Icer	tify th	nat the organization is not a private foun	·	•	· ·	ох)		
5	Γ	A church, convention of churches, or	association of churches	s Section 170(b)(1)(A)(ı)			
6	Γ	A school Section 170(b)(1)(A)(II) (A	Iso complete Part V)					
7	Γ	A hospital or a cooperative hospital s	ervice organization Se	ction 170(b)(1)(A)	(111)			
8	Γ	A federal, state, or local government	or governmental unit S	ection 170(b)(1)(A)(v)			
9	Γ	A medical research organization oper	ated in conjunction with	h a hospital Sectioi	n 170(b)(1)(A)(ıı	ι) Enter the ho	ospital's name, city,	
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp			ated by a govern	mental unit		
11a	Γ	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	•		overnmental uni	t or from the ge	neral public	
11b	Γ	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)						
12	▽	An organization that normally receive receipts from activities related to its its support from gross investment incacquired by the organization after Jun	charitable, etc , functio ome and unrelated bus	ns—subject to cert iness taxable incon	aın exceptions, a ne (less section	and (2) no more 511 tax) from l	e than 331/3% of ousinesses	
13	Γ	An organization that is not controlled requirements of section 509(a)(3)		•		•	ise meets the	
		Type I Type II Type	e III - Functionally Int	egrated \Box	Гуре III - Other			
		Provide the following informa	tion about the support	ed organizations. (s	see page 7 of the	instructions.)		
(b) Type of Organization (a) Employer Is the solution Organization (described in lines 5 through Organization		(d) Is the sup organization li supporting org governing do	ported sted in the janization's	(e) A mount of support?				
				12 above or IRC section)	Yes No			
				 				
Tota						•	٠	

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

chedate // (i oi	111 330 01 330 22,2007						ı aye 🕶
Part IV-A	Support Schedule (Complete o	nly ı	fyou checked a	box on line 10, 1:	1, or 12) <i>Use ca</i>	ash method o	f accounting.
lote: You may u	se the worksheet in the instructions for	con	verting from the a	accrual to the cash	method of account	tıng.	
Calendar vear (or fiscal year beginning in)	4	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(a) Total

Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2	003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)						C
16	Membership fees received						(
17	·						
	sold or services performed, or furnishing of	1 026 260 240	1 (02 (20 (04	1 550 661 004	1 27	1 050 010	6,440,528,057
	facilities in any activity that is related to the	1,826,369,349	1,683,639,694	1,558,661,004	1,3/	1,858,010	6,440,528,057
	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	10,407,879	6,641,473	5,887,879	3	4,163,324	57,100,555
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						C
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						C
	behalf The value of services or facilities furnished to						
21	the organization by a governmental unit without						
	charge Do not include the value of services or						С
	facilities generally furnished to the public without						
	charge Other income Attach a schedule Do not include						
22	gain or (loss) from sale of capital assets						C
23	Total of lines 15 through 22	1,836,777,228	1,690,281,167	1,564,548,883	1,40	6,021,334	6,497,628,612
24	Line 23 minus line 17	10,407,879	6,641,473			4,163,324	57,100,555
25	Enter 1% of line 23	18,367,772	16,902,812	15,645,489	1	4,060,213	
26	Organizations described on lines 10 or 11: a Er	nter 2% of amount	: ın column (e), lır	ne 24 🕨	26a		
ŀ	Prepare a list for your records to show the name of	and amount cont	ributed by each p	erson (other			
	than a governmental unit or publicly supported org	anızatıon) whose t	total gifts for 200	2 through			
	2005 exceeded the amount shown in line 26a Do						
	of all these excess amounts			▶	26b		
	Total support for section 509(a)(1) test Enter line	24, column (e)		▶	26c		
	Add Amounts from column (e) for lines 18		19				
					26d		
	_ Public support (line 26c minus line 26d total) _		_		26e		
-	· Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))		26f		
27	Organizations described on line 12: a For amou	<u>-</u>	• • • • • • • • • • • • • • • • • • • •			a "disqua	alified person "
_,	prepare a list for your records to show the name of						
	Do not file this list with your return. Enter the sun			,	•	•	
	(2006) 0(2005)		(2004)	0	(2003)		0
	For any amount included in line 17 that was receiv		· <u> </u>		`	are a list	
•	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		= -		•		
	these differences (the excess amounts) for each y				. (=) (
	(2006) 0(2005)		(2004)	0	(2003)		0
	(2000)	-					
	Add Amounts from column (e) for lines 15		0 16	0			
	17 6,440,528,057 20		0 21	0	.	27c	6,440,528,057
	Add Line 27a total 0	and line 27b tot		0	F	27d	(
	Public support (line 27c total minus line 27d total)		-		>	27e	6,440,528,057
	· Total support for section 509(a)(2) test Enter am		column (e) 🕨	27f 6,49	7,628,612		, ,==,,,=
	Public support percentage (line 27e (numerator) d			<u> </u>	27g	'	99 12 %
-	n Investment income percentage (line 18, column (e			denominator)) 🕨	27h		0 88 %
28	Unusual Grants: For an organization described in li				uring 200)2 throug	

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V	Private School Questionnaire (See page 7 of the instructions.)			
29 Doe	(To be completed ONLY by schools that checked the box on line 6 in Part IV) es the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	er governing instrument, or in a resolution of its governing body?	29	res	140
		29		
	es the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	chures, catalogues, and other written communications with the public dealing with student admissions,			
•	grams, and scholarships?	30		
	s the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
the	period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
tha	t makes the policy known to all parts of the general community it serves?	31		
If"	Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		1		
		1		
		1		
32 Do	es the organization maintain the following	┪		
	cords indicating the racial composition of the student body, faculty, and administrative staff?	32a		
		JZa		
_	cords documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	us?	32b		
c Col	pies of all catalogues, brochures, announcements, and other written communications to the public dealing			
with	h student admissions, programs, and scholarships?	32c		
d Col	pies of all material used by the organization or on its behalf to solicit contributions?	32d		
Ιfν	ou answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
,	ou anonorous tros any or the above, preudo explain (21 you need more space) attach a departure statement,			
		-		
22 -		4		
33 Doe	es the organization discriminate by race in any way with respect to			
		1		
a Stu	dents' rights or privileges?	33a		
b A dı	missions policies?	33b		
c Em	ployment of faculty or administrative staff?	33c		
a Sch	nolarships or other financial assistance?	33d		
ų os.				
F J.		122-		
e = at	ucational policies?	33e		
f Use	e of facilities?	33f		
g Ath	letic programs?	33g		
_				
ь Oth	ner extracurricular activities?	33h		
••				
Tfv	ou answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
11 y	ou allswelled Tes to any of the above, please explain (IT you need more space, attach a separate statement)			
		4		
		4		
		_		
34a Doo	es the organization receive any financial aid or assistance from a governmental agency?	34a		
ь Ная	s the organization's right to such aid ever been revoked or suspended?	34b		
Ify	ou answered "Yes" to either 34a or b, please explain using an attached statement			
,				
35 Do	es the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule A (Form 9			

i Total lobbying expenditures (Add lines **c** through **h.**)

Pa	rt VI-A Lobbying Expenditure (To be completed ONLY					instruction	ıs.)	
Che	ck a if the organization belongs					nd "limited	control	provisions apply
	Limits on Lob	bying Expendi	tures			(a)	-	(b) To be completed
	(The term "expenditures"	means amounts pa	ald or incurred)	АП	liated group totals	°	for all electing organizations
36	Total lobbying expenditures to influenc	e public opinion (g	rassroots lobb	oying)	36			
37	Total lobbying expenditures to influenc	e a legislative bod	y (dırect lobb)	/ıng)	37			
38	Total lobbying expenditures (add lines	36 and 37)			38			
39	Other exempt purpose expenditures				39			
40	Total exempt purpose expenditures (ac	ld lines 38 and 39)		40			
41	Lobbying nontaxable amount Enterthe	amount from the f	followina table	_				
	. •	he lobbying nonta	-					
		0% of the amount on						
		100,000 plus 15% of t		500,000				
		175,000 plus 10% of t	•		41			
		225,000 plus 5% of th		· · · · · •				
		1,000,000	, ,	, ,				
42	Grassroots nontaxable amount (enter 2	•			42			
	Subtract line 42 from line 36 Enter -0	•	than line 36		43			0
				-	44			
		THE TE IS MOTO	than mic 50	-				
	Caution: If there is an amount on either	line 43 or line 44, yo	ou must file Fo	rm 4720.				
		Year Averagin						
	(Some organizations that ma	ide a section 501 (structions for lines					nns bel	ow
	oce the mi	Tractions for innes						
			Lo	bbying Expenditur	es During 4	-Year Aver	aging P	eriod
	Calendar year (or		(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) 🕨		2007	2006	2005	2	004	Total
45	Lobbying nontaxable amount							
	, 5							
46	Lobbying ceiling amount (150% of line	45(e))						
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
40	Grassioots nontaxable amount							
49	Grassroots ceiling amount (150% of l	ne 48(e))						
	<u> </u>							
50	Grassroots lobbying expenditures							
Pa	rt VI-B Lobbying Activity by							••
<u> </u>	(For reporting only by or						<u>ne instr</u>	ructions.) 🕏
	ing the year, did the organization attemp impt to influence public opinion on a legi		,	,	cruuriig any	Yes	No	A mount
а			,	3			No	
ь		mpensation in expe	enses reporte	d on lines c throual	n h.)	Yes	+	
c	Media advertisements		F		•		No	
d	Mailings to members, legislators, or t	ne public					No	
e						Yes		
f	Grants to other organizations for lobb	ing purposes				Yes		22,447
g	Direct contact with legislators, their s	taffs, government	officials, or a l	egislative body		Yes		170,438
h	Rallies demonstrations seminars co	nventions speech	as lacturas o	rany other means		Yes		2.000

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

194,975

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

			age 12 of the instructions.)				
		•	, , , ,	with any other organization descr		sectio	n
				7, relating to political organization	ns? r		
		g organization to a no	ncharitable exempt organization	ř	=4 (1)	Yes	No
• •	Cash				51a(i)		No
• •	O ther assets				a(ii)		N o
_	transactions	· 6 b b					NI -
			naritable exempt organization		b(i)		N o
		from a noncharitable	· •		b(ii)		No No
	•	quipment, or other as	sets		b(iii)		N o N o
	Reimbursement arrai Loans or loan guaran	-		-	b(iv) b(v)		No
			r fundraising solicitations	-	b(vi)		No
			er assets, or paid employees	-	c C		No
] mn (b) should always show the faı		t vəlu	
				zation received less than fair man	Ket valt	ue III a	iriy
transa	Ction or snaring arrar	igement, snow in colu T	imn (d) the value of the goods, of	her assets, or services received			
(a)	(b)		(c)	(d) Description of transfers, trans	actions	. and	sharına
Line no	A mount involved	Name of noncha	arıtable exempt organızatıon	arrangemen		,	
	-	•	with, or related to, one or more	· · · · · · · · · · · · · · · · · · ·	_	V	
			nan section 501(c)(3)) or in sect	ion 52//	ı	Yes	✓ N
D IT Yes	s," complete the follow	wing schedule	T				
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of relat	uonchin		
	Name of organiza	311011	Type of organization	Description of relati	.ionsinp		

KAISER FOUNDATION HEALTH PLAN OF		THE MID AT LAND	STAN, E	***************************************	52-0954463	9
FORM 990 TAX YEAR 2007						
5	STATEMENT OF FIXED AS	FIXED ASSETS AND DEPRECIATION	X S S S S S S S S S S S S S S S S S S S			
FORM 90	FORM 990 PART IV, LINE 57 - LAND.		AND EQUIPMENT			
PART II, LINE 42	LESS ACCUMULATED DEPRECIATION AI I, LINE 42, COLUMN (B) - DEPRECIATION	AND AND AND AND	AMORTIZATION: AND ID AMORTIZATION EXPENSE	in and a second		
		1000		# C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2007	
	SEGINNING	4002	BEGINNING		DEPN/AMORTN	ZYZ
	2 %	Y	OF YEAR	XEAR	EXPENSE	m m
LAND	\$ 43,438,284	\$ 42,385,111		·	us.	, !
LAND IMPROVEMENTS	\$ 587,156	\$ 587,156	336,162	\$ 423,529	6 9	24,367
BUILDINGS	\$ 218,284,304	\$ 217,610,916	\$ 108,389,249	\$ 116,846,349	43	8,480,830
BUILDING IMPROVEMENTS	\$ 44,505,890	\$ 55,468,042	\$ 22.683.878	\$ 20.716,020	800	4,032.142
LEASEHOLD MAPROVEMENTS	\$ 24,850,943	\$ 44,026,809	\$ 29.299.791	\$ 33,977,089		4,677,298
MEDICAL EQUIPMENT	\$ 98,862,156	\$ 93,110,608	\$ 78,174,462	ى ا	65	6,255,402
COMPUTER EQUIPMENT	\$ 7,613,581	\$ 7,745,114	\$ 7,550,924	\$ 7,559,805	ses.	8 8 8 8 8
CAPITALIZED SOFTWARE	\$ 23,380,141	\$ 23,360,141	\$ 21,800,383	\$ 22,401.879	W	601,495
CAPITALIZED LEASES	5/3	,	, 63	•	W	ì
TELECOMMUNICATIONS EQUIP	\$ 21,389,417	\$ 19,256,457	\$ 24.245,952	\$ 18,753,648	₩3	211,565
CEHIOLES :	\$ 2,709,978	\$ 2,892,985	\$ 2,797,254	\$ 2,490,497	***	193,243
FURMITURE AND FIXTURES	\$ 138 \$ 138 \$ 138 \$ 1	\$ 12,588,634	\$ 13,923,757	\$ 11,758,889	*	40,40,40,40,40,40,40,40,40,40,40,40,40,4
CONSTRUCTION IN PROGRESS	\$ 17,502,164	\$ 5,730,221	***************************************		***	*
774 A & 40		***		- }		
PART IV, LINE 57.6.)	\$ 528,340,519	\$ 525,769,224				,
PART IV, LINE (7/18)			. \$ 303,744,812	\$ 340,407,262		
PART IV, LINE 57(C)	\$ 224,535,707	\$ 215,352,958			:	
PART II, LINE 42 COLUMN (B)	***************************************				€8 	28,940,134
					7162388327872	28.77 0.0

TY 2007 Cash Grants Paid Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Class of Activity	Recipient's name	Address	Amount	Relationship
	SEE STATEMENT		2,018,159	

TY 2007 Other Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Beginning of Year Amount	End of Year Amount
SECURITY DEPOSITS	50,000	0
STATUTORY DEPOSITS	1,786,956	892,530
DUE FROM AFFILIATED ORG	0	26,909,959
DEFERRED DEBT ISSUE COST	132,136	116,591
OTHER CURRENT ASSETS	1,545,000	1,145,540
OTHER LONG-TERM ASSETS	0	1,412,300

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TY 2007 Other Changes in Net Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Amount
CHANGE IN PENSION & OTHER RET LIAB	18,347,731
NET UNREALIZED GAIN ON INVESTMENTS	3,118,608

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TY 2007 Other Expenses Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Amount
FIXED ASSET LOSS - RECLASS	30,441



TY 2007 Other Expenses Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Amount
BAD DEBT EXPENSE - RECLASS	10,571,998

TY 2007 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	25,986,066	0
SELF-INSURED RISK - PROF & PUBLIC LIAB - ST	8,253,960	6,954,000
SELF-INSURED RISK - PROF & PUBLIC LIAB - LT	48,441,876	40,892,998
MEDICARE COST REPORT RESERVE	1,690,029	18,181,621
PENSION & POST-RETIREMENT BENEFITS	82,465,684	70,099,495
OTHER CURRENT LIABILITIES	1,360,243	1,276,556
OTHER LONG-TERM LIABILITIES	2,863,443	3,602,210

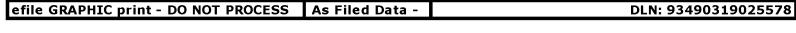
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TY 2007 Other Revenues Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Amount
BAD DEBT EXPENSE - RECLASS	-10,571,998
RETIREMENT LIABILITIES	18,347,728



TY 2007 Other Revenues Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Description	Amount
FIXED ASSET LOSS - RECLASS	-30,441

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Item No.	1
Name of Issue	
Purpose	SERIES A MARYLAND HEALTH AND HIGHER EDUCATION
Amount Outstanding	13015451
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2007 Non Electing Public Charities Statement

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

EIN: 52-0954463

Statement: STATEMENT 18

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490319025578

TY 2007 Self Dealing Statement

Name: KAISER FOUNDATION HEALTH PLAN

OF THE MID-ATLANTIC STATES INC

Line Number	Explanation
2a	SEE STATEMENT
2b	
2c	
2d	FORM 990, PART V

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	18,151,313	18,151,313		
b OTHER INSURANCE	43b	3,283,891	3,283,891		
c DUES & SUBSCRIPTIONS	43c	1,148,220	1,087,517	60,703	
d BUSINESS LICENSE & TAXES	43d	1,784,082	1,720,918	63,164	
e PROPERTY, SALES, INC TAXES	43e	4,155,699	4,155,699		
f STATE PREMIUM TAX	43f	787,500	787,500		
g EMPLOYEE DEVELOPMENT	43g	1,904,455	1,798,387	106,068	
h EMPLOYEE RELATED EXPENSES	43h	2,019,772	1,876,852	142,920	
i EMPLOYEE RELOCATION & PD PARKG	43i	12,822		12,822	
j INTERREGIONAL CHARGE	43j	49,798,559	47,553,396	2,245,163	
k INFORMATION TECHNOLOGY SERV	43k	97,287,351	72,769,874	24,517,477	
I PURCHASED MEDICAL SERVICES	431	321,129,624	321,129,624		
m PURCHASED NON-MEDICAL SVC	43m	34,186,731	13,088,477	21,098,254	
n BANK SERVICE CHARGES	43n	3,072,795		3,072,795	
o BAD DEBT EXPENSE	43o	10,571,998	10,571,998		
p ADVERTISING & MARKETING	43p	24,998,957	68,422	24,930,535	
q BASIC CONTRACTUAL PAYMENTS	43q	588,891,686	588,891,686		
r SMALL TOOLS, EQUIPMENT	43r	1,911,657	1,911,657		
s MISCELLANEOUS EXPENSES	43s	11,061,779	9,800,164	1,261,615	

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

TY 2007 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
2007			1,826,369,349	10,407,879					1,836,777,228
2004			1,683,639,694	6,641,473					1,690,281,167
2003			1,558,661,004	5,887,879					1,564,548,883
2002			1,371,858,010	34,163,324					1,406,021,334

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES FORM 890, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME ADDRESS	relationship to substantial contributor and Foundation Status of Recipient	PURPOSE OF GRANT OR CONTRIBUTION	AMONINT
American Cancor Society 11331 Amherst Averuse Silver Spring, MD 20902	N/A 509/a)/1)	Event Support - Ralay for Life	\$5,000 00
American Diabelesi Association 1025 Comeditor/ Ave., NW, Surte 1005 Washington, DC 20030	1VA 506(a)(1)	Event Support/Caddac Invitational Benefit	\$5,000.00
American Diabetes Association	M/A,	Support campaign to prevent Type 2	\$10,000.00
800 Wyman Pork Dr. State 110 Batonore, MD 21211	509(a#1)	diabetes	
American Lung Asscoation of Maryland, Inc 11350 McCornick Road, EPI, Ste 600 Hunt Valley, MD 21031	N/A 508(a)(1)	Project Support for Camp Superkids (needy kids with asthma)	\$5,000 00
Anne Anurdel Medical Center Fdn 2001 Medical Parkway Sajak Pavlinn, Ste 240 Anrapolic, MD 21401	N/A 509(a/1)	Event Support for 2007 and AAMC 08 Soring Gala	\$10.000 00
Arington Proe Clinic 3833 North Ferfax Drive #400 Arington, VA 22203	N/A 509(e)(1)	General Operating to provide unisured access to medical specialists	\$40,000.00
Associated Black Chanties 1114 Catherral Street Baltmore, MD 21201	N/A 509(a)(1);	Project Support for childhood obesity efforts	\$25,000.00
Black AIDS Institute 1833 W Egnth Street, Sto 200 Uns Argeles, CA 90057	N/A 506(a)(1)	Project support for develop a plan to address the HIV/AIDS epidemic among black youth in DC	\$10,000.00

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES FORM 980, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	38	
recipient name Address	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT	**************************************
Black, Lesbien, and Cay Pride Day, Inc. 1325 Mass, Ave. Suite 800	NA 50919.(1)	Event Support of DC Blank Pride Festival	\$5,000.00
Mestington, p.C. Maure Bread for the City, Inc. 1525 7th Street, NVV	NA Sova(1)	General Operating for ortimary medical care	\$75,000.00
Chase Brexton Health Services, 1001 Cathedral Strent Bahmore, MD 21201	N/A 50%e){1}	Project Support for improve access to apecially care for uninswert patients	\$50,000 00
Christ House 1717 Co'umbla Road, NV/ Washington, DC 20008	803(8)(1)	Project Support for medical services	\$10,000,00
Columbia Road Health Sarvices 1850 Columbia Road, MV Washington, DC 20009	MA 50%(a)(1)	Quality Improvement Project	\$50,000,00
Community Ministries of Rockville 114 West Mongomery Avo Rockville, MD 20860	NA Sobial(1)	Event Support of Biennadi Gala	54 4 30 00
Consumer Health Foundation 1400 20th Street MW, Ste 710 Washington, CC 20036	14.K 505/3/1}	Project Support for Primary Care & Northe VA Health Services Coalithins	\$30,000,00
Copper State University	**************************************	Project Support for Sil Frances Academy	\$72,045.00
2500 West Narth Kvanjo Ballmore MD 21216	50%(a)11)		
Domestic Violence Center of Haward County, the 5457 Twin Kridiille Road,Ste 310	N/A 509/8#17)	Support for Hope Gala	\$14,200.00

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME ADDRESS	Kelationship to substantial contributor and Foundation status of recipient	PURPOSE OF GRANT OR CONTRIBUTION	A
Columbia, MD 21045			4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Energy Institute of the Healing Art.	M.A.	Support for 3rd Annual Health Conference	\$10,000 00
12911 Woodmore Rd Mitoreliville, IdD 20771	508(a v/1)		
Fairfax County Office of Pertnerships 12000 Government Ctr Prwy #432, Ste 432 Frantex, VA 22035	N/A 509(a)(1)	Evert Support for Walk of Fame Gala	\$15,000.00
Food & Friends, Inc 219 Riggs Rd, NE Washington, DC 20011	N/A 508/9/17	Event Support	\$10,000.00
Frederick Ckumy Health Dept. 350 Monfevue Lane Fraderikk, MD 21702	14/A 7(K(e)/1)	Support for Access Program	\$50,000 00
George Mason University 440/1 University Drive Fairfax, VA 22030	MA 863(a)(1)	Support 2007 & 2008 Health and Fitness Expo	\$42,484.00
Greater Baden Modical Services inc. 9440 Pennsylvania Ave #100 Upper Marboro, MD 26772.	87.A 506(a)(1)	Support to imprave access and quality of care	\$70,000 00
Greater Baltimo: e Medicoi Center Foundation 6701 North Charles Street Baltinore, MD 21204	N/A 508(a)(1)	Event Support/Colf and Tennis Classic	\$5,000.00
Holy Cross Hospital 1500 Forest Glan Road Salver Spring, MD 20910	M/A 508/04(1)	Project Support/Senior Fit Program, Event Support/Aimual Fundraising Galia	\$86,400 00

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES

\$9,500 00

Event Support/14th Annual Symphony of

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

\$5,000,00

Donation for the 25th Edition. Emergency

Food, Shelter, and Healthcare Directory

Support for Harvest Ball

\$7,050.00

\$50,000,00

Support for Chritisi Services Program

\$66,000,00

General Operating for medical care

\$84,225.00

Support DC Kies Program; Event Support

for Prematurity Summit, Corporate

2700 South Quincy Street

Washington, DC 20001

Dekland, CA 94607

517 Fourth Street Sprints 4 kilds

224 Comwall Street, NV

Leesburg, VA 20176

Washington, DC 20009

La Clinica del Pueblo

2821 15th St NW

Confillation of Walkathon

Program expansion into Baltimore

\$20,000.00

\$5,000.00

Event Support/10th Anniversary Gala

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT 509(a)(1) 509(a)(1) 509/33/1 509/ex(1) 509(8)(1) 509(a)(1) 509(a)(1, 509(a)(1) 4/4 X/X 8/N 7/2 14/4 X.132 8//8 W.// Summit Health Institute for Research & Education. March of Dinnes of the National Capital Area Internant Comerence of Metropolder Loudoun Community Health Center 10705 Charter Prive, Suite 450 8110 Gatehouse Rd. Ste 200E 1426 Ninth Street, NW, 2nd Fil 440 First Street NW. Suite 440 Suite 220 Admigton, VA 22206 Washington, DC 20001-3330 Howard Hospital Foundation PACVA Hoalth System Edn.

Falls Church, VA 22042

Columbia, MD 21044

RECIPIENT NAME

ADDRESS

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STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	ŭ.	
RECIPIENT NAME ADDRESS	and Foundation Status of Receptent	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
The Skillsource Group, Inc. 8300 Boone Blvc, Suite 450 Vienna, v.A. 22182.	N/A 309(a.r.t.)	Project Support to expend classroom terching/haiming of RN in No. VA	\$60,000,00
The Center for Multicultural Human Services 701 Broad Streat, Suite 305 Falls Church, 7A 22046	N/A 309/a.f/1)	Event Supportivo Are America Now awards event	\$10,000,00
The District of Columbia Primary Caro Assoc 1411 A. Sheet NW, Suite 1200 Washington, DC 2000s	MA 504(a)(1)	Project Support for medical homes in DC and health care reform, Event Support/10th Alinual Meeling	\$109,640.00
Prince George's County Health Dept 1701 McCommick Drive Largo, MD 20774	N.K. 509/81/1	Support for Outragon Project	\$50,000,00
Total Health Care Inc. 1501 Crusion Street Baitmore: MD 21217	NA MA (1)	Support for Access to Care	\$43,000.00
Southeastern University 501 I Street, SW Washington, DC 20024-2788	M/A 509:a#1)	Support for scholarships & outheach	\$25,000 00
The National Center for Black Philanthropy 1828 L. Street NW, Suite, 100 Westimpton, DC 20038	N/A 509(a)(1)	Support for 6th Narional Conference	\$10,000.00
Montgamery County, Business Poundiable for Education, Inc. 451 Hungerford Drive #1978. Porkville, MD 2085)	NIA Stradity	General Operating/Improve student learning and achievement	\$10,000 00

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME ADDRESS	relationship to substantial contribilition and Foundation status of recipient	Mic	3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Providence Health Foundation 1150 Varioum Sheet, NE Washington, DC 20017	MA 509(a)(1)	Donation to Foundation	\$12,000.00
Naturial Ovarian Concor Coalinon Inc. 318 Center Sirem NW Vienna, VA 22180	N/A 50812M11,	Evant Support/Yalk for the Whisper	\$7,500,00
Hispanic College Fund Inc. 1717 Pennsylvania Ave, IVV V/ashington, D.2 Z0006	14/A 509/a/F/1	Support scholeretto program/sympoxium	\$50 (100,00
NCVA Scripts Central, Inc. 23/10 Optic Blvd Wacdbirdge, VA 22191-3311	N/A 509/aj/1)	Phermacy Project Support	\$50.000.00
Junior League of Baltimore P.O. Box 11008 Baltimore, MD 21212	M/A 603(a)r1)	Event Sponsorship/Kids in the Kitchen	\$10,000 00
Network 2000, Inc 203 Turtioback Crurt Rising Sun MU 21911	WA 500/ex11	Wonen of Excellence Lunch	\$10,000.00
St. Agnee Foundation 906 Cetun Ave Battmore, MD 21229-5201	N/A 503(a)(1)	Event Support/Spring Gala for 2008: Event Support/Cartos Spring Gala	211,558.00
The Community Foundation of the National Capital Region. 1201-15th Street, NW, Ste 430 Washington, DC 2/4/05	MA Somerie	Contribution to the Kaiser Permananta Donor Advise Fund	\$180,000 00

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

recipient name Address	RELATIONSHIP ID SURSTANTIAL CONTRIBUTOR AND FOLMDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBITION	
United Way of Central Maryland, Inc. 100 South Charles Street, 5th/l Bahmore, MD 21203	NIA. 509(a)(1)	Corporate dunation, Region Employees Grying Campaign	\$10,000 00
United Way of the National Capital Area 8391 Old Courthwise Rd, #200 Vienna, VA 22182	M/A 508(aX1)	Corporate donation, Region Employee Owing Campaign	\$10,000 00
Unity Health Care, Inc. 3020 14th Street Suite 400 Washington, DC 20009	14.A 50% a)(1)	Support for nealth droparties, project	\$50,000,00
Vignia Departnord in Health 1 Hamson St, SE Leasburg, VA 20177	84.A 509(a)/1)	Support to improve malernity care	\$52,226,00
Virginia Health Care Foundation 1(0) East Bruad Street #445 Pichmond, VA 20219	N/A 509(a)/1)	increase access to care for uninsured	\$50,000,00
Washington AIDS Parteiship 1400 16th St. NW, sulle 740 Wachington, DC 20036	N/A 508(a)/1)	Support Youth HIV Prevention Project HIV Prevention and Adovacy	\$80,000 oc
VAHP PAC Chantable Fund 111 East Main St. Suite 010 Richmand, VA. 23219	N/A 809(a)(1)	Cora aparating	\$16,000.00
Woshington Grantmakers 1400 16kn Street, NVV Suito 74th Washington, EK 20003	14.A 509(a.M.1)	Conference Support/Leadership Summit Support Annual Maeting	\$70,000.00
Washington Huspital Conter 110 Irving Street, NW Washington, DC 20010-2975	10.4 509(a.ht.)	Event Support/Golf and Terms Classic	\$10,000.00

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	₩	
recipient name address	AND FOUNDATION STATUS OF RECEIPENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
Whitman-Walker Clinic 1407 S Street, NW Washington, DC 20009		Project Surportintegrated Comprehensive Medical and HIV Care	\$60,000.00
Small Dollar Crants (Detail Available Upon Request) KFHP, Inc (c/o National Tax Department) One Kaiser Plaza 1550 <u>L</u> Oakland, CA 94612	NIA Urrelated public chentres	Support of each organization's mission	\$50,804,00

\$2,018,159.00

TOTAL CONTRIBUTIONS PAID

		. ,	Purpose of Unexpended Facility and party (*)? The Issuance Bond Proceeds (Year or Mo) (Year or Work	S S
			31	156 grupses
fid-Atlantic States			Baginning	13.245.845
Kaiser Foundation Health Plan of the Mid-Atlantic States FEIN: 52-0954463	Year Ended: Decamber 31, 2007 Federal Form 990 Part IV, Balance Sheet	Line 84a, Tax-Exempt Bond Liabilities	Description	* 10% Servit & Mary3rd Health and Mutra Eurogian **Cother than a governmental unit of 507((X2) sugar

Kaser foundation health flam of the Mid-Ailantic States, MC. Si-0054463 12/31/2007

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KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC. 52-0954463 12/31/2007

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Victoria B Zatkin	4 4 7%	2 C C C C C C C C C C C C C C C C C C C		DOMESTIC CONTRACTOR OF THE PROPERTY OF THE PRO	3
		780'8:7	64,104	\$2000 \$2000 \$4000	c

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

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 pan 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 Foundstion Health Plan, Inc. Program Office Controller's Department One Kaisor Piaza, Suite 15L Ordwhy 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. Somet 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-nek 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 creas of quality of member care and service, financial soundness, and the community and social mission of the organization.

Note #4 - Componsation, benefit plan contributions and reimbursement for certain expenses icoffectively referred to as "compensation") of Directors, Officers and Key Employees are paid by Kaiser Foundation Health Plan, Inc. (Health Plan) [04-1340523] as common paymaster and disbursement agent for the participating member organizations of KFHP/H. Certain Directors, Officers and/or Key Employees, perform services for several of the KFHP/H member organizations.

Some of the amounts shown as Compensation were actually earned in years prior to 2007. This compensation is offectively 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 manualle that significant amounts of compensation are double-counted in both 2006 and 2007. For instance, column C1 includes distributions from retirement, savings, and deferred compensation plans that were earned in prior years, and column D2 includes incentive payments scheduled for 2008 for parformance goals achieved in 2007.

Note #5 - The Organization offers various benefit plans, both qualified and non-qualified. Antong the benefits offered to the officers listed on Form 990. Part V-A line 75 r 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 wolfare benefit plans. Included in Benefits reported for this purpose are the value of the airculation for Iributions to Plan B, TSA, CAP, and certain health and welfare benefit plans. Estimates for 2007 accruals for future benefits under Plan A are included in column 01.

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

For other benefit plans available to executives which provide future benefits earned during 2007 (where the specific amounts are available and determinable by the time this tax report is filled), the amount is included in the Benefits column D1 reported in this return. Amounts reterminable 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 plans accounts that were previously enmed.

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 or. Part V. column D. However, when the retiree benefits are actually paid, they are reported on Part V-8 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 conforences are not included here. These items are reimbursed on an accountable plan basis, consistent with policies and procedures bosent on prudent fiduciary responsibilities and standards. The policies under which these individuals account to the payer meet the substantiation requirements of Internal Revenue Code Section 274. This reporting includes taxable moving and relocation reimbursements and allowances.

Note #7 - The average weekly time spent by Board members on the organization's affairs during 2007 is estimated to be 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 and will work on various entities within the program.

STATEMENT 13

TAXABLE ENTITY RELATIONSHIPS KAISER FOUNDATION HOSPITALS AND HEALTH PLAN INC.

EMPLOYER TAX ID #	ENTITY NAME		Purpose of Forth
KAISER FOU	KAISER FOUNDATION HOSPITAL SUBSIDIARIES (TAXABLE);		
91-3745175	Kaiser permanente biternational	î safisi	An international consulting company
94-2158347	MP ONGALL, LLC	TC TC	Owns & operates nuise lelemedicar e services call conter
KAISER FOU	KAISER FOUNDATION HEALTH PLAN INC., SUBSIDIARIES (TAXABLE):		
64-3113684	Kaicer Pepmanelite Health alternatives	1,00,1	Provides dental plans and Point of Service medical plans in Westhington state to groups/individuals.
34-3254432	Muser Profestes services, Mc	3,42,5	Hulds a CA real estate Incherage Incense
34-3203402	KAISER, PERMANENTE MSURANCE COMPANY	17421	Insurante company offering Indemnty penelit plans
03-0228780	OAK TREE ASSURANCE, LTD.	Ž	Capitre insurance numbeny to insure workers compensation & auto insurance soverage
81.2171881	LONAHI ASSURANCE LTD	T,soi	A paptive insularios company in insure and secure remsurance for property & casuality risks
	GROWAY INTERNATIONAL, LTD	1761	A holding sompany to provide offshore risk management scals.
	ORDWAY INDEMNITY, LTO	7.25	źn offshore company used as a nak management tool.
91-1614507	CHP COMPAURES, INC	TX CO	Holding company, sole-nember of CHP is an inective health plan in New York,

KAISER FOUNDATION HEALTH PLAN MID-ATLANTIC STATES, INC EMPLOYEE COMPENSATION FOR FORM 990 REPORTING PURPOSES FOR TAX YEAR 2007

	TOP FIVE FMPLOYEES	22		·			
NAME CARRIE HARRIS-MILLER	TILE	MOURS 868 MB 7	COMPENSATION HOURS PRE-2307 899 000 7 400 7 7 7 7	COMPENSATION 2087 2087 2087 2087 2083 2083 2083 2083 2083	8ENEFITS 2007 \$60 noves 3,4 X 5	(D2) 8E.NEFITS PAID 2308 500 Notes 7 4 8 5	EXP ACCT/ OTHER ALLOW.
KENDALL HUNTER	d'y	40	81,526	362,107	722.49	197,385	a w
KAY LEWIS	ď.	97	119,564	178,483	137,993	57.874	బ
Deanne Petersen	å,	Or	40 000	265 4116	807'80	\$5.2.37	æ
THOMAS CURTIN IR.	άλ	Or.	35,000	410,027	74535	353 30R	¢

NOTES: See Statement 12 for notes applicable to the above reporting.

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

FEIN: 52-0954463 December 31, 2007

Schedule A, Part III, Question 2a:

Kaiser Foundation Health Plan of the Mid-Atlantic States (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. Many of the officers of KFHP are also officers of KFHP, Inc. and KFH, KFHP, KFHP, Inc. and KFH are operated as separate charitable corporations. See **Statement 19** for a list of tax-exempt 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 2007, 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 19**. KFHP relationships with such organizations are conducted on a fair market value hasis.

Schedule A. Part III, Question 2b:

Statement 23 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 2007. KFHP did not engage in the lending of money or other extension of credit with any of these persons in 2007. KFHP, Inc. has a program that provides loans to relocate executives. **Statement 12** provides information regarding officer and key employee loans made by KFHP, Inc. as disclosed in the KFHP, Inc. 2007 Form 990. Part IV Part IV and Schedule A, Part III, question 2b.

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

FEIN: 52-0954463 December 31, 2007

Based on the COI questionnaires for 2007, **Statement 17A** lists non-affiliated taxable organizations which did business with KFHP in 2007 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 2007. Based on a review of COI statements for these directors, officers and key employees for 2007, Statement 17A 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 2007. KFHP did not engage in the furnishing of goods, services, or facilities with any of the persons in 2007.

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 13** generally describes the transactions between KFHP and those entities.

Based on the COI questionnaires for 2007, **Statement 17A** lists non-affiliated taxable organizations, which did business with KFHP in 2007 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. **Statement 17A** also provides a general summary of the transactional relationship (if arry) 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.

KAISER FOUNDATION HEALTH FLAN OF THE MID-ATLANTIC STATES, INC FEIN, 52-0954463 December 31, 2007

FORM 990, SCHEDULE A. PART III

TAXABLE ORGANIZATION FAMILY RELATIONSHIPS

NAME	NON-AFFILIATED TAXABLE ORG	TRANSACTIONAL RELATIONSHIP	FAMILY RELATIONSHIP
KATHRYN LANCASTER	TOP LIER CONSULTING	IT CONSULTING SERVICES	SIBLING BENIFICIAL BUSINESS OWNER
STEVEN ZATKIN	APLEN GROUP	BENEFITS CONSULTANT/BROKER	in-law
VICTORIA ZATKIN	ARLEN GROUP	BENEFITS CONSULTANT/BROKER	IN-LAW
CHRISTINE MALCOM	CONSULTANT	CONSULTING SERVICES	SPOUSE

KAISER POUNDATION HEALTH PLAN OF MID-ATLANTIC STATES, INC.

TIN: 52-0954463 DECEMBER 31, 2007

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 Loundation 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 cuacted 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
 modical care services to its members in a cost effective environment.
- Providing appropriate informational materials to legislators and to their statis 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 legislaturs 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.

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC 52-0954463 DECEMBER 31, 2007

nerember 31. vac.

ATTACHMENT FOR: FORM 890 PART VI, QUESTION 80 - RELATED AND AFFILIATED ENTITIES

Kaiser foundation health plan, inc. and kaiser foundation hospitals, calforaia hot-for profit corporations, freept from income tax under internal reverse code section 50 (10)31, hav4 a controlling or affiliated interest in the following corporations as of december 31, 2007

employer 10 s	BMASS YHTHS		DIRECT & INDIRECT & CONTROLLED BY KEHP INC

Subeidiary i Kealth Plan	entities that are cymed direc); y or indirectly by Kaiser Foundation ((NC , That are also exempt from Ffdebal Income tax under Inc 301(CV3)		
EC 4.796049	KABER FOUNDATION HEALTH PLAN OF THE NOR TRAVEST		1.661
7888 ×5.43	CONTROL FOR ALL REAL REPORTS OF THE SERVICE OF THE		v (K·
88-1580(00)	war "r poerpator asa in placof leopois inc.		1183 ⁸ %
52 4554463	KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC		.99%
\$24C38G4	RAISER FORTE AREA HEALTH FLAN OF CHIC		353 %
23.2425-53	COMMUNITY HE GLIF PLAN		±69.
\$4.3 (991).3	PAREK BEALTHP AVASSET MANAGSMENT, INC.		10.3%
Sec. 25 336.3	KAISER HEALTH ALTERMATINES		.69,
92-12331 3	CAMP BOWE SERVICE OF RESP		200
93 0480,553	े वर्ष		45,00
91-11-1891	133 3199N 232 (14AC)		110
: UBSIDIARY I	ENTITIES THAT ARE OWNED DIRECTLY OR WOIRECTLY BY KAISER FOUNDATION		
HE AL DH PLAN	4, BHO THAT ARE TAXABLE FOR FFIDERAL AND STATE INCOME TAX PURPOSES:		
03-0329266	Lak Tree ass may filth		13718
3447.1864	RAISER PERMININTE HEALTERNATIVES INC		1.4 %
38 0709 832	KAISER PROTEKTES SERVICES INC.		3000
82 18 14 707	CAR COMPANIES NO		364.07
	IDATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING ENTITIES EXEMPT AL INCOME TAX UNDER INC SECTION SHIPT(X). FLASER FOLEFIATION FOLEFTALS FLASER HOSERIATS ASSET MANAGEMENT INC	77.1 72.1	A18 A18
4-500000	Constitute Order of the second statement of	(
Kniser four Entitles tha	idation health plan, me he affiliated with the following It are not exempt from federal income tax:		
98 3243176	Park Land Arth Arthur A	1.3	N: 6
81 3 68341	FE ONCALL, LLC (Picased to be treated as a phasegorated entity by the removes)	1.1	22.5
20 07/19742	ARCHIMEDES, INC	16.1	8.4
72-3324385	HEALTH CARE MANAGEMELT SINCETONS CCC	*(3)	A'A
94 3 3334 1.1	MAISSER PERMANUL ATE INISUNANCE COMPANY	253	50%
¥.4	form the entire that the consideration of the beautiful of the major of the artiful and the same	1,24	8314
2 773481	Construction for the modern expension of the construction of the c		3, , 6
NOTE YO	KAISER EXUNDATION HOSPITALS, A CAL FORMIA NOT LIGH HIGH LIGHTIGHT ON, EXEMPT PROGRADODE TACLINDER, THE PRIMISIONS OF INTERNAL REVEN IS COPE 937 TROY SOTIOTICS STANCES A CHARLON SOARD OF PARECTORS WITH KAISER FOURTH TON REALTH FEAR, INC.		
40 BE 4(2)	THE SE ENTITES ARE QUESCUBRIES OF NA SER FILENDATION HOSFITALS		
\$016 7(3)	KAISEB PERMANENTE INSUBANCE COMPANY IS A INTURE LINE TO US. ACCIUENT AND HUACH INSUBANCE COMPANY OF SOMED ICON DE THE POREURED STOLE IND LONGETHE COMMONICTOCK ARE OWNED BY KAILLIE OWNEA RIMHEALTH ROMINO THE REMAINING FOR DE UNIONA STOCK IS INMED BY NON AFFIRMED O PRICIALS TRACTICE CROUPS		

THE COMMON ADORESS FOR ALL ENTITIES LISTED ABOVE IS.

COUNTERFORM CONTROL FROM NATION - 145 COME RABBER PLAZA (1970) CREWAY CARLANG, CA BARS.

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC FORM 990 TAX YEAR 2007

EGEM 992 PART LLINE S.C GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

DESCRETION	DATE & HOW ACORD	DATE SOLD (NOTEST)	SALES PRICE	COST/ EXPENSE OF SALE	ACCUM DEPR	GAIN OR (LOSS)
GAINS (LOSS) FROM SALE OF INVESTMENTS						
Pulmary Tracked Securities	Various	11/31/07	985,870,E89	232 757 458	Q.	328,791
Octobally Triached Securities	Varsus	15,37.01	39,258,118	\$0,171,212	9	-913,097
Local Gain (Loss) from Investments			272,336,864	272,978.719	3	-893 386
GAIN (LOSS) FROM SALE OF DISPOSAL OF FIXED AS	SETS					
cand	04/05/90	06:30/07	259,576	83.283	5	196,292
Mode of Equipment	Vacous	12/31/07	540	υ	9	560
Jitris Sound Equipment Refirement (Med Equip) Physical Taylongry - Bulletings (7400)	11/30/02 Varraus	10169 800087	್ ಕ	13 1.40 3 338	11,873	(1,319)
Poyercal Inversory - Made a bouspinent (2448)	Vanous	Vanws	ō	14 933 247	14 912,333	(29,934)
Physical Inventory - Telecommunications Equipment (C4)	रेक्टल्स	Various	Ō	2 703 923	2,703,689	(54)
Enysical Inventory - Furniture & Polines (2004)	Varoses	Vanous	0	2 627 912	2,619,772	(8,134)
Total Galm/(Less) on Sale or Disposal of Fixed Assets			766,675	20 345,291	20 281,567	166,351

GOTER2: SALES NOTED ARE ARMS LENGTH TO UNRELATED THIRD PARTIES

NOTE #1. THE FOREGOINS FIXED ASSETS AND OTHER FOREMENT WERE ALL ACCUMED BY PORCHASE BY THE ORGANIZATION FOR USE IN ITS TAX-EXEMPT PURPOSE.

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC. 52-0954463 DECEMBER 31, 2007

STATEMENT FORM 990 PART VII 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 OF THE MID-ATLANTIC STATES. INC FEIN. 52-0954463 FORM 990, SCHEDULE A, PART III 12/31/2007

FAMILY AFFILIATIONS REPORTED

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

2007 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 list 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 cline delivery system known as the Kaiser Perminnente Medical Care Program or "Kaiser Pennanente".

This report describes the structure of Kaiser Permanente and documents the National Community Benefit activities, programs and services of KFHP, its subsidianes, 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 2007, Kaiser Fermanente served 8.7 million people in nine states. California, Colorado, Georgia. Hawaii, Maryland. Ohio, Oregon, Virginia. Washington and the District of Columbia. The program is the targest private nonprofit health care program in the United States with more than 132,000 full time employees, 14,000 physicians and 101d-entists. The Mid-Atlantic Health Plan serves more than 491,000 members, and has 4,539 full time administrative identical and technical employees as well as 714 full time Permanente physicians.

in the Mid-Atrantic states region, three separate legal organizations comprise Kaiser Permanente: Health Plan of the Mid-Atrantic States, Inc., a Maryland conprofit corporation exempt from federal income tox under Internal Peveritie Code 501(c)(3), KPH, a California conprofit 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 Kalser Permanente through KFHP or one of the Health Plan subsidiaries ("Health Plan"). Health Plan provides and arranges comprehensive health care services for mombers on a prenominantly prepaid basis and fulfills its contractual obligations to group and individual members by contracting with KFH and a Permanente Medical Group to provide the required health care services.

Members receive services from various Permanents Medical Groups in the respective Kalsor Permanente regions, in the Mid-Affanic States, Permanente physicians accept responsibility for professional care of Mid-Affantic Health Plan members, are responsible for their own physician recruitment, selection and staffing, they are legally separate entities independent from Health Plan, KFH and other Permanente Medical Groups. The Mid-Atlantic Permanente physicians generally freat members in facilities owned, leased or contracted by Health Plan of the Mid-Atlantic States or KFH.

KFHP and KFH are separate corporations governed by identical boards of directors. KFH accepts reconsibility to provide or arrange reconstary 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 securitized care and other services.

Membership in KEHP and its health plan subsidiaries is available without regard to sex, race, raligion arms background, sexual operation, and operational status or income level. Health Plan members are broadly recreased after all the vancus ages social, and income groups within the areas it serves. Once enrolled, a member is tree to maintain membership replaces or ane, 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 8.7 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 relievest in the community's health.

Second. Kar or 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, accepting 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 empodies the organization's communities to improve the health of communities beyond services to Health Plan members. It is more than traditional corporate oftenship or corporate philanthropy. It is an intentional, planned, budgeted, measurable, accountable creation for better hosith in our communities. It is done in collaboration with, not in isolation from, the community. DCBI serves to helfill Kaiser Permanence'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 one 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 Medicaie, establishment or residency training and medical research programs, and later, in the development of the Educational Theatre, Safety Nei Partnerships, Community Health Initiatives and Charitable Coverage Programs.

In 2001, the Bhard 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 Karser Permanente at all levels.
- Meet the requirements placed on KFH, KFHP, and its subsidiary health plans as tux-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 to 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 hexitinger system. In 2007, the KFHPH Board of Directors refined the focus of the organization Community Benefit Program and established the following four priority areas which have come to be known as "streams of work":

- Care and Coverage for Low-Income People Creates and supports programs that lower the francial barriers for under- and uninsured.
- Community Health Initiatives Designs, delivers, and susrains long-term programs that
 engage communities in work to improve conditions in their neighborhoods.
- Safety Net Partnerships Builds partnerships with community clinics, tocal health departments, and public hospitals. Provide funding, technical assistance, dissemination of care management and quality improvements technology to help improve care and expand treatment capacity for vunerable populations.

 Developing and Disseminating Knowledge – Improve health care by sharing our knowledgeeducating practitioners, advancing research, empowering consumers and informing policymakers about the evidence base for care and health.

The Bourd elaborated that at least 75% of total community benefit funding will be directed to program phonoicies within the four streams of work 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.

The KFHP/H Board has a standing Community Benefit Committee of the Board of Directors to overser the program-wide Community Benefit program. Kaisor Permanente also has a national executive of KFHP and KFH to load Kaiser Permanente's Community Benefit Program as a full-time assignment. Raymond J. Baxter, PhD is the Senior Vice President for Community Benefit. Research and Health Care Policy reporting to the CEO and Chairman of the Board.

COMMUNITY BENEFIT PROVIDED BY KAISER FOUNDATION HEALTH PLAN. INC.

KEHP provides comprehensive health care services on a primarily 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 remissively in the program to improve facilities and service, increase benefits, furfill 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 regular to provide comprehensive health care. In hospital-based Kaiser Permanente regions, this care primarily occurs at major medicul centers, as well as at nearby outpatient medical officials 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.
- Group Practice: The contracting Permanente Medical Groups are large multi-specially group practices that take responsibility for providing comprehensive care to a defined population in facilities owned or leased by KEH or KEHP. The income that Permanento Medical Groups and their physicians receive to in consideration of their professional medical and related services. The amounts paid to the Permanente Medical Groups are negotiated annually. Through such fixed payment arrangements (as distinguished from fee-for-service payment), KEHP 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 frest clinical positions.
- 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.
- Boneful Plans KEHP offers a variety of coverage opions that provide for unlimited hospital days,
 physici in visits preventive services, immunizations, well-trapy care and prenafal care. In order to
 maximize affordability and choosing people at different income levels to purchase coverage. KEHP
 offers a variety of cost-sharing options. Comprehensive prepara coverage with differing levels of
 premium and cost-sharing minimizes financial transits to care pronotting leady consultation, detection
 and treatment of disease. KEHP actively encourages members to maintain their health through
 regular provenive setilicate.

- No Pre-existing Condition Excusions Pre-existing condition exclusions allow carriers to exclude coverage for a condition that existed before enrollment with the camer. KFHP imposes no pre-existing condition exclusions for group members and thereby provides substantial protection for new inembers who are ill at time of enrollment. KFHP offerce health benefits coverage in all its markets without any pre-existing condition exclusions for many years prior to recently enacted reteral and state statutes prohibiting pre-existing condition exclusions in certain markets. By ensuring that all our enrollers 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 847,000 Medicare beneficianes, providing Medicare Part A and Fluit B services, plus additional drug, optical, and inpatient coverage.
- Psinicipation in Modicaid KFHP began enrolling Medicaid beneficiaries in the mid-1900s. Currently,
 KFHP and certain of its subsidiaries provide care to more than 150,000 Medicaid managed-care
 members and in addition serve a large number of Medicare and Medicaid patients on a fee-forservice basis. KFHP also participates in the State Child Health Insurance Program (SCHIP) and
 served an additional 126.571 children in 2007.

THE COMMUNITY BENEFIT PROGRAMS IN THE MID-ATLANTIC REGION

In 2007, Kaiser Permanenth spent approximately \$1.05 billion or approximately 2.73% of revenue to support the Community Benefit Program. The Mid-Atlantic Health Plan expended approximately \$24.6 million to support community benefit activities. A breakdown of the 2007 Community Benefit dollars attributable to KFHP and KFH nationally is described in Atlachment A and those dollars attributable to the Mid-Atlantic Health Plan regionally in Atlachment B.

The following identifies many of the signature community bonds programs and services funded by the Mid-Atlantic Health Plan grouped according to the four streams of work.

CARE AND COVERAGE FOR LOW-INCOME PEOPLE

In 2007, the Mid-Attantic Health Plan expended \$21 million to address the financing and delivory of health care for populations vulnerable due to socio-economic status, illnuss, ethnicity, age or other factors. Program beneficialises (under- and uninsured) received free or discounted date in a Kaiser Pormaneule facility or by a Permanente provider.

Chantable Care (Medical Financial Assistance Program and Charitable Coverage)

In the Mid-Atlantic States, Health Plan provides charity care to low-income vulnerable populations through the Medical Financial Assistance and Charitable Coverage Programs. In 2007, the Mid-Atlantic States Health Plan spent \$1.6 million on under and uninsured residents in Maryland, Virginia and the District of Columbia, to serve increition 3,700 children and adults.

· Medical Financial Assistance

The Medical Financial Assistance (MFA) Program provides temporary financial assistance to individuals who are in both medical and financial need and ensures that outsitor practices do not further burder an individual or family in financial distress. The program is available to assist Health Plun members in reducing out-of-pocket costs such as co-payments, co-insurance, medical services and/or pharmacy. Low-income members are offered assistance for specified medically necessary services related to an episode of core. In order to receive financial assistance, members and nonmembers must not be eliquial to receive assistance under only other public or private program. MFA awards are only for services provided in Health Plan facilities. Naiser Permanente's chanty care program also includes disnounted charges for uninsured patients below 400% federal morane guidelines.

Charitable Coverage

Broya Program - This program enables pustrepants to have comprehensive health care coverage at significantly reduced costs of a time when they are expenencing 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 health care coverage and whose income is less than 250% federal poverty guideling. Health Plan subsidizes either 90% or 95% of their monthly health care premium relative to the member's income. At the end of 2007, over 2000 individuals were enrolled through community partners located in 12 local introductions.

Medical Care for Children Programs — In 2007, over 1770 children wore enrolled in the program in six jurisdictions throughout the Mid-Atlantic Health Plan region. 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. The program operated in partnership with local governments, hospitals and/or nonprofit community groups. Referrals to specialists not available from the Permanente Medical Group and impatient hospitalizations are covered by the program's parmers. This program targets children of "working poor" families.

Participation in Government Sponsored Programs

In 2007, Mid-Attantic Health Plan contributed \$9.3 million to support the provision of medical care services to individuals in the following government sponsored program.

The Maryland Medical Assistance Program provides funds to allow the state to increase rates that Medicar1 pays to len-for service health care providers and managed care health care providers. The program helps increase the number of practitioners willing to serve Medicard patients, and without such practitioners, access to care could be seriously curtailed for vulnerable populations in Maryland.

COMMUNITY HEALTH INITIATIVES

As an innovator in health, Kaiser Permanente designs, delivers, and sustains long-term programs that engage communities in work to improve the conditions in their neighborhoods, workplaces and schools that can support good health, particularly Healthy Eating, Active Living (HEAL). The Mid-Atlantic Health Plan spent \$220,130 on community health initiatives during 2007.

Health Eating Active Living Programs

The Md-Atlantic HEAL program provides a variety of community outreach activities and services to address the environmental factors that effect childhood and adult obserty. The focus is on increasing uccess to healthy foods, fun and safe places for children and adults to engage in physical activity as well as rules awareness and educate the consumer about ways to lend a healther lifestyle through healthy sating and active living.

Grants and Donations for Community Health Initiatives

The Mid Atlantic Health Plan contributed \$94,350 to nine nonprofit hommunity organizations to support a variety of other programs and services for vulnerable populations. The following are examples of programs and services funded in 2007.

- Sports4Kids was given \$20,000 to expand their program into a new school in the Baltimore siten.
 Sport4Kids offers a play-based curdiculum aimed at improving the health and well-being of children by increasing exportanities for physical activity in salis environment.
- The Associated Black Charities' Childhood Obesity Prevention Program received \$25,000. The funds will be used to develop a community action plan for Baltimore that will engage resident, community leaders and public agencies.
- Port Towns Community Health Partnerships, includes the cities of Bluderisburg, Edmonston, Colour Marior and Cottage City in Maryland. This goal of this partnership is improve the health status of residents in these port towns by effecting the conditions that influence health by changing physical environments, social and cultural norms and public policy.

SAFETY NET PARTNERSHIPS

Through funding, technical assistance influencing public policy, training and volunteering, dissemination of care-management and quality improvement technologies, Kaiser Permanente halos those vital health care providers improve have and expand relatment capacity for the communities and vulnerable people thay serve.

Grants and Donations for Safety Net Partnerships

The Mid-Atlantic Health Plan contributed \$1.1 million to 25 nonprofit community organizations to support safety net providers. In May 2007, Mid-Atlantic Health Plan issued a special request for proposals to safety net providers to support programs and service that would oddress the health care needs of the uninsured. As a result, more than \$360,000 were awarded that would help to extend capacity of safety net providers, coordinate and/or identify specialty care services and/or enhanced the quality of care. The following are examples of programs and services funded in through this special RFP:

- Chuse 3 exton Health Services was awarded \$50,000 to coordinate bilingual specialty care for patients served by their Columbia and Randallstown clinics.
- Frederick County Public Health Department was awarded \$50,000 to cover portions of the unreimbursed tess of primary and specialty care providers treating ministred patients.
- To provide early pedicate care, diabetes management, abesity services and cover the cost of medications, \$50,000 was given to dia Clinica del Pueblo.
- A \$60,000 grant was awarded to Whitman Walker Clinic to develop a culturally sensitive health-mire program for HIV patients
- Loudoen County Health District received a \$52,005 grant to reduce barriers to maternity and ancillary services for invergrant women.

DEVELOPING AND DISSEMINATING KNOWLEDGE

Kalest Permanente aims to improve health care by sharing its knowledge, aducating practitioners, advancing research, empowering consumers, and informing policymakers about the evidence base for care and health. The Mid-Atlantic Health Plan spent \$1.1 million to support programs and services for the development and dissemination of knowledge and provided grunts and donations to nonprofit organizations.

Research

The Regional Community Benefit Department supported two research studies that will directly impact in the community.

- Guided Care Study is a multi-center plot project aimed or demonstrating the effectiveness of improving quality, service and cost expenditures through new innovations to support primary care in the assessment, treatment and care coordination for the trail elderly.
- Carr and Cultifornes in LRV Infected and Non-HIV-Injected Pregnant Women is study to establish
 whether differences in prenatal and post-natal complications and outcomes between HIV-infected
 and Non-HiV infected pregnant women exist. If there determine difference exist, specialize treatment
 services will be developed.

Educational Theatre Programs (ETP)

The Educational Theatre Programs in Mid-Atlantic States has provided professional, award-willing health-countion plays for grades K-12 for 20 years in Maryland, Virginia and the District of Columbia. In 2007, ETP performed for over 20,000 children and adults in the Greater Baltimore-Washington metro area. They completed 115 portormances at 97 different venues.

Each program presents current age-appropriate health information. Actor-educators are extensively trained in related health issues and workshop facilitation. Resources material for students, teachers and parents reinforce the educational messages in each performance.

ETP in Mid-Attantic States performed four shows during 2007-2008 season, including Professor Bodywise's Traveling Menageria, The R-Files, The Amazing Food Detective and Secrets

Grants and Donations for Knowledge Dissemination

Health Plan specif \$88,000 on charitable contributions to nonprofit organizations providing educational apportunities for individuals seeking a career as a health care provider or professional

- Mid-Aliantic Health Plan contributed \$10,000 to the March of Dimes Prematurity Summit to support
 an educational program for community clinicians and outreach workers un the issues surrounding
 premature birth
- Washington AIDS Partnership works with youth in the Washington DC metro region who at hisk for HiV/AIDS. Health Plan donated \$30,000 to support his project.
- Food for Friends, a nonprofit organization that prepares and delivers meals to chilically ill residents in the District of Columbia and surrounding areas received a \$10,000 grant.

OTHER COMMUNITY BENEFITS

The Mid-Atlantic Health Plan spent \$1.3 million on other community banefits in the region

CB Operations

The Mid-Atlantic Health Plan has a dedicated Community Benefit Department with 6 full time employees to support regional community benefit programs and services and coordinate CB initiatives.

Other Grants and Donations

In 2007, Mid-Atlantic Health Plan made contributions that supported other nonprofit organizations which were not part of National Streams of Work. The following is an example.

Hispanic Youth Symposium is a three day educational event for all-risk Latino high school students.
 The program is part of the Hispanic College Fund. Health Plan donated \$50,000 toward this program.

ATTACHMENT A

2007 NATIONAL DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM

The following chart summanzes 2007 Community Benefit investments nationally for KFHP and KFH. The investments in the community reflected in the chart are unaudited.

•	NATIONAL HEALTH PLAN TOYAL	National Hospital Total	National CB Total
CARE & COVERAGE			
Charitable Care & Coverage Programs	\$138,962,198	\$65,460,129	\$203,492,327
Gevernment Sponspred Programs	339,924,653	136,539,811	526,464,464
Grams & Donations for Care & Coverage	6,000,200	75,838,940	31,389,140
Care & Coverage CB Operations	3,954,334	489.788	4.414.122
Subtotal:	\$487,941,385	\$278,348,668	\$766,290,053
COMMUNITY HEALTH INITIATIVES			
Connunty Heath Education	8932 592	\$888,476	\$1.821.068
Grants & Donations for Community Health Initiatives	32,973,619	17,207,231	50 130,850
Community Health Initiatives CB Operations	625.786	0	625,786
Subtotal	\$34,531,997	\$18.095,707	\$52.627,704
SAFETY NET PARTNERSHIPS			
Grants & Donotions for Safety Net Partnerships	\$14,026,859	\$31,126,027	\$48,153,086
Safety Net CB Operations	500,000	{}	530,000
Subtrual	\$14,526,859	\$31,106,227	\$46,653,086
KNOWLEDGE DISSEMINATION			
Medical Research	\$1,683,272	\$16,260,946	\$17,844.217
Healti Care Public Policy	1,500,000	0	1,500,000
Educational Theatre Program	3.623,314	7 769,790	11 383,104
Health Care Training & Education Programs	3,085 631	61,085,817	64,171,448
Grants & Dunations for Knowledge Dissemination	51,170,920	3,141,940	54 312,800
Knowledge Dissemination CB Operations	0	0	9
Subtslat	\$61,063,137	88 345,492	\$149,311,629
OTHER COMMUNITY BENEFITS			
Self Suttidency Programs	\$218 830	\$5,289,942	\$5,508,802
Other C8 Grods & Conations	7,303,835	8,430 334	15,764,169
Other C6 Operations	5,573 396	12,030 137	17 603,533
Subrotal	\$13 126,111	\$25,750,413	\$38 878,524
TOTAL	\$611,189,489	\$441,569,506	\$1,052,758,995

ATTACHMENT B

2007 COMMUNITY BENEFIT INVESTMENT MID-ATLANTIC STATES

The following chart summarizes the 2007 Community Benefit investments in Maryland, Virginia and Washington, DC. The investments in the community reflected in the chart are unaudited.

	Regional Health Plan Total	REGIONAL HOSPITAL TOTAL		TOTAL
CARE & COVERAGE	• • • • • • • • • • • • • • • • • • • •	comment.		、 '
Chantable Care & Coverage Programs	\$11,631,751	\$	0	\$11,634,781
Government Sponsored Programs	3.296,588	•	ΰ	9 296,589
Grants & Donations for Care & Coverage	0		Ď.	(3
Car# & Coverage CB Operations	Ü		0	Ò
Subtotat	\$20,931,369	\$	Ô	\$20,931,369
COMMUNITY HEALTH INITIATIVES				
Community Health Education	\$ 0	S	ð	\$ 0
Grants & Donations for Community Health Indiatives	94 350		Ó	94 350
Community Health Initiatives CB Operations	125 786		Ö	125,786
Subtotak	\$220,136	\$	ò	\$220,136
SAFETY NET PARTNERSHIPS				
Grants & Donations for Safety Net Partnerships	\$1,093,365	\$	Ð.	\$1,093,365
Safety Net CB Operations	0		ő	1)
Subtotat	\$1,093,365	\$	Ø.	\$1 <i>0</i> 93 365
KNOWLEDGE DISSEMINATION				
Medical Research	\$225,760	\$	0	\$225,760
Health Care Public Policy	0	·	9	9
Educational Theatre Program	773,612		0	773,612
Health Care Training & Education Programs	0		0	0
Grants & Donations for Knowledge Dissemination	000,88		0	38,000
Knowledge Dissemination CB Operations	0		()	Ú.
Subtotal:	\$1.087.372	\$	0	\$1.087,372
OTHER COMMUNITY BENEFITS				
Self Sufficiency Programs	\$C	S	0	\$ 0
Other CB Grants & Donations	632 840	·	0	632,840
Other CB Operations	582,682		0	582,682
Subtotal*	\$1,265,522	\$	0	\$1,286,522
TOTAL	\$24,597,764	\$	0	\$24,597,764

Form 8**86**8

(10662 https://www.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Departments of the Treasury Internal Rowenus Scruce

File a separate application for cach return

* If you are liling for an Automatic 3-Month Extension, complete only Part Land check this box	> [x]
 If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part 8 (or page Do not complete Part if unless you have stready been granted an automatic 3-month extension on a prev 	: 2 of this form).
Automatic 3-Month Extension of Time. Only submit onginal (no copies needed).	
Section 5501(c) corporations required to file Form 990-1 and requesting an automatic 6-month extension and complicite Part Loniy	- check this pos
All other corporations (including 1170-C filers), partnerships. REMICs, and trusts must use Form 70/4 to n	One and an
extensions of time to file income fox rotums.	
Electronic Filing (edite). Generally, you can electronically tile Form 8868 if you want a 3 month autopose of thre returns noted below (6 months for section 501(c) corporations required to file Form 39 Form 88 68 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you 5870, group returns, or a composite or consolidated From 990-T, instead, you must submit the fully composite of the electronic filing of this form, visit www.his gov/nite and click on e-	0-7) However, you cannot firm ou file Forms 380-81, 6069 or pieled and signed page 2 (Part II)
Type or Name of Examp Organization KAISER POUNDATION HEALTH PLAN	Employer identification number
print OF THE MID-ATLANTIC STATES, INC.	52-0954463
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due sale for ONE KAISER PLAZA, SULTE 1550L This year Gee Oth, town or peel often, state and DF code. For a treagn address, see measurement	
ANTHELIANS OAKLAND, CA 94612	
Check type of return to be filed (file a separate application for each return)	
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8453-EO

Exempt Organization Declaration and Signature for **Electronic Filing**

OM/8 No. 1545 1800

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

Record of Court ask See instructions on back. e de la Prima de la desta de la desta de court agos to rever to ear self. Employer identification remote RAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES. INC 52 0954463 Earl Type of Return and Return Information (Whole Dollacs Colly) Othersk the trox for the return for which you are reing this Fram 8463 SO and either the applicable amount horn the return, if any If you check the box on line ta, 2s, 3a, 4s, or 5a below and the phoons on that line for the return for which you are lining this torm was blank, then leave and 16, 26, 36, 46, or 55, who here is applicable, blank (do not enter 4). If you entered 40 out the return then enter 10, on the applicable line below. Do not complete more than one lind in Part (1,955,184,402 ter Form: 990 check here 💌 🗵 🐞 Total revenue, if any (Form 990 line 1.7) 2a Form 990-EZ check lead > D total revenue, diam, (Form 1991-EZ fine 9) 2tx 3a Form 1120-POL check liete 🕨 L. b Total tax (Form) 1100 POL, 300 POL 3b ... D b Tax based on investment income (Form tri0-IF, Pan V), ine). 4b 4ar Form 990-PF check here 🕨 👚 544 Form 8968 check here 🔛 🖰 - b-Balance due (Form 3868 inte 35) \$b Part II **Declaration of Officer** Laureaura the U.S. Teesary noo da designated Chamed Agent to induste an ACH elements funds it thinkava consect debificities. Ö rewolded is selection and character for the manual reference and respect to the character management and contract and cont on the settem, and the magnetic method to detail the entry to this account. To revoke a parament, I must contact the U.S. Financial Approval 1-988-353 4537 hallered than Clouis need days brief to the payment (event ensem) date. I also suffice to the financial national involved in the processing of the environme copyright of taxes to receive companies information necessary to shower fremoting and or bettle rescue inclusion line lean pri-[] if a copy of the retriction is being free with a starc approximal regulating charbas as part of the IRS Fediblate employ. I cast is that I specularly the electronic disclusive possent contained within this return allowing declosure to the IPS of the Form 990,990, F.7 P. Det Sees and of Georgia 1 to Paragrams in the program of the Beet yet 1990,090. Upper pendilive of peruny, I decide that I am an others of the buove named organization airs, that I have examined a copy of the are yeth tailad brise experienced arm to beet eithold one enterence course previougn accument unersure their 1000, encoderance retrue core t aim acending. I further declare that the amount in Part Labove in the amount shown on the copy or the organization's ofernance return. I consent to prow my intermodate service provider, transmitted on electronic return ongalistic (EBO) to send the a greater on's ratio, to the IRS and to except from the IRS tall on an emperation end of recept or reason, for reliation of the transmission, (b) an emication of any refuse officer, for the reason for any delay in processing the miniminal refused, and (d) the cate of any rehald Sign VP. CONTROLLER, CAO Here Surarie of officer Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III Expense that that a reviewed the above organization a retail and that the entres on Form 6453 60 are complete and content to the best of my would be the state of the state of the manual and grawwall and compared the control of the state of the control of the state of t tine data on the power. The ong victation officer will have signed this form before I autimat the return. Will give the officer a complete and contact that are directed to the form an anequipment of the contact to a set the contact to the not Authorized the Providers of an abother app. Preparation responds our particle bases that there examined the above in generation's region and accompanying schedules and statements and to the best of my knowledge and belief they are true obtain, and wind etc. This Publified use, deviations of hissed on all information of which I have any knowledge. PARS 2 725, 3 09/3 Dyte 3883 ERO's Cose 132 480 083 C405.19894 9241 JY 1805 W. -Cynthiâ labsen, cpa KFHP. INC क्षेत्र व स्थानिक होते हैं। अल्ला कार स्थानिक स्थान P, e o , **510** i ONE KAISER PLAZA, SUITE 151., OAKLAND, CA 84612 squered in the sed with their accompanies one course previous one material code, with bornaics and the decision secures seems and could be and the connect. We complete Decimental inspirance there is not become to the me commented and making an 322.00 CONT Presame BRNO PRV 4.581 Freparer s repeature 200576 936 Paid + K 13 5565207 904882 510 % 0.006 507.8 % 20 % 0.006 507.8 % 20 % 0.006 Preparer's KPMG LLF **U**se Only 55 SECOND STREET, SAN FRANCISCO, CA 94105 PARK W (418) 963-5100