NOTICE

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

These errors include:

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

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

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493313013099

Form **990**

Department of the Treasury Internal Revenue Service

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

B Check if applicable
☑ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
KFHP OF THE MID-ATLANTIC STATES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
ONE KAISER PLAZA SUITE 15L

City or town, state or country, and ZIP + 4
OAKLAND, CA 94612

D Employer identification number
52-0954463

E Telephone number
(510) 271-6611

G Gross receipts $ 2,831,055,453

F Name and address of Principal Officer
MARILYN J KAWAMURA
ONE KAISER PLAZA SUITE 15L
OAKLAND, CA 94612

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ N/A

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1972

M State of legal domicile MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of employees (Part V, line 2a)	5	5,415
6	Total number of volunteers (estimate if necessary)	6	538
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	57,875
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	1,939,546,503	2,001,395,669
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,488,802	12,596,916
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,149,097	1,970,070
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,955,184,402	2,015,962,655
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,018,159	956,920
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	373,866,578	395,712,166
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,524,613,649	1,589,898,041
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,900,498,386	1,986,567,127
19	Revenue less expenses Subtract line 18 from line 12	54,686,016	29,395,528
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	611,750,489	695,635,674
21	Total liabilities (Part X, line 26)	355,455,270	496,066,134
22	Net assets or fund balances Subtract line 21 from line 20	256,295,219	199,569,540

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

▶ Signature of officer — Date 2009-10-30

▶ DEBORAH STOKES VP, CONTROLLER & CAO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶
KPMG LLP
55 SECOND STREET
SAN FRANCISCO, CA 94105

EIN ▶

Phone no ▶ (415) 963-5100

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

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

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,795,642,122 including grants of $ 956,920) (Revenue $ 2,000,023,194)

member health care services and medical training for care improvement Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP of MAS) provides medical and surgical care, including urgent care services, extended care and home health care, for its members without regards to age, sex, race, religion or national origin or the ability to pay KFHP of MAS educates and trains medical students and other health care professionals and promotes scientific and nursing education in order to improve care Additional information about Mid-Atlantic States Health Plan's charitable activities can be found in Schedule O

4b (Code) (Expenses $ 18,428,081 including grants of $ 0) (Revenue $ 1,372,475)

Charitable Care (Medical Financial Assistance and Charitable Coverage) Health Plan provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs MFA - Health Plan offers financial assistance to help families and individuals that are unable to pay for all or part of the cost of urgent or emergent care provided in Kaiser Permanente facility CHC - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 4,872 patients received comprehensive care for up to four years through these programs Additional information about Mid-Atlantic States Health Plan's charitable activities can be found in Schedule O

4c (Code) (Expenses $ 9,286,956 including grants of $ 0) (Revenue $ 0)

Participation in Government Sponsored Programs Mid-Atlantic Health Plan contributed $9 3 million (no offsetting revenue received) to support the provision of medical care services to individuals in the state of Maryland The Maryland Medical Assistance Program (MMA) provides funds to allow the state to increase rates that Medicaid pays to fee-for-service and managed care health care providers The MMA program helps increase the number of practitioners willing to serve Medicaid patients, and without such practitioners, access to care could be seriously curtailed for vulnerable populations in Maryland

(Code) (Expenses $ 665,037 including grants of $ 0) (Revenue $ 0)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ 665,037 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses $ 1,824,022,196 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	6,155			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	5,415			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ___ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	*Organizations that may receive deductible contributions under section 170(c).*					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	*Section 501(c)(7) organizations.* Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed DC , MD , VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY BARRUETA , DIRECTOR	40 0	X						0	388,334	71,452
RAYMOND J BAXTER , DIRECTOR	40 0	X						0	1,253,935	252,627
MARY CARTER-WILLIAMS PhD , SUBSCRIBER DIRECTOR	2 0	X						18,900	0	0
THOMAS W CHAPMAN EdD , DIRECTOR	2 0	X						20,900	139,674	68,750
J EUGENE GRIGSBY III , DIRECTOR	2 0	X						22,400	201,780	0
SUSAN HAGER , DIRECTOR	2 0	X						17,200	0	0
MARILYN KAWAMURA , REGIONAL PRESIDENT - MAS	40 0	X		X				0	842,343	172,947
KAREN ROTHENBERG , DIRECTOR	2 0	X						20,900	0	0
ROBERT G TEMPLIN Jr , DIRECTOR	2 0	X						18,300	0	0
BERNARD J TYSON , DIRECTOR & CHAIRMAN	40 0	X		X				0	2,411,186	249,542
KATHRYN LANCASTER , EVP - CHIEF FINANCIAL OFFICER	40 0			X				0	1,195,825	222,026
CHRISTINE L MALCOLM , SVP, HOSP STRATEGY & NAT FACIL	40 0			X				0	584,167	302,236
THOMAS R MEIER , SVP & TREASURER	40 0			X				0	529,225	82,695
DEANNE PETERSEN , VP, CFO - MAS	40 0			X				0	333,818	67,621
ARTHUR M SOUTHAM , EVP - HEALTH PLAN OPERATIONS	40 0			X				0	1,626,427	259,928
SUSAN SPURLARK , VP, REGIONAL COUNSEL - MAS	40 0			X				0	292,018	90,730
DEBORAH STOKES , VP, CONTROLLER & CAO	40 0			X				0	606,031	115,567
STEVEN R ZATKIN , SVP, GEN COUNSEL & SECRETARY	40 0			X				0	1,629,588	545,509
VICTORIA B ZATKIN , DIR BOD SVC & ASST SECRETARY	40 0			X				0	246,901	44,771
RUBEN J BURNETT , VP, SALES, MARKETING & BUS	40 0				X			0	268,285	83,126
CARRIE HARRIS-MULLER , VP & CHIEF ADMIN OFFICER	40 0				X			0	378,405	68,486
KENDALL D HUNTER , VP, CHIEF OPERATIONS OFFICER	40 0				X			0	438,354	85,599
KENNETH E BATES , VP, SALES & ACCOUNT MANAGEMENT	40 0					X		251,686	0	50,823
JUDITH L BRITTAIN , VP, DELIVERY SYSTEMS OPERATION	40 0					X		233,629	0	62,644
SANDRA GREGG , VP COMM & EXT RELATIONS - MAS	40 0					X		0	215,478	64,709
KAY W LEWIS , VP-UTILIZATION, RISK, QUAL MGT	40 0					X		0	541,700	105,240
CHRISTOPHER J WALTERS , PODIATRIST, VA SUBSPECIALTY MG	40 0					X		219,056	0	49,000

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total . . . . ▶								822,971	14,123,474	3,116,028

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶531

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INOVA GROUP OF HOSPITALS 2990 TELESTAR COURT FALLS CHURCH, VA 22042	HOSPITAL SERVICES	109,971,293
WASHINGTON HOSPITAL CENTER 110 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL SERVICES	62,782,006
HOLY CROSS HOSPITAL 1500 FOREST GLEN ROAD SILVER SPRINGS, MD 20910	HOSPITAL SERVICES	57,038,119
CHILDRENS HOSPITAL 111 MICHIGAN AVE NW WASHINGTON, DC 20010	HOSPITAL SERVICES	32,454,523
MID-ATLANTIC PERMANENTE MEDICAL GRO 2101 E JEFFERSON ST ROCKVILLE, MD 20852	MEDICAL SERVICES	394,836,246

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . ▶ 510

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	0				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total (Add lines 1a-1f)** . . . . ▶		0			
Program Service Revenue			Business Code				
	2a	MBR HLTH CARE PREM	621,400	1,723,385,123	1,723,385,123		
	b	SUPPL CHARGE/PHARM	621,400	88,422,481	88,397,595	24,886	
	c	NON-PLAN & IND REV	621,400	5,487,598	5,487,598		
	d	OTHER PRGM SERVICE	621,400	15,434,939	15,425,575	9,364	
	e	MEDICARE/MEDICAID	621,400	168,665,528	168,665,528		
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** . . . . ▶ $ 2,001,395,669					
Other Revenue	3	Investment income (including dividends, interest other similar amounts) . . . . ▶		14,638,115			14,638,115
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents	(i) 125,587 / (ii)				
	b	Less rental expenses					
	c	Rental income or (loss)	(i) 125,587 / (ii)				
	d	Net rental income or (loss) . . . . ▶		125,587		23,625	101,962
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 813,018,149 / (ii) 33,450				
	b	Less cost or other basis and sales expenses	(i) 815,046,260 / (ii) 46,538				
	c	Gain or (loss)	(i) -2,028,111 / (ii) -13,088				
	d	Net gain or (loss) . . . . ▶		-2,041,199			-2,041,199
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	INC INT-AFFILIATE	900,003	1,844,483			1,844,483
	b						
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d**	$ 1,844,483				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . . ▶		2,015,962,655	2,001,361,419	57,875	14,543,361

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	956,920	956,920		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	43,300	42,867	433	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	293,625,402	259,437,672		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,647,135	22,382,850	3,264,285	
9 Other employee benefits	55,933,556	49,099,049	6,834,507	
10 Payroll taxes	20,462,773	17,994,587	2,468,186	
11 Fees for services (non-employees)				
a Management	0			
b Legal	871,128		871,128	
c Accounting	966,009		966,009	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17* . .	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	22,034,881	76,828	21,958,053	
13 Office expenses	8,702,585	5,374,731	3,327,854	
14 Information technology	104,859,032	104,859,032		
15 Royalties . .	0			
16 Occupancy	32,737,877	8,467,192	24,270,685	
17 Travel	2,618,088	2,031,217	586,871	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	1,183,062		1,183,062	
20 Interest	3,705,030	3,705,030		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	27,203,553	27,203,553		
23 Insurance	7,021,624	6,773,466	248,158	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BASIC CONTRACTUAL PAYMENTS	581,714,345	581,714,345		
b PURCHASED MEDICAL SERVICES	388,381,578	388,381,578		
c SUPPLIES	269,339,275	246,545,992	22,793,283	
d INTER-REGIONAL CHARGES	46,565,459	46,565,459		
e PURCHASED NON-MEDICAL SVC	40,430,983	30,659,914	9,771,069	
f All other expenses	51,563,532	21,749,914	29,813,618	
25 **Total functional expenses.** Add lines 1 through 24f	1,986,567,127	1,824,022,196	162,544,931	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	8,019,489	1	7,509,278
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	66,847,241	4	65,627,957
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	22,009,078	8	21,967,688
	9	Prepaid expenses and deferred charges	3,840,895	9	4,328,849
	10a	Land, buildings, and equipment cost basis — 10a 556,956,486			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b 335,997,093	215,352,958	10c	220,959,393
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	265,203,908	12	372,001,422
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	30,476,920	15	3,241,087
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	611,750,489	16	695,635,674
Liabilities	17	Accounts payable and accrued expenses	197,265,466	17	230,431,546
	18	Grants payable		18	
	19	Deferred revenue	4,167,473	19	3,237,055
	20	Tax-exempt bond liabilities	13,015,451	20	12,990,058
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	141,006,880	25	249,407,475
	26	**Total liabilities.** *Add lines 17 through 25*	355,455,270	26	496,066,134
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	6,795,610	30	6,795,610
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	249,499,609	32	192,773,930
	33	Total net assets or fund balances	256,295,219	33	199,569,540
	34	Total liabilities and net assets/fund balances	611,750,489	34	695,635,674

Part XI **Financial Statements and Reporting**

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

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
KFHP OF THE MID-ATLANTIC STATES INC

Employer identification number
52-0954463

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		No
(ii) a family member of a person described in (i) above?	**11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document? Yes	No	**(v)** Did you notify the organization in col **(i)** of your support? Yes	No	**(vi)** Is the organization in col **(i)** organized in the U S ? Yes	No	**(vii)** Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) | 12 |

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 |

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,560,382,812	1,688,799,384	1,833,460,358	1,939,546,503	2,011,419,294	9,033,608,351
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5	1,560,382,812	1,688,799,384	1,833,460,358	1,939,546,503	2,011,419,294	9,033,608,351
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						9,033,608,351

Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
9 Amounts from line 6	1,560,382,812	1,688,799,384	1,833,460,358	1,939,546,503	2,011,419,294	9,033,608,351
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,887,879	6,641,473	10,407,879	16,063,854	16,584,560	55,585,645
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	5,887,879	6,641,473	10,407,879	16,063,854	16,584,560	55,585,645
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						9,089,193,996

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	**15**	99 388 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	**16**	99 121 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	**17**	0 612 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	**18**	0 879 %

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
KFHP OF THE MID-ATLANTIC STATES INC	52-0954463

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $

3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— **(The term "expenditures" means amounts paid or incurred.)**	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		22,447
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		177,617
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		2,090
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			202,154
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES	SCHEDULE C, PART II-B, LINE 1A THROUGH 1I	The Organization is a member of the Kaiser Permanente Medical Care Program and participated and benefited from lobbying activities conducted at the regional and national level 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 has a policy prohibiting internal involvement in any political campaigns This policy is closely monitored for compliance 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 i Health Plan has several employees and/or may retain a professional consultant to represent Health Plan's interests in various legislative and regulatory bodies and from time-to-time to keep informed of Federal and State legislation having an impact on Health Plan's charitable activities as an exempt Health Maintenance Organization These individuals attempt to ensure that proposed legislation and enacted laws are compatible with the Interest of Health Plan and its members by performing the following activities - Collecting, analyzing and distributing within the Organization, public and private policy recommendations regarding proposed legislation that affect the operation of Health Plan and its ability to provide quality health and medical care services to its members in a cost effective environment - Providing appropriate informational materials to legislators and to their staffs that pertain to matters of common interest in the health care community and in the not-for-profit community - Also by preparing written and oral testimony, these individuals appear at legislative hearings, monitor legislative proceedings and meet with legislators and/or their staffs regarding issues pertinent to the mission of Health Plan Those individuals appearing at such hearings and meetings for and on behalf of Health Plan often are representing the interests of common interest groups as well as the interests of the members of Health Plan - Other employees and officers perform services by delivering speeches at various public and private functions and in serving as faculty in healthcare related educational programs throughout the community

Part IV **Supplemental Information**

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
KFHP OF THE MID-ATLANTIC STATES INC

Employer identification number
52-0954463

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	**(b)** Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ **Yes** ☐ **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ **Yes** ☐ **No**

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ **Yes** ☐ **No**

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ **Yes** ☐ **No**

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV **Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI **Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		43,365,111		43,365,111
b Buildings		277,110,394	156,283,700	120,826,694
c Leasehold improvements		44,498,635	37,008,739	7,489,896
d Equipment		164,015,295	142,258,042	21,757,253
e Other		27,967,052	446,613	27,520,439
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				220,959,393

Part VII Investments—Other Securities. See Form 990, Part X, lıne 12.

(a) Descrıptıon of securıty or cateory (ıncludıng name of securıty)	(b) Book value	(c) Method of valuatıon Cost or end-of-year market value
Fınancıal derıvatıves and other fınancıal products		
Closely-held equıty ınterests		
Other MARKETABLE SECURITIES	372,001,422	F
Total. *(Column (b) should equal Form 990, Part X, col (B) lıne 12)* ▶	372,001,422	

Part VIII Investments—Program Related. See Form 990, Part X, lıne 13.

(a) Descrıptıon of ınvestment type	(b) Book value	(c) Method of valuatıon Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) lıne 13)* ▶		

Part IX Other Assets. See Form 990, Part X, lıne 15.

(a) Descrıptıon	(b) Book value
STATUTORY DEPOSITS	938,341
DUE FROM AFFILIATED ORG	0
DEFERRED DEBT ISSUE COST	101,045
OTHER CURRENT ASSETS	1,178,339
OTHER LONG-TERM ASSETS	1,023,362
Total. *(Column (b) should equal Form 990, Part X, col.(B) lıne 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, lıne 25.

(a) Descrıptıon of Lıabılıty	(b) Amount
Federal Income Taxes	
DUE TO RELATED ENTITIES	39,069,962
SELF-INSURED RISK - PROF & PUBLIC LIAB - ST	6,950,000
SELF-INSURED RISK - PROF & PUBLIC LIAB - LT	40,650,327
MEDICARE COST REPORT RESERVE	18,110,178
PENSION & POST-RETIREMENT BENEFITS	138,917,853
OTHER CURRENT LIABILITIES	2,234,041
OTHER LONG-TERM LIABILITIES	3,475,114
Total. *(Column (b) should equal Form 990, Part X, col (B) lıne 25)* ▶	249,407,475

In Part XIV, provide the text of the footnote to the organızatıon's fınancıal statements that reports the organızatıon's lıabılıty for uncertaın tax posıtıons under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,015,962,655
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,986,567,127
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	29,395,528
4	Net unrealized gains (losses) on investments	4	7,088,819
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-79,109,022
9	Total adjustments (net) Add lines 4 - 8	9	-72,020,203
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-42,624,675

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,936,018,262
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	7,088,819		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-87,079,749		
e	Add lines **2a** through **2d**			2e	-79,990,930
3	Subtract line **2e** from line **1**			3	2,016,009,192
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-46,537		
c	Add lines **4a** and **4b**			4c	-46,537
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,015,962,655

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,978,642,940
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	46,537		
e	Add lines **2a** through **2d**			2e	46,537
3	Subtract line **2e** from line **1**			3	1,978,596,403
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	7,970,724		
c	Add lines **4a** and **4b**			4c	7,970,724
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,986,567,127

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
RECONCILIATION OF REVENUE PER AUDITED FIN STMT WITH REVENUE PER RETURN	SCHEDULE D, PART XII	LINE 2D BAD DEBT EXPENSES - RECLASS <$ 7,970,724> CHANGE IN PENSION & OTHER COMPREHENSIVE INCOME <$68,312,532> SEE PART XI, LINE 8 <$10,796,493> ____________ TOTAL <$87,079,749> LINE 4B FIXED ASSET LOSS - RECLASS <$46,537>
RECONCILIATION OF EXPENSES PER AUDITED FIN STMT WITH EXPENSES PER RETURN	SCHEDULE D, PART XIII	LINE 2D FIXED ASSET LOSS - RECLASS $46,537 LINE 4B BAD DEBT EXPENSES - RECLASS $ 7,970,724
RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FINANCIAL STMT	SCHEDULE D, PART XI, LINE 8	CHANGE IN PENSION LIABILITY <$68,312,529> SEE "NOTE 1" BELOW <$10,796,493> ____________ TOTAL <$79,109,022> NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED
FIN 48 FOOTNOTE	SCHEDULE D, PART X	NOT REQUIRED

Part XIV **Supplemental Information** *(continued)*

Identifier	Return Reference	Explanation
RECONCILIATION OF REVENUE PER AUDITED FIN STMT WITH REVENUE PER RETURN	SCHEDULE D, PART XII	LINE 2D BAD DEBT EXPENSES - RECLASS <$ 7,970,724> CHANGE IN PENSION & OTHER COMPREHENSIVE INCOME <$68,312,532> SEE PART XI, LINE 8 <$10,796,493> _____________ TOTAL <$87,079,749> LINE 4B FIXED ASSET LOSS - RECLASS <$46,537>
RECONCILIATION OF EXPENSES PER AUDITED FIN STMT WITH EXPENSES PER RETURN	SCHEDULE D, PART XIII	LINE 2D FIXED ASSET LOSS - RECLASS $46,537 LINE 4B BAD DEBT EXPENSES - RECLASS $ 7,970,724
RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FINANCIAL STMT	SCHEDULE D, PART XI, LINE 8	CHANGE IN PENSION LIABILITY <$68,312,529> SEE "NOTE 1" BELOW <$10,796,493> _____________ TOTAL <$79,109,022> NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED
FIN 48 FOOTNOTE	SCHEDULE D, PART X	NOT REQUIRED

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
KFHP OF THE MID-ATLANTIC STATES INC

Employer identification number
52-0954463

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 66

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2	Grantees are required to sign a memorandum of understanding with Health Plan prior to grant funds disbursal Grantees are required to submit a final report which delineates accomplishments, related to stated objectives, and describe the evaluation method used to assess accomplishments

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-0954463
Name: KFHP OF THE MID-ATLANTIC STATES INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Access to Wholistic & Productive Living Inst7114 Cipriano Springs Dr Lanham, MD 20706	26-2296724	501c(3)	25,000				CB Program Support
African American AIDS Policy & Training Inst1833 W Eighth St Suite 200 Los Angeles, CA 90057	95-4742741	501c(3)	25,000				CB Program Support
American Diabetes Association800 Wyman Park Dr Suite 110 Baltimore, MD 21211	13-1623888	501c(3)	30,000				CB Program Support
Associated Black Charities 1114 Cathedral St Baltimore, MD 21201	52-1427774	501c(3)	10,000				CB Program Support
Baltimore City Foundation 469 City Hall Baltimore, MD 21202	52-1212473	501c(3)	10,000				Youth Works
Consumer Health Foundation 1400 26th St NW Suite 710 Washington, DC 20036	53-0078064	501c(3)	37,000				CB Program Support
Dialogue on Diversity1629 K St NW Suite 300 Washington, DC 20006	52-1761217	501c(3)	10,000				Healthcare Symposium
Food Research & Action Center1875 Connecticut Ave NW Suite 540 Washngton, DC 20009	23-7200739	501c(3)	17,000				CB Program Support
Hispanic College Fund Inc 1717 Pennsylvania Ave NW Washngtn, DC 20006	52-1809680	501c(3)	50,000				Youth Symposium
Holy Cross Hospital Foundation11801 Tech Rd Silver Spring, MD 20904	52-0738041	501c(3)	94,780				Senior Fit Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Howard Community College Educational Fdn 10901 Ltle Patuxent Pkwy Columbia, MD 21044	52-1272329	501c(3)	30,000				KP Wellness Center
Howard Hospital Foundation10705 Charter Dr Suite 450 Columbia, MD 21044	52-1072778	501c(3)	8,800				Symphony of Lights
INOVA Health System Foundation8110 Gatehouse Rd Suite 200E Falls Church, VA 22042	54-1071867	501c(3)	12,190				CB Program Support
International Life Sciences Inst Rsrch Fdn 1156 15th St 2nd Floor Washington, DC 20005	52-1323610	501c(3)	40,000				Get Healthy Together
Junior League of Baltimore Inc5902 York Rd Baltimore, MD 21212	52-0591620	501c(3)	10,000				CB Program Support
Kidz Our Size Inc5501 Craig Ave Baltimore, MD 21212	80-0077689	501c(3)	25,000				Sendentary Behavior
Loudoun Community Health Center224-A Cornwall St NW Leesburg, VA 20176	20-2379419	501c(3)	66,000				Primary Care Svc
Manna Food Center Inc 614 Lofstrand Lane Rockville, MD 20850	52-1289203	501c(3)	25,000				M&M Organic Farm
March of Dimes2700 S Quincy St Suite 220 Arlington, VA 22206	13-1846366	501c(3)	10,000				Prematurity Summit
Network 2000 Inc2400 Boston St Suite 102 Baltimore, MD 21224	52-1814260	501c(3)	9,560				CB Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northern Virginia Dental Society4330 N Evergreen Lane Annandale, VA 22003	54-6053006	501c(3)	7,500				Mission of Mercy
NOVA Scripts Central Inc11445 Sunset Hills Rd Reston, VA 20190	65-1275162	501c(3)	50,000				CB Program Support
Primary Care Coalition of Montomgery County Inc 8757 Georgia Ave 10th Floor Silver Spring, MD 20910	52-1847976	501c(3)	50,000				Care for Kids
Prince Georges County Heatlh Dept1701 McCormick Dr Largo, MD 20774	52-2046026	501c(3)	50,000				Community Outreach
Prince William Health Partners Inc2296 Opitz Blvd Suite 320 Woodbridge, VA 22191	03-0444689	501c(3)	50,000				CB Program Support
Summit Health Inst for Research and Educ440 First St NW Suite 440 Washington, DC 20001	52-1936403	501c(3)	75,000				CB Program Support
The Community Fdn for the National Capital1201 15th St NW Suite 420 Washington, DC 20005	23-7343119	501c(3)	10,000				Civic Celebration
The District of Columbia Primary Care Assoc1411 K St NW Suite 1200 Washington, DC 20005	52-1999196	501c(3)	9,640				Annual Meeting
YMCA of Frederick County MD1000 N Market St Frederick, MD 21707	52-0607953	501c(3)	36,350				CB Program Support

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493313013099

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	**Employer identification number**
KFHP OF THE MID-ATLANTIC STATES INC	52-0954463

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other compensation				
See Additional Data Table	**(i)**							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

See Additional Data Table

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 4-B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS	STEVEN ZATKIN $942,497 BERNARD TYSON $940,810 RAYMOND BAXTER $360,957 KAY LEWIS $321,050 MARILYN KAWAMURA $231,289 ARTHUR SOUTHAM $216,841 KATHRYN LANCASTER $175,273 DEBORAH STOKES $164,551 CHRISTINE MALCOLM $147,311 THOMAS MEIER $39,947 KENDALL HUNTER $35,926 ANTHONY BARRUETA $32,259 CARRIE HARRIS-MULLER $30,739 SUSAN SPURLARK $27,660 RUBEN BURNETT $25,888 DEANNE PETERSEN $25,466 SANDRA GREGG $19,717
SCHEDULE J, PART I, LINE 3	Top Management Officials' Compensation	Kaiser Foundation Health Plan of the Mid-Atlantic States relied on Kaiser Foundation Health Plan, Inc that used one or more of the methods described below to establish the top management officials' compensation - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Written employment contract - Compensation survey or study, and - Approval by the board or compensation committee

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-0954463
Name: KFHP OF THE MID-ATLANTIC STATES INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY BARRUETA	(i)	0	0	0	0	0	0	0
	(ii)	248,641	107,455	32,238	58,425	13,027	459,786	0
KENNETH E BATES	(i)	187,911	60,000	3,775	35,653	15,170	302,509	0
	(ii)	0	0	0	0	0	0	0
RAYMOND J BAXTER	(i)	0	0	0	0	0	0	0
	(ii)	458,427	446,245	349,263	238,937	13,690	1,506,562	721,979
JUDITH L BRITTAIN	(i)	165,247	35,281	33,101	47,900	14,744	296,273	0
	(ii)	0	0	0	0	0	0	0
RUBEN J BURNETT	(i)	0	0	0	0	0	0	0
	(ii)	218,125	32,319	17,841	61,572	21,554	351,411	0
THOMAS W CHAPMAN EdD	(i)	20,900	0	0	0	0	20,900	0
	(ii)	123,500	0	16,174	68,750	0	208,424	0
SANDRA GREGG	(i)	0	0	0	0	0	0	0
	(ii)	141,992	30,988	42,498	53,186	11,523	280,187	0
J EUGENE GRIGSBY III	(i)	22,400	0	0	0	0	22,400	0
	(ii)	198,750	0	3,030	0	0	201,780	0
CARRIE HARRIS-MULLER	(i)	0	0	0	0	0	0	0
	(ii)	232,759	114,420	31,226	56,807	11,679	446,891	114,420
KENDALL D HUNTER	(i)	0	0	0	0	0	0	0
	(ii)	260,973	156,042	21,339	73,920	11,679	523,953	157,685
MARILYN KAWAMURA	(i)	0	0	0	0	0	0	0
	(ii)	343,025	321,388	177,930	161,268	11,679	1,015,290	456,510
KATHRYN LANCASTER	(i)	0	0	0	0	0	0	0
	(ii)	545,871	606,732	43,222	208,336	13,690	1,417,851	607,349
KAY W LEWIS	(i)	0	0	0	0	0	0	0
	(ii)	163,439	56,821	321,440	93,005	12,235	646,940	213,613
CHRISTINE L MALCOLM	(i)	0	0	0	0	0	0	0
	(ii)	368,980	86,984	128,203	288,546	13,690	886,403	245,341
THOMAS R MEIER	(i)	0	0	0	0	0	0	0
	(ii)	257,251	214,717	57,257	69,668	13,027	611,920	219,308
DEANNE PETERSEN	(i)	0	0	0	0	0	0	0
	(ii)	190,008	95,237	48,573	54,088	13,533	401,439	95,237
ARTHUR M SOUTHAM	(i)	0	0	0	0	0	0	0
	(ii)	679,813	883,545	63,069	248,703	11,225	1,886,355	887,341
SUSAN SPURLARK	(i)	0	0	0	0	0	0	0
	(ii)	198,499	55,065	38,454	77,197	13,533	382,748	55,065
DEBORAH STOKES	(i)	0	0	0	0	0	0	0
	(ii)	278,007	178,237	149,787	102,540	13,027	721,598	286,139
BERNARD J TYSON	(i)	0	0	0	0	0	0	0
	(ii)	627,705	786,911	996,570	235,852	13,690	2,660,728	1,504,843
CHRISTOPHER J WALTERS	(i)	161,356	23,308	34,392	35,310	13,690	268,056	0
	(ii)	0	0	0	0	0	0	0
STEVEN R ZATKIN	(i)	0	0	0	0	0	0	0
	(ii)	516,044	558,242	555,302	533,116	12,393	2,175,097	1,067,290
VICTORIA B ZATKIN	(i)	0	0	0	0	0	0	0
	(ii)	174,106	28,485	44,310	42,573	2,198	291,672	48,094

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 4-B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS	STEVEN ZATKIN $942,497 BERNARD TYSON $940,810 RAYMOND BAXTER $360,957 KAY LEWIS $321,050 MARILYN KAWAMURA $231,289 ARTHUR SOUTHAM $216,841 KATHRYN LANCASTER $175,273 DEBORAH STOKES $164,551 CHRISTINE MALCOLM $147,311 THOMAS MEIER $39,947 KENDALL HUNTER $35,926 ANTHONY BARRUETA $32,259 CARRIE HARRIS-MULLER $30,739 SUSAN SPURLARK $27,660 RUBEN BURNETT $25,888 DEANNE PETERSEN $25,466 SANDRA GREGG $19,717
SCHEDULE J, PART I, LINE 3	Top Management Officials' Compensation	Kaiser Foundation Health Plan of the Mid-Atlantic States relied on Kaiser Foundation Health Plan, Inc that used one or more of the methods described below to establish the top management officials' compensation - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Written employment contract - Compensation survey or study, and - Approval by the board or compensation committee

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
KFHP OF THE MID-ATLANTIC STATES INC	52-0954463

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
		Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . ▶ $

Part II Loans to and/or From Interested Persons
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARK MALCOLM	KFHP INC EMPLOYEE	91,275	COMPENSATION		No

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
KFHP OF THE MID-ATLANTIC STATES INC

Employer identification number
52-0954463

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION A, LINE 10	1 Key information necessary for the preparation of the tax return is obtained and/or confirmed with internal sources including regional finance, executive compensation, community benefits, treasury, government relations, and legal 2 Community benefits details are presented to the community benefit committee of the board for review 3 Executive compensation details are presented to the compensation committee of the board for review 4 The complete tax return is reviewed and signed by a KPMG tax advisor 5 The complete tax return is reviewed and signed by the VP, controller and chief accounting officer 6 The tax return is discussed with the full board of directors A copy of the return is provided to each board member in electronic format prior to filing

Identifier	Return Reference	Explanation
COMPLIANCE ENFORCEMENT	PART VI, SECTION B, LINE 12C	Regularly and Consistently Monitors Compliance with the Conflicts of Interest Policy Kaiser Permanente regularly monitors compliance with the Conflicts of Interest Policy in 3 key ways 1 The Kaiser Permanente Compliance Hotline is available to all employees and vendors to report actual or potential conflicts of interest All calls are answered by a third party and provided to Kaiser Permanente's National Compliance office for review and appropriate action Employees can report anonymously and without fear of retaliation Reports of actual or potential Conflicts of Interest are generated and investigations are conducted as required and information is tracked and trended to determine if additional guidance is required to avoid conflicts of interest Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually 2 The Senior Vice President & Chief Compliance Officer and the Vice President of Internal Audit Services annually review the directors', officers', key employees', and executives' Annual Conflicts of Interest Questionnaire disclosures and provide direction on any investigations required Investigations are documented, tracked and trended to determine if additional controls or education is required, In addition, Conflicts of Interest Questionnaire Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually, and 3 Annually, as a component of the external audit, KPMG reviews the Annual Conflicts of Interest Questionnaires completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/ Hospitals Audit and Compliance Committee Regularly and Consistently Enforces Compliance with the Conflicts of Interest Policy To ensure consistency in the enforcement of the policy Kaiser Permanente uses the following steps as a general guideline A Represented employees are subject to any corrective/disciplinary action provisions described in specific regional/national collective bargaining agreements and/or organizational policies and practices B Kaiser Permanente notifies employees of the National Human Resources Policy No 14 Corrective/Disciplinary Action Policy during new employee orientation and in annual compliance training C In the event that it is necessary to discipline any employee because of, but not limited to, failure to comply with applicable legal/regulatory requirements, Kaiser Permanente policies and procedures, or the Principles of Responsibility, or for unsatisfactory performance or misconduct, coaching/counseling and/or corrective/disciplinary action may include, but is not limited to - Oral discussion and/or warning by the employee's immediate supervisor or higher level manager to correct the problem - Written notice, with or without final warning - Paid or unpaid suspension, with or without final warning - Termination of employment

Identifier	Return Reference	Explanation
COMPENSATION DETERMINATION	PART VI, SECTION B, LINE 15	The executive compensation program is designed to recruit, retain and motivate qualified senior management personnel Senior management personnel have a significant impact on the strategic and policy direction and results of the organization Therefore, the executive compensation program is, to a significant degree, performance-based The compensation program is reviewed annually by the Compensation Committee of the Board of Directors which evaluates and approves prior to payment all programs and payments to CEO, Executive Director and top management officials (executives) Base pay for executive positions is established at a level comparable to the relevant market In addition, other components of the compensation program bear 'at-risk' features designed to focus on strategically important performance goals and to assist in attracting and retaining top performers The executive compensation program is targeted at the median of the comparable external market in which the organization competes for executive leadership Evaluation of comparable pay data is performed by an Independent Compensation, Benefit & Human Resource Consulting firm The compensation program focuses on objectives in the areas of quality of member care and service, financial soundness, and the community and social mission of the organization

Identifier	Return Reference	Explanation
PUBLIC INSPECTION	PART VI, SECTION C, LINE 19	Governing documents - are available as provided to state Dept of Insurance and maintained on state agency website or upon request Conflict of Interest is available on KP website under vendor Principles of Responsibility or upon request Financial Statements are on file with state insurance agency on a statutory basis (stand alone entity) Combined data is published for Kaiser Foundation Health Plan Inc and subsidiaries and Kaiser Foundation Hospitals and Subsidiaries with audit opinion by KPMG upon request To request copies contact Tax Director Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Ste 15L Oakland, CA 94612

Identifier	Return Reference	Explanation
FAMILY AFFILIATIONS	PART VI, SECTION A, LINE 2	steven r zatkin - spouse officer of kfhp inc , kfh and subsidiaries victoria zatkin - spouse senior vp, general counsel and officer of kfh, kfhp inc and regional health plans

Identifier	Return Reference	Explanation
NET UNRELATED BUSINESS TAXABLE INCOME FROM FORM 990-T, LINE 34	PART I, LINE 7-B	TOTAL UBI (FORM 990-T, LINE 30) $25,049 NET OPERATING LOSS (NOL) APPLIED <$25,049> __________ UBTI WITH NOL (FORM 990-T, LINE 34) NONE

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS - PROGRAM SERVICES	PART III, LINE 4A-D	2008 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF MID-ATLANTIC STATES, INC THE COMMUNITY BENEFIT PROGRAMS IN THE MID-ATLANTIC REGION In 2008, Kaiser Permanente spent approximately $1 2 billion or approximately 2 94% of revenue to support the Community Benefit Program The Mid-Atlantic Health Plan expended approximately $29 million to support community benefit activities A breakdown of the 2008 Community Benefit dollars attributable to the Mid-Atlantic Health Plan regionally is provided at the end of the community benefit report The following identifies many of the signature community benefit programs and services grouped according to the national streams of work funded by the Mid-Atlantic Health Plan CARE AND COVERAGE FOR LOW-INCOME PEOPLE There are roughly 46 million Americans without health care coverage Uninsured, low-income individuals and families who are not eligible for public programs often have to rely on traditional charity care Frequently, individuals in this situation may wait to seek medical care until their conditions become critical, and end up in hospital emergency rooms for treatment of conditions that are preventable or easily treated in earlier stages In 2008, the Mid-Atlantic Health Plan expended $26 million to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age, or other factors Program beneficiaries (under- and uninsured) received free or discounted care in a Kaiser Permanente facility or by a Permanente provider Charitable Care (Medical Financial Assistance and Charitable Health Coverage Programs) In the Mid-Atlantic States, Health Plan provides charity care to low-income vulnerable populations through the Medical Financial Assistance and Charitable Health Coverage Programs In 2008, the Mid-Atlantic States Health Plan spent $17 million on under- and uninsured residents in Maryland, Virginia and the District of Columbia to serve more than 5,000 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 collection practices do not further burden an individual or family in financial distress The program is available to assist Health Plan members in reducing out-of-pocket costs such as co-payments, co-insurance, medical services and/or pharmacy Nonmembers are offered assistance for specified medically necessary services related to an episode of care In order to receive financial assistance, members and nonmembers must not be eligible to receive assistance under any other public or private program MFA awards are only for services provided in Health Plan facilities Kaiser Permanente's charity care program also includes discounted charges for uninsured patients below 400% of the federal poverty guidelines - Charitable Health Coverage Charitable Health Coverage (CHC) is a unique approach to caring for low-income uninsured persons in the community Participants receive a regular Kaiser Permanente membership card and access to the full range of service and providers-a much better alternative to a brief and costly emergency room visit or hospitalization This allows the Mid-Atlantic Health Plan to invest in the longer term health of patients and the communities Since inception in the early 1980s, CHC programs have made a real difference in the lives of persons who might otherwise have no other source of care The following describes two CHC programs in the Mid-Atlantic region Bridge Program - This program enables participants to have comprehensive health care coverage at significantly reduced costs at a time when they are experiencing financial difficulties due to job loss, involuntary reduction in work hours, death, divorce, or legal separation from a spouse Typically, these individuals are not eligible for any other public or private health care coverage and whose income is less than 250% of the federal poverty guidelines Health Plan subsidizes either 90% or 95% of their monthly health care premium relative to the member's income At the end of 2008, nearly 2800 individuals were enrolled through community partners located in 12 local jurisdictions Medical Care for Children Programs - In 2008, more than 2000 children were 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 below 250% of the federal poverty guidelines The program is operated in partnership with local governments, hospitals and/or nonprofit community groups Referrals to specialists not available from the Permanente Medical Group and inpatient hospitalizations are covered by the program's partners This program targets children of "working poor" families Participation in Government-Sponsored Programs In 2008, Mid-Atlantic 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 Medicaid pays to fee-for-service health care providers and managed care health care providers The program helps increase the number of practitioners willing to serve Medicaid 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 conditions in their neighborhoods, workplaces, and schools to support good health, particularly Healthy Eating, Active Living (HEAL) The Mid-Atlantic Health Plan spent $386,150 on community health initiatives during 2008 Healthy Eating Active Living Programs The Mid-Atlantic HEAL program provides a variety of community outreach activities and services to address the environmental factors that effect childhood and adult obesity The focus is on increasing access to healthy foods, fun and safe places for children and adults to engage in physical activity as well as raise awareness and educate the consumer about ways to lead a healthier lifestyle through healthy eating and active living Grants and Donations for Community Health Initiatives The Mid-Atlantic Health Plan donated $386,150 to 13 nonprofit community organizations to support a variety of community health initiatives The following are examples of programs and services funded in 2008 - Access to Wholistic and Productive Living was awarded a $25,000 grant to develop, implement, sustain and evaluate healthy living policies and program interventions in Prince George's County, with emphasis on obesity and chronic disease - Family League of Baltimore City received a $10,000 planning grant for the formation of a Baltimore City Food Policy Task Force to develop sustainable strategies to improve access to culturally appropriate, nutritious, affordable foods - Frederick County Health Partnership was given a $36,350 grant for a vending machines pilot project that placed healthier options in Frederick County Schools and community centers SAFETY NET PARTNERSHIPS Through funding, technical assistance, public policy advocacy, training and volunteering, dissemination of care-management and quality improvement technologies, Kaiser Permanente helps these vital health care providers improve care and expand treatment capacity for the communities and vulnerable people they serve Grants and Donations for Safety Net Partnerships The Mid-Atlantic Health Plan spent $150,460 to support 11 organizations that deliver medical or dental care services to uninsured people in community settings, primarily safety net clinics in the District of Columbia, Maryland, and Virginia In May 2008, a special request for proposals was issued to safety net providers for the purpose of funding services that address health needs of the uninsured The following are examples of programs and services funded - A $50,000 grant was given to Loudoun Community Health Center to create an Oral Health Program to improve oral health care in Loudoun County for low-income, uninsured residents - To improve pharmacy access for indigent patients, the Lloyd F Moss Free Clinic was awarded $25,000 for medications and supplies prescribed by healthcare professionals

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS - PROGRAM SERVICES	PART III, LINE 4A-D (CONTINUED)	- With a $50,000 grant, Catholic Charities' Esperanza Center was able to purchase medical supplies, hire a Spanish-speaking community health care coach, and add diagnostic testing resources to better serve uninsured and underinsured Latinos in Baltimore City - NOVA Scripts-Central used a $57,745 grant from Mid-Atlantic Health Plan to recruit and place volunteer professional pharmacists and graduate pharmacy students at their Northern Virginia clinic sites to increase pharmaceutical safety and health outcomes DEVELOPING AND DISSEMINATING KNOWLEDGE Kaiser Permanente aims to improve health care by sharing its knowledge, educating practitioners, advancing research, empowering consumers, and informing policymakers about the evidence base for care and health The Educational Theatre Programs is a potent strategy for disseminating clinically-honed prevention messages to students, families, and their broader communities In 2008, the Mid-Atlantic Health Plan spent $665,037 to support this program Educational Theatre Programs (ETP) The Educational Theatre Programs in Mid-Atlantic States has provided professional, award-winning health education plays for grades K-12 for 20 years in Maryland, Virginia and the District of Columbia In 2008, ETP performed for 32,729 children and adults in the Greater Baltimore-Washington metro area They completed 132 performances 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-Atlantic States performed four shows during 2008-2009 season, including Professor Bodywise's Traveling Menagerie, The R-Files, The Amazing Food Detective and Secrets OTHER COMMUNITY BENEFITS The Mid-Atlantic Health Plan spent $1 4 million on other community benefits beyond the national streams of work Regional Community Benefit 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 2008, Mid-Atlantic Health Plan made contributions to support nonprofit organizations which were not part of National Streams of Work The following are examples - The African American AIDS Policy and Training Institute (also known as the Black AIDS Institute) was given a $25,000 planning grant to develop and implement "LIFE AIDS", an innovative AIDS prevention and outreach program targeted to youth in the Washington, DC Metropolitan area - A $10,000 grant was given to the Junior League of Baltimore to support their annual "Kids in the Kitchen" event at Port Discovery Children's Museum This is a day long event where low-income, inner-city students from Baltimore are brought to the Children's Museum for a day of interactive education and hand's on experience with cooking healthy and nutrition meals - A day-long educational summit for more than 125 clinicians and community outreach workers on issues surrounding premature birth Mid-Atlantic Health Plan partnered with the March of Dimes to fund and develop this community education program - Hispanic Youth Symposium received a $25,000 grant to fund a three-day educational event for at-risk Latino high school students through the Hispanic College Fund, which takes place in both Washington, DC and Baltimore, MD The purpose of the symposium is to expose these youth to different career paths achievable through college education Along with financial support, Health Plan also held an interactive workshop for students on health care professions 2008 COMMUNITY BENEFIT INVESTMENT MID-ATLANTIC STATES The following chart summarizes the 2008 Community Benefit investments in Maryland, Virginia and Washington, DC The investments in the community reflected in the chart are unaudited REGIONAL HEALTH PLAN TOTAL CARE AND COVERAGE Charitable Care and Coverage Programs $17,055,606 Government Sponsored Programs 9,286,956 Subtotal $26,342,562 COMMUNITY HEALTH INITIATIVES Grants & Donations for Community Health Initiatives 386,150 Subtotal $386,150 SAFETY NET PARTNERSHIPS Grants & Donations for Safety Net Partnerships $150,460 Subtotal $150,460 KNOWLEDGE DISSEMINATION Educational Theatre Programs 665,037 Subtotal $665,037 OTHER COMMUNITY BENEFITS Other CB Grants & Donations 420,310 CB Operations 968,484 Subtotal $1,388,794 TOTAL $28,933,003

Identifier	Return Reference	Explanation
CHANGES TO ORGANIZATIONAL DOCUMENTS	PART VI, LINE 4	Amendments to Bylaws of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc , effective June 25, 2009 Article C, Member, Section C-5, Meetings Clarifies that the annual meeting of the member shall be at the time of the first regular Board of Directors' meeting each year Article D, Directors, Section D-1 Power and Authority of Directors (d) - under list of powers of corporation deletes statement that "removal of the Chairman of the Board or the Regional President shall require the affirmative vote of the member ", and statement that (f) the affirmative vote of the member is required to approve any disposition of or encumbrance of the corporation or acquisition of assets where the fair market value of such corporate property or assets exceeds 10% of the value of the assets of the corporation Adds new power of corporation as subsection (n) - to appoint or remove members of the Executive Advisory Board and approve the charter of the Executive Advisory Board and amendments Section D-2, Number Changed the number of Directors to fourteen (14) Provides that two of the fourteen Directors shall be inside Directors - one shall be the Chairman of the Board of the corporation and one shall be a senior officer of the member designated by the Chairman of the Board All other Directors shall be independent Directors Section D-4, Election and Term of Office Deletes provisions for Subscriber Directors (a) Provides that the term of all Directors in office as of June 1, 2009, shall expire on June 25, 2009 (b) Provides that the twelve independent Directors shall be divided into three classes of four Directors each The member shall elect one class to serve from June 25, 2009 until the annual meeting of the member in 2010, one class to serve from June 25, 2009 until the annual meeting of the member in 2011, and one class to serve until the annual meeting of the member in 2012 (c) Commencing with the first regularly scheduled meeting of the member's Board of Directors in 2010, and each year thereafter upon the expiration of a term of a class of Directors, Directors of that class shall be elected for a three-year term, to end at the first regularly scheduled meeting of the member's Board of Directors in the third year following election or when successors are elected (c) Adds provision prohibiting the Chairman of the Board from continuing to serve as a Director after he or she resigns or retires D-7 Adds new section establishing an Executive Advisory Board to be appointed by the Board of Directors upon recommendation by the Regional President and providing that the Board shall approve the Advisory Board charter and any amendments Section F-4, Executive Committee (a) Composition Changed the composition of the Executive Committee to seven Directors, which shall be comprised of the chairs of the Board's standing committees Provides that the Committee shall be comprised solely of independent Directors and defines independent Directors Adds new subsection (b) which sets forth authority and duties of the Executive Committee, including assisting the Board of Directors with oversight responsibility relating to (1) tax exemption, and (2) executive selection, performance appraisal and succession, and authority to act for the Board between meetings Former subsection (b) "Authority and Duties" changed to subsection (c) "Acting for Board Between Meetings", and revises list of actions that the Executive Committee shall not be authorized to take Former subsection (c) changed to (d) Conduct of Business and changes a quorum to a majority of the Committee and provides that the Committee shall annually assess its performance and report to the Board

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
KFHP OF THE MID-ATLANTIC STATES INC

Employer identification number
52-0954463

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
HCMS LLC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3924985	CASE MANAGEMENT	CA	NA	N/A				No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
OAK TREE ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 03-0329760	INSURANCE	VT	NA	C CORP			
KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3203402	INSURANCE	CA	NA	C CORP			
KAISER PROPERTY SERVICES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3259432	REAL ESTATE	CA	NA	C CORP			
ARCHIMEDES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3774729	CONSULTING	CA	NA	C CORP			
KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3245176	CONSULTING	CA	NA	C CORP			

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e Loans or loan guarantees by other organization(s)	**1e**		**No**
f Sale of assets to other organization(s)	**1f**		**No**
g Purchase of assets from other organization(s)	**1g**		**No**
h Exchange of assets	**1h**		**No**
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n Sharing of paid employees	**1n**	**Yes**	
o Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q Other transfer of cash or property to other organization(s)	**1q**		**No**
r Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership**

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-0954463
Name: KFHP OF THE MID-ATLANTIC STATES INC

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
KAISER FOUNDATION HEALTH PLAN INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-1340523	HEALTH CARE	CA	501(c)(3)	9	NA
KAISER FOUNDATION HOSPITALS ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-1105628	HEALTH CARE	CA	501(c)(3)	3	NA
KAISER FDN HEALTH PLAN OF COLORADO ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 84-0591617	HEALTH CARE	CO	501(c)(3)	9	NA
KAISER FDN HEALTH PLAN OF GEORGIA INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 58-1592076	HEALTH CARE	GA	501(c)(3)	9	NA
KAISER FDN HEALTH PLAN OF THE NORTHWEST ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0798039	HEALTH CARE	OR	501(c)(3)	9	NA
KAISER FDN HEALTH PLAN OF OHIO ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 34-0922268	HEALTH CARE	OH	501(c)(3)	9	NA
KAISER HEALTH PLAN ASSET MANAGEMENT INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299124	ASSET MGMT	CA	501(c)(3)	11	NA
LOKAHI ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 91-2171891	RISK MGMT	HI	501(c)(3)	11	NA
KAISER HOSPITAL ASSET MANAGEMENT INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299125	ASSET MGMT	CA	501(c)(3)	11	NA
CAMP BOWIE SERVICE CENTER ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299123	HEALTH CARE	CA	501(c)(3)	11	NA
OHP ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0480268	LEASING	WA	501(c)(3)	11	NA
KAISER HEALTH ALTERNATIVES ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0954562	HEALTH CARE	WA	501(c)(3)	11	NA
1800 HARRISON FOUNDATION ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3317484	FINANCING	CA	501(C)(3)	11	NA

Additional Data

Software ID:
Software Version:
EIN: 52-0954463
Name: KFHP OF THE MID-ATLANTIC STATES INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a MBR HLTH CARE PREM	621,400	1,723,385,123	1,723,385,123		
b SUPPL CHARGE/PHARM	621,400	88,422,481	88,397,595	24,886	
c NON-PLAN & IND REV	621,400	5,487,598	5,487,598		
d OTHER PRGM SERVICE	621,400	15,434,939	15,425,575	9,364	
e MEDICARE/MEDICAID	621,400	168,665,528	168,665,528		