## 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 Open to Public

Inspection

A F	or the	200/ ca	lendar yea	r, or tax year beginning	01-01-200/ and end	ing 12-31-2	2007						
	heck ıf a	pplicable nange	Please use IRS	C Name of organization KAISER FOUNDATION HEA OF THE NORTHWEST	ALTH PLAN				yer ident 798039	ification number			
_		,	label or print or		O box if mail is not delivere	d to street ad	Idress) Room/suite		one num	ber			
	ame cha nitial retu	_	type. See Specific	ONE KAISER PLAZA SUITE				(510)	271-66	11			
	ınal retur		Instruc- tions.	City or town, state or cou OAKLAND, CA 94612	intry, and ZIP + 4		·	F Account	F Accounting method  Cash  Accrual				
			tions.	OAKLAND, CA 94612				☐ Oth	er (specify	) ▶			
_	mended												
Į A	pplicatior	n pending		501(c)(3) organizations nust attach a completed S			ie į			on 527 organizations iliates? Yes 🔽 No			
				·	•	•	<b>H(b)</b> If "Yes			·			
_		<b>e: ►</b> N/A					H(c) Are all	affiliates in	icluded?	☐ Yes ☐ No			
<u> </u>	Organiza	ation type	check only	one) 🕨 🔽 🕏 501(c) (3)	◀ (insert no )	(1) or	027			nstructions )			
				tion is not a 509(a)(3) suppo			are covere	a separate d by a grou		d by an organization Yes 🔽 No			
			than 25,000 nplete return	A return is not required, but	if the organization chooses t	o file a returr	n,	Exempt					
								•		ation is <b>not</b> required to			
L	Gross re	eceipts	Add lines 6	5b, 8b, 9b, and 10b to l	ne 12 🕨 2,380,237,7	83	attach	Sch B (Fo	m 990, 99	00-EZ, or 990-PF)			
P	art I			enses, and Chang		r Fund I	Balances <i>(See</i>	the in	structio	ons.)			
	1			s, grants, and sımılar aı									
	а			onor advised funds .		1a							
	b	•		ort (not included on line	•	1b							
	C			oport (not included on li	·	1c							
	d	Government contributions (grants) (not included on line 1a)											
	e	·											
	2	_		evenue including gover			art VII, line 93)		2	2,346,496,968			
	3	Membe	rship dues	and assessments .					3				
	4	Interes	t on saving	s and temporary cash i	nvestments			·	4	2,182,446			
	5	Dividen	ds and inte	erest from securities .					5				
	6a	Grossr	ents			6a	1,323	3,865					
	b	Less re	ental exper	ises		6b	525	5,868					
	C	Net ren	tal ıncome	or (loss) subtract line 6	5b from line 6a			6	ic	797,997			
当	7	Otherin	nvestment	income (describe 🕨 )					7				
Revenue	8a			n sales of assets	(A) Securities		(B) O ther						
α		other th	ian invento	ry	1,892,66			53,921					
	b	Less cos	t or other bas	sis and sales expenses	2,004,25			21,022					
	С	Gain or	(loss) (atta	ach schedule)	-111,59	2 <b>8c</b>	-5	67,101					
	d	-	, ,	Combine line 8c, colum					Bd	-678,693			
	9	Special	events and	d activities (attach sch	edule) If any amount is	from <b>gam</b> i	ing, check here 🕨	·					
	а			t including \$rted on line 1b)	of	9a							
	ь	Less d	ırect exper	ses other than fundrais	ing expenses	9b							
	c	Netinc	ome or (los	s) from special events	Subtract line 9b from li	ne 9a .		. 9	oc				
	10a	Grosss	ales of inv	entory, less returns and	dallowances	10a							
	ь	Less c	ost of good	ssold		10b							
	С	Gross pro	ofit or (loss) fi	rom sales of inventory (attac	ch schedule) Subtract line 10	b from line 1	0a	1	0с				
	11	Otherr	evenue (fro	m Part VII, line 103)				. 1	1	28,287,922			
	12	Total re	venue A dd	lines 1e, 2, 3, 4, 5, 6c	, 7, 8d, 9c, 10c, and 11			. 1	.2	2,377,086,640			
	13	Progran	Program services (from line 44, column (B))						.3	2,242,654,440			
20 98	14	Manage	ment and g	general (from line 44, co	olumn (C))			. 1	.4	83,338,314			
Expenses	15	Fundraı	sıng (from	line 44, column (D)) .				. 1	.5				
Ж	16	Paymer	nts to affilia	ites (attach schedule)				1	.6				
_	17	Total ex	<b>kpenses</b> A d	d lines 16 and 44, colu	mn (A )	<u></u>	<u></u> .	1	L <b>7</b>	2,325,992,754			
5]	18	Excess	or (deficit)	for the year Subtract I	ne 17 from line 12 .			1	.8	51,093,886			
Nei Assets	19	Netass	ets or fund	balances at beginning	of year (from line 73, c	olumn (A ))		. 1	.9	249,030,662			
a 10	20	Otherc	hanges ın ı	net assets or fund balar	nces (attach explanatio	n) 🕏 .		. 2	20	42,177,697			
Ż 	21	Netass	ets or fund	balances at end of yea	r Combine lines 18, 19	, and 20	<u> </u>	. 2	21	342,302,245			
-				l. D d	the communication		C-+ N- 11201			Form 000 (2007)			

# Part II Statement of Functional Expenses

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

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B)</b> Program services	(C) Management and general	( <b>D)</b> Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $$0$$ noncash $$0$$ )  If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule) $(\cosh \$ \frac{323,350}{}$ noncash $\$ \frac{0}{}$ )  If this amount includes foreign grants, check here					
	Specific assistance to individuals (attach schedule)	22b	323,350	323,350		
23		23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	0			
Ь	Compensation of former officers, directors, key employees etc listed in Part V -B (attach schedule)	25b				
С	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	357,867,278	335,815,981	22,051,297	
27	Pension plan contributions not included on lines 25a, b and c	27	48,191,588	45,222,071	2,969,517	
28	Employee benefits not included on lines 25a - 27	28	120,253,120	108,523,978	11,729,142	
29	Payroll taxes	29	28,820,398	28,820,398		
30	Professional fundraising fees	30				
31	Accounting fees	31	898,386		898,386	
32	Legal fees	32	7,806		7,806	
33	Supplies	33	275,444,766	270,515,979	4,928,787	
34	Telephone	34	722,716	710,416	12,300	
35	Postage and shipping	35	6,307,615	5,676,877	630,738	
36	Occupancy	36	14,721,879	14,368,597	353,282	
37	Equipment rental and maintenance	37	7,219,830	7,203,947	15,883	
38	Printing and publications	38	5,089,526	2,388,890	2,700,636	
39	Travel	39	2,755,173	2,346,208	408,965	
40	Conferences, conventions, and meetings	40	152,301		152,301	
41	Interest	41	1,987,522	1,987,522		
42	Depreciation, depletion, etc (attach schedule)	42	26,788,885	26,690,169	98,716	
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals	44	2 225 002 754	2 242 454 440	Q2 220 21 <i>4</i>	0
loint	to lines 13—15)		2,325,992,754	2,242,654,440	83,338,314	<u> </u>

Pa	rt IIII Statement of Program Servi	ce Accomplishments (See the instructions.)	
		or some people, serves as the primary or sole source of information a	
_		ation in such cases may be determined by the information presented	
		te and accurate and fully describes, in Part III, the organization's pro	ograms and
acc	complishments		
W/h	at is the organization's primary exempt purpos	e <sup>?</sup> ► THE PRIMARY EXEMPT PURPOSE OF KAISER	
****	at is the organization's primary exempt purpos	FOUNDATION HEALTH PLAN OF THE	
		NORTHWEST (HEALTH PLAN), AN OREGON NOT-	
		FOR-PROFIT CORPORATION ORGANIZED FOR	
		THE PUBLIC BENEFIT AND GENERALLY EXEMPT	
		FROM INCOME TAX UNDER INTERNAL REVENUE	
		CODE SECTION 501(C)(3), AND COMPARABLE	
		STATE STATUTES, IS TO PROVIDE A PROGRAM	
		OF HEALTH CARE AND MEDICAL SERVICES AS A	
		PREPAID DIRECT CARE GROUP PRACTICE	
		HEALTH MAINTENANCE ORGANIZATION	
		HEALTH PLAN IS A SUBSIDIARY OF KAISER	
		FOUNDATION HEALTH PLAN, INC. AN	
		ORGANIZATION ALSO EXEMPT FROM TAX	Program Service
		UNDER INTERNAL REVENUE CODE SECTION 501	Expenses
		(C)(3) HEALTH PLAN CONTRACTED WITH	(Required for 501(c)(3) and
		KAISER FOUNDATION HOSPITALS (HOSPITALS),	(4) orgs , and 4947(a)(1) trusts, but optional for
		NORTHWEST PERMANENTE PC AND	others )
		PERMANENTE DENTAL ASSOCIATES (MEDICAL	,
		GROUPS) TO PROVIDE OR ARRANGE FOR	
		HOSPITÁL, MEDICAL AND DENTAL SERVICES	
		FOR ITS MEMBERS CONTRACT PAYMENTS TO	
		HOSPITALS AND MEDICAL GROUPS REPRESENT	
		A SUBSTANTIAL PORTION OF THE EXPENSES	
		FOR MEDICAL, DENTAL AND HOSPITAL	
		SERVICES REPORTED IN THIS TAX RETURN	
		PLEASE SEE THE ATTACHMENT, "KAISER	
		PERMANENTE	
All c	organizations must describe their exempt purpose achiev	ements in a clear and concise manner. State the number of clients served,	
pub	lications issued, etc. Discuss achievements that are not r	neasurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	
_	ritable trusts must also enter the amount of grants and a	llocations to others )	
а	SEE STATEMENT 6 & 25		
	(Grants and allocations \$ 323,350)	If this amount includes foreign grants, check here 🕨 🦵	2,242,654,440
b		·	
_			
	(Grants and allocations \$	) If this amount includes foreign grants, check here 🕨 🦵	
С		·	
	(Grants and allocations \$	) If this amount includes foreign grants, check here 🕨 🦵	
d			
	(Grants and allocations \$	) If this amount includes foreign grants, check here ▶ ┌	
_	Other program services (attach schedule)	,	
_	(Grants and allocations \$	) If this amount includes foreign grants, check here 🕨 🦵	

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . .

Port TV		otio no				Page <b>4</b>
Part IV	<del>-</del>		<del>-</del>	(4)		(5)
Note:	Where required, attached schedules and amo column should be for end-of-year amounts or		thin the description	<b>(A)</b> Beginning of year		(B) End of year
45	Cash—non-interest-bearing	·		17,708,206	45	10,407,153
46	Savings and temporary cash investments			29,924,320	46	559,361,660
47a	Accounts receivable	47a	72,212,541			
ь	Less allowance for doubtful accounts	47b	21,577,571	41,576,000	47c	50,634,970
48a	Pledges receivable	48a				
Ь	Less allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50a	Receivables from current and former office key employees (attach schedule)		· · · · · · · · · · · · · · · · · · ·		50a	
ь	Receivables from other disqualified person 4958(c)(3)(B) (attach schedule)	ns (as de	efined under section		50b	
51a	Other notes and loans receivable (attach					
	schedule)	51a	0			
<u>%</u> b	Less allowance for doubtful accounts	51b		1,450,000	51c	<b>6</b> 3 0
\$105 <b>b</b> 52	Inventories for sale or use			23,182,170	52	24,945,287
ີ 53	Prepaid expenses and deferred charges		[	3,571,795	53	3,539,902
54a	Investments—publicly-traded securities	. •	Cost FMV	0	54a	0
Ь	Investments—other securities (attach sch	iedule)	► Cost FMV		54b	
55a	Investments—land, buildings, and equipment basis	55a				
ь	Less accumulated depreciation (attach schedule)	55b			55c	
56	Investments—other (attach schedule) .			4,379,000	56	3,652,109
57a	Land, buildings, and equipment basis	57a	488,257,304			
ь	Less accumulated depreciation (attach	57b	238,532,088	260,009,934	57c	249,725,216
58	schedule) Other assets, including program-related in		nts	200,000,004	370	240,720,210
	(describe ▶	385,494,000	58	  953		
59	Total assets (must equal line 74) Add line	s 45 th	rough 58	767,295,425	59	902,266,297
60	Accounts payable and accrued expenses		F	151,622,771	60	181,456,542
61	Grants payable		-	00.070.005	61	05.040.070
62	Deferred revenue		F	20,979,995	62	25,946,873
੍ਹੇ 63	Loans from officers, directors, trustees, an schedule)				63	
ኒ; 64a	Tax-exempt bond liabilities (attach sched		F		64a	
., 04a b	Mortgages and other notes payable (attach	•	F		64b	
65	Other heldstore /december 5		)	345,661,997	65	<b>%</b> 352,560,637
						3
66	<b>Total liabilities</b> Add lines 60 through 65			518,264,763	66	559,964,052
Orga	nnizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74	<b>▶</b>	nd complete lines			
g 67	Unrestricted				67	
Securing 68 69	Temporarily restricted				68	
<u>ு</u> 69	Permanently restricted		F		69	
- - - - - - - - - - - - - - - - - - -	nizations that do not follow SFAS 117, chec complete lines 70 through 74					
는 <b>70</b>	Capital stock, trust principal, or current fu		F	2,912,722	70	4,712,722
\$10	Paid-in or capital surplus, or land, building		· · ·	040447047	71	007.500.500
	Retained earnings, endowment, accumulat		· ·	246,117,940	72	337,589,523
급 2 2	Total net assets or fund balances Add lin through 72 (Column (A) must equal line 19			249,030,662	73	342,302,245
74	Ine 21)	767,295,425	73	902,266,297		
//4	Total liabilities and net assets / fund balance	s Add line	s oo anu /3 • •	101,293,425	/4	Form <b>990</b> (2007)

	the instructions.)						
а	Total revenue, gains, and other supp	oort per audited financial stat	ements			а	2,423,844,061
b	A mounts included on line <b>a</b> but not o	on Part I, line 12					
1	Net unrealized gains on investments		b1		3,283,237		
2	Donated services and use of facilities	s	b2				
3	Recoveries of prior year grants .		b3				
4	Other (specify)					1 1	
			b4	!	53,029,275	]	
	Add lines <b>b1</b> through <b>b4</b>					b	56,312,512
С	Subtract line ${f b}$ from line ${f a}$					С	2,367,531,549
d	A mounts included on Part I, line 12	, but not on line <b>a</b>					
1	Investment expenses not included o	on Part I, line					
	6b		d1				
2	Other (specify)		d2		0.555.001		
	Add lines <b>d1</b> and <b>d2</b>				9,555,091	.	56 242 542
_						d	56,312,512
е	Total revenue (Part I, line 12) Add d					<sub>e</sub>	2,377,086,640
Part	IV-B Reconciliation of Expe		ncial St	atements	With Expe		er Return
a	Total expenses and losses per audi					a	2,332,674,444
ь	A mounts included on line <b>a</b> but not o						<u> </u>
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on	Part I. line				1	
_	20	,	b2				
3	Losses reported on Part I, line					1	
	20		Ь3				
4	Other (specify) 💆						
			b4		17,329,750	1.1	
	Add lines <b>b1</b> through <b>b4</b>					Ь	17,329,750
С	Subtract line <b>b</b> from line <b>a</b>					C	2,315,344,694
d	A mounts included on Part I, line 17		i	Ī			
1	Investment expenses not included of 6b	on Part I, line	d1				
2			-			1	
-	Other (specify)		d2		10,648,060		
	Add lines <b>d1</b> and <b>d2</b>						10,648,060
e	Total expenses (Part I, line 17) Add	l lines <b>c</b> and					2,325,992,754
	d					e	, , ,
Part	V-A Current Officers, Director, trustee, or key einstructions.)						
	(2)	(B) Title and average hours	(C) Co	mpensation	(D) Contribu		(E) Expense
	(A) Name and address	per week devoted to position			deferred com	pensation	account and other allowances
SEE S	TATEMENT				plan:	5	
	(AISER PLAZA SUITE 1550L	0		0		0	0
OAKL	AND,CA 94612	0					
							+
							<u> </u>
							+
							+

b Are any employ contract tax execorganiz If "Yes d Does the Part V-B	"attach a statement that includes the organization have a written con Former Officers, Directo Benefits (If any former off (described below) during the benefits in the appropriate of the balance of the benefits and address MENT 16A	ey employees listed in Formation April - B, related to each in that identifies the individual of the organization? See the organization described in formation described in formation described in formation described in the organization. See the information described flict of interest policy?  rs, Trustees, and Kenicer, director, trustee, eyear, list that person column. See the instruction.	It to vote on organization	phest compensated ependent business relationship(s) hest compensated ependent organizations, whether finition of "related	75b 75c 75d	Yes	No
meeting b Are any employ contract relation c Do any employ contract tax exe organiz If "Yes, d Does ti Part V-B  CALAND, CALAN	y officers, directors, trustees, or kees listed in Schedule A, Part I, of tors listed in Schedule A, Part III in ships? If "Yes," attach a stateme officers, directors, trustees, or kees listed in Schedule A, Part II, of tors listed in Schedule A, Part II, of tors listed in Schedule A, Part III in the part or taxable, that are related to the organization have a written con the organizatio	ey employees listed in Formation highest compensated pro- A or II-B, related to each int that identifies the individual of the property of highest compensated pro- A or II-B, receive compensated pro- A or II-B, receive compensated pro- Control of the organization? See the control of the information described flict of interest policy?  TS, Trustees, and Kenticer, director, trustee, eyear, list that person column. See the instruction.	rm 990, Part V-A, or his ofessional and other incomplete of the property of th	ghest compensated ependent business relationship(s) . hest compensated ependent organizations, whether finition of "related	75c 75d	Yes	
employ contrac relation c Do any employ contrac tax exe organiz If "Yes d Does th Part V-B  GEE STATE DAKLAND, G  Part VI	y officers, directors, trustees, or kees listed in Schedule A, Part II, of ctors listed in Schedule A, Part III inships? If "Yes," attach a stateme officers, directors, trustees, or keees listed in Schedule A, Part II, of ctors listed in Schedule A, Part II, of ctors listed in Schedule A, Part III in its listed in Schedule A, Part II in its listed in Schedule A, Part II i	r highest compensated property of the property of the organization? See the information described in the information described in formation described in formation described in formation described flict of interest policy?  TS, Trustees, and Kenicer, director, trustee, e year, list that person column. See the instruction of the instruction of the instruction.	rm 990, Part V-A, or his ofessional and other incomplete of the through family or iduals and explains the m 990, Part V-A, or hig ofessional and other incompation from any other of instructions for the definition of the instructions of the instructions or the definition of the instructions of the instruction of th	ependent business relationship(s) hest compensated ependent organizations, whether finition of "related	75c 75d	Yes	
employ contrac relation c Do any employ contrac tax exe organiz If "Yes d Does th  Part V-B  GEE STATE DAKLAND, G	rees listed in Schedule A, Part I, of ctors listed in Schedule A, Part III in ships? If "Yes," attach a stateme officers, directors, trustees, or ke rees listed in Schedule A, Part II, of ctors listed in Schedule A, Part III is empt or taxable, that are related to reation"	or highest compensated pro-A or II-B, related to each not that identifies the individual ey employees listed in Formation highest compensated pro-A or II-B, receive compeon the organization? See the information described flict of interest policy?  rs, Trustees, and Kenicer, director, trustee, eyear, list that person column. See the instruction	ofessional and other incomplete of the other through family or iduals and explains the mapped of the other incomplete of the o	ependent business relationship(s) hest compensated ependent organizations, whether finition of "related	75c 75d	Yes	
contract relation  c Do any employ contract tax exectorganize if "Yes d Does the Part V-B  SEE STATE DAKLAND, CARLAND, C	ctors listed in Schedule A, Part III inships? If "Yes," attach a stateme officers, directors, trustees, or ke ees listed in Schedule A, Part II, octors listed in Schedule A, Part III impt or taxable, that are related to eation"	A or II-B, related to each nt that identifies the individual of the property of the organization? See the organization described flict of interest policy?  TS, Trustees, and Ke ficer, director, trustee, e year, list that person column. See the instruction.	other through family or iduals and explains the m 990, Part V-A, or higofessional and other inconsation from any other of instructions for the delegation of the instructions of the instruction of the instr	relationship(s) .  hest compensated ependent organizations, whether finition of "related	75c 75d	Yes	
relation  c Do any employ contract tax exe organiz If "Yes, d Does th  Part V-B  GEE STATE DAKLAND, C	nships? If "Yes," attach a stateme officers, directors, trustees, or ke ees listed in Schedule A, Part I, of the control of th	nt that identifies the individual of the property of highest compensated property of the organization? See the organization described flict of interest policy?  rs, Trustees, and Kenicer, director, trustee, e year, list that person column. See the instruction	iduals and explains the m 990, Part V-A, or higofessional and other inconstructions for the definition of the instructions of the instruction of the	relationship(s) . hest compensated ependent organizations, whether finition of "related	75c 75d	Yes	
employ contract tax exe organiz If "Yes d Does th Part V-B  GEE STATE DAKLAND, o	officers, directors, trustees, or key sees listed in Schedule A, Part II, of ctors listed in Schedule A, Part III. It is empt or taxable, that are related to cation"	ey employees listed in Form or highest compensated pro- A or II-B, receive compensated pro- the organization? See the compensation of the information described flict of interest policy?  Trustees, and Kericer, director, trustee, e year, list that person column. See the instruction	m 990, Part V-A, or higofessional and other inconsation from any other of instructions for the defence of the instructions of the instruction of the instr	hest compensated lependent organizations, whether finition of "related	75c 75d	Yes	
employ contract tax exe organiz If "Yes d Does th Part V-B  (A	rees listed in Schedule A, Part I, of ctors listed in Schedule A, Part II.  rempt or taxable, that are related to cation"	r highest compensated pro-A or II-B, receive compeon the organization? See the control of the information described flict of interest policy?  rs, Trustees, and Kenicer, director, trustee, e year, list that person column. See the instruction	ofessional and other inconsation from any other of instructions for the definition of the instructions of the instructions of the instructions of the instructions of the instruction of	ependent organizations, whether finition of "related	75d		
contract tax executax executax executax executations are contracted as a contract of the contr	empt or taxable, that are related to ration"	The or II-B, receive compete the organization? See the organization? See the sthe information described flict of interest policy?  To the information described flict of interest policy?	nsation from any other of instructions for the de	finition of "related	75d		
tax execorganiz If "Yes, d Does th Part V-B  (A SEE STATE DAKLAND, G	empt or taxable, that are related to cation"	the organization? See the state information described flict of interest policy?  rs, Trustees, and Kericer, director, trustee, e year, list that person column. See the instruction	we instructions for the de in the instructions y Employees That or key employee recorded below and enter the	finition of "related  Received Compeneration	75d		
organiz If "Yes d Does th Part V-B  (A BEE STATE DINE KAISE DAKLAND, (	ration"	the information described flict of interest policy? . rs, Trustees, and Ke ficer, director, trustee, e year, list that person column. See the instruc-	d in the instructions  y Employees That or key employee red below and enter the	Received Compen	75d		
d Does the Part V-B  (A  SEE STATE  ONE KAISE OAKLAND,	Former Officers, Directo Benefits (If any former off (described below) during th benefits in the appropriate of A) Name and address MENT 16A	rs, Trustees, and Ke icer, director, trustee, e year, list that person column. See the instruc	y Employees That or key employee red below and enter the	Received Compenceived compensation		Yas	
Part V-B  (A  SEE STATE ONE KAISE OAKLAND,	Former Officers, Directo Benefits (If any former off (described below) during th benefits in the appropriate of  A) Name and address  MENT 16A	rs, Trustees, and Ke ficer, director, trustee, e year, list that person column. See the instruc	y Employees That or key employee red below and enter the	Received Compenceived compensation		Yes	ļ
EE STATE ONE KAISE OAKLAND,	Benefits (If any former off (described below) during the benefits in the appropriate of the band address  MENT 16A	icer, director, trustee, e year, list that person column. See the instruc	or key employee red below and enter the	ceived compensation	satio	1 03	ĺ
Part VI	(described below) during the benefits in the appropriate of the second s	e year, list that person column. See the instruc	below and enter the				
SEE STATE ONE KAISE OAKLAND,	MENT 16A		(C) Compensation	(D) Contributions to employee benefit plans	ation		er
Part VI		(B) Loans and Advances	(If not paid enter -0- )	and deferred compensation		er allowa	
Part VI	R PLAZA 1550L	0	0	, and			
	CA 94612						
							-
6 Did the o	Other Information (See the	instructions.)				Yes	No
	organization make a change in its activitie	s or methods of conducting activ	vities? If "Yes," attach a				
detailed	statement of each change				76		No
<b>7</b> Were a	ny changes made in the organizing	g or governing documents	but not reported to the	IRS?	77		Νo
If"Yes	," attach a conformed copy of the	changes					
<b>8a</b> Did the o	organization have unrelated business gros	s income of \$1,000 or more dur	ing the year covered by this	return?	78a	Yes	
<b>b</b> If"Yes	," has it filed a tax return on <b>Form</b>	<b>990-T</b> for this year? .			78b	Yes	
9 Was then a statem	re a liquidation, dissolution, termination, c	or substantial contraction during	the year? If "Yes," attach		79		No
		ion with a statewide or nationwi	ide organization) through cor	nmon membership			<b>—</b>
	ganization related (other than by associat				80a	Yes	
=	ganization related (other than by associat in bodies, trustees, officers, etc., to any o	·			Jua	162	
ıı ies	g bodies, trustees, officers, etc , to any o	OU F SEE STATEMENT 2					
		-		nonexempt			
<b>1a</b> Enter d <b>b</b> Did the	g bodies, trustees, officers, etc , to any o		etheritis 🔽 exempte	0			

• • • • • • • • • • • • • • • • • • • •				- uge 7
Par	t VI Other Information (continued)		Yes	No
32a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III)			
13a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	103	No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	044		100
b		84b		
) E	gifts were not tax deductible?	85a		
35	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?			
D	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
_	Dues assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
		OF		
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section $6033(e)(1)(A)$ dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	ork		
	504(1/3) 5 1 7 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85h		
36	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0			
	Gross receipts, included on line 12, for public use of club facilities 86b 0			
37	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
38a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI			
		88b		No
39a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
b	501(c)(3) and $501(c)(4)$ orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter A mount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		No.
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
•	1.3			l <u>.</u> .
		89f		No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		
90a	List the states with which a copy of this return is filed - OR,WA			
	Number of employees employed in the pay period that includes March 12, 2007 (See 90b			7,010
-	instructions)			
91a	The books are in care of ▶ NATIONAL DIRECTOR OF TAX Telephone no ▶ (510)	271-6	385	
	ONE KAISER PLAZA STE 1550L			
	Located at DOAKLAND, CA ZIP + 4 DO 94612			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	, 03	No
	,	710		110
	If "Yes," enter the name of the foreign country -  See the unstructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			

Form 990 (2007)								Page <b>8</b>
Part VI Other Information (co	ntinued)						Yes	No
<b>c</b> At any time during the calendar yea	ar, did the organization	on maır	ntaın an office outside	of the United	States?	910	:	Νο
If "Yes," enter the name of the fore	ian country 🛌							
92 Section 4947(a)(1) nonexempt charita	· —	990 in	lieu of Form 1041—C	neck here .				▶ ┌
and enter the amount of tax-exemp	_					1		,
Part VII Analysis of Income-P					.			
Note: Enter gross amounts unless otherwi	_		elated business income		ection 512, 513,	or 514	(E)	)
		(A)	(B)	(C)	(D)		Relate exempt fu	
		Busines code	I AMOUNT	Exclusion code	Amount		incon	
93 Program service revenue								
a MBR HLTH CARE PREM							1,669	,240,877
<b>b</b> SUPPL CHARGE/PHARM		621400	3,191,750				125	,439,796
c NON-PLAN & IND REV							11	,623,106
d OTHER PRGRM SERV							20	,546,860
e				1				· · ·
f Medicare/Medicaid payments .							516	5,454,579
g Fees and contracts from governme	<del>-</del>			+ +			310	, 13 1,373
94 Membership dues and assessment	<del> </del>							
95 Interest on savings and temporary cash in	-			14	2 19	32,446		
96 Dividends and interest from secur	-			1 1	2,10	,2,110		
97 Net rental income or (loss) from re	<b>-</b>			+				
a debt-financed property	-							
<b>b</b> non debt-financed property	-			16	70	7,997		
98 Net rental income or (loss) from personal	<b>⊢</b>			10	, ,	,,,,,,,		
99 Other investment income	· · · ·			+				
<b>100</b> Gain or (loss) from sales of assets other ti	_			18	-67	78,693		
101 Net income or (loss) from special	· -			10		0,055		
102 Gross profit or (loss) from sales of	-							
103 Other revenue a INT INC-AFF	·			14	20.20	27 022		
	-			+ + +	20,20	37,922		
<b>b</b>								
·				+				
d								
e			2 424 752	<del>                                     </del>	20.50			
104 Subtotal (add columns (B), (D), an	· · · ·		3,191,750		30,58	39,672	•	3,305,218
105 Total (add line 104, columns (B), (I	**				•		2,377,0	86,640
Note: Line 105 plus line 1e, Part I, should e	<u> </u>							
Part VIII Relationship of Acti								
Line No. Explain how each activity for whof the organization's exempt pu	· · · · · · · · · · · · · · · · · · ·				nportantly to	the acco	mpnsnm	ient
93 SEE STATEMENT 23		· ·		<u>, , , , , , , , , , , , , , , , , , , </u>				
Part IX Information Regarding		idiari	es and Disregard	led Entitie	s (See the	instru	ctions.	)
(A) Name, address, and EIN of corporation,	( <b>B</b> ) Percentage of		(C)		_ (D)		<b>(E</b> End-of	•
partnership, or disregarded entity	ownership interest		Nature of activi	ties	Total inc	ome	asse	
KAISER PERMANENTE OR PLUS LLC ONE KAISER PLAZA								
OAKLAND, CA94612	10000	% ME	DICARE CONTR PROVIDER		9,.	211,610		660,810
20-2396517	%	_						
	%							
	%							
Part X Information Regardin		cociat	ed with Personal	Benefit Co	ontracts (	See the		
	ng Transfers Ass	SUCIAL	ica with Fersonal	50	· · · · · · · · · · · · · · · · · · ·		•	
instructions.)								<del></del>
instructions.)							Yes	✓ No
instructions.)	ive any funds, directly or	ındırectly	, to pay premiums on a pe	ersonal benefit o	ontract?			_

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

DLN: 93490319026788

Organization Exempt Under Section 501(c)(3)

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

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

2007

OMB No 1545-0047

Service Name of the organization KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

**SCHEDULE A** 

(Form 990 or

Department of the

Internal Revenue

990EZ)

Treasury

牣

**Employer identification number** 

93-0798039

Part I	Compensation of the Five Highest Paid Employees Other	Than Officers, Directors, and Trustees
	(See page 1 of the instructions, list each one. If there are none	enter "None ")

(d) Contributions (e) Expense (a) Name and address of each employee (b) Title and average hours to employee benefit (c) Compensation account and other paid more than \$50,000 per week devoted to position plans & deferred allowances compensation SEE STATEMENT VΡ 0 0 0 ONE KAISER PLAZA 40 0 OAKLAND, CA 94612 Total number of other employees paid over 2,667 \$50,000

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

"None.")		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NORTHWEST PERMANENTE PC		
500 NE MULTNOMAH STREET	MEDICAL SERVICES	381,939,992
PORTLAND, OR 97232		
KAISER FOUNDATION HOSPITALS		
500 NE MULTNOMAH STREET	HOSPITAL SERVICES	929,217,514
PORTLAND, OR 97232		
PERMANENTE DENTAL ASSOCIATES		
500 NE MULTNOMAH STREET	DENTAL SERVICES	38,079,264
PORTLAND, OR 97232		
ST JOHN MEDICAL CENTER		
1615 DELAWARE STREET	HOSPITAL SERVICES	17,194,066
LONGVIEW, WA 98632		
OREGON HEALTH SCIENCE UNIVERSITY		
3181 SW SAM JACKSON PARK RD	HOSPITAL SERVICES	21,994,331
PORTLAND, OR 97239		
Total number of others receiving over \$50,000 for 285		
professional services		

#### Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation CAMPBELL-EWALD COMPANY ADVERTISING SERVICES 30400 VAN DYKE AVENUE 2,402,540 WARREN, MI 48093 CON-WAY ENTERPRISE SERVICES **BULK MAILING SERVICE** 1,351,349 PO BOX 4673 PORTLAND, OR 97208 THE CHARTIS GROUP LLC STRATEGIC PLANNING 945,069 203 NORTH LASALLE STREET CHICAGO, IL 60601 BENEFIT NATION TPA SOFTWARE SVC 942,466 29011 COMMERCE CENTER DR VALENCIA, CA 91355 MERCER HEALTH AND BENEFITS LLC CONSULTING SERVICES 900,360 4565 PAYSPHERE CIR CHICAGO, IL 60674 Total number of other contractors receiving over 99 \$50,000 for other services Þ

Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	connection with the lobbying activities ► \$ 173,565 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B )	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🕏			
а	Sale, exchange, or leasing property?	2a	Yes	
b	Lending of money or other extension of credit?	2b	Yes	
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		Νo
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments )	3а	j	Νo
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		Νo
b	Did the organization make any taxable distributions under section 4966?	4b		Νo
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

P	art I	Reason for Non-Private	Foundation Status	(See pages 4 th	rough 7 of the	instructions.	)		
Icer	tify th	nat the organization is not a private foun	·	•	* *	ох )			
5	Γ	A church, convention of churches, or	association of churches	s Section 170(b)(1	)(A )(ı)				
6	$\Gamma$	A school Section 170(b)(1)(A)(II) (A	Iso complete Part V )						
7	Γ	A hospital or a cooperative hospital s	ervice organization Se	ction 170(b)(1)(A)	(111)				
8	Γ	A federal, state, or local government or governmental unit Section $170(b)(1)(A)(v)$							
9	Γ	A medical research organization oper	ated in conjunction with	h a hospital Section	ו)( A )(1)(A )(וו	ι) <b>Enter the ho</b>	ospital's name, city		
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp			ated by a govern	mental unit			
11a	Γ	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	•		overnmental unit	t or from the ge	neral public		
11b	Γ	A community trust Section 170(b)(1	)(A)(vı) (Also complete	e the <b>Support Schec</b>	<b>lule</b> ın Part IV-A	)			
12	<b>▽</b>	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)							
13	Γ	An organization that is not controlled requirements of section 509(a)(3)		•	-	•	ise meets the		
		Type I Type II Type	e III - Functionally Int	egrated $\Box$	ype III - Other				
		Provide the following informa	tion about the support	ed organizations. (s	see page 7 of the	e instructions.)			
ī	Name	(a) (s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization li supporting org governing do	ported sted in the janization's	(e) A mount of support?		
				IRC section)	Yes	No			
				+					
	•					<u> </u>			
Tota							·		

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

rage 4								
Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.								
ote: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.								
Calendar year (or fiscal year beginning in)	<b>&gt;</b>	(a) 2006	<b>(b)</b> 2005	(c) 2004	( <b>d)</b> 2003	(e) Total		

Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2005	(c) 2004	( <b>d</b> ) 2	2003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)						C
16	Membership fees received						(
17							
_,	sold or services performed, or furnishing of	2 151 220 200	1 027 260 124	1 724 262 260	1 54	0.420.602	7,372,471,354
	facilities in any activity that is related to the	2,151,320,268	1,937,360,134	1,734,362,260	1,54	9,428,692	7,372,471,354
	organization's charitable, etc , purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less section	30,951,565	10,484,854	5,934,537		3,248,523	50,619,479
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						C
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						C
	behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without						
	charge Do not include the value of services or						c
	facilities generally furnished to the public without						
	charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						c
23	Total of lines 15 through 22	2,182,271,833	1,947,844,988	1,740,296,797	1 55	2,677,215	7,423,090,833
24	Line 23 minus line 17	30,951,565	10,484,854	5,934,537	1,55	3,248,523	50,619,479
25	Enter 1% of line 23	21,822,718	19,478,450	17,402,968	1	5,526,772	,,
26	Organizations described on lines 10 or 11: a Er	, ,	, ,		26a		
	Prepare a list for your records to show the name of	and amount conti	ributed by each p	erson (other			
	than a governmental unit or publicly supported org	anization) whose t	total gifts for 200	2 through			
	2005 exceeded the amount shown in line 26a <b>Do</b>						
	of all these excess amounts		,		26b		
	Total support for section 509(a)(1) test Enter line	e 24. column (e)		•	26c		
	Add Amounts from column (e) for lines 18	2 - 1, 0014 (0)	19	•			
•	22		- 26b		26d		
	Public support (line 26c minus line 26d total)				26e		
		inidad bu lina 36a	(danaminatas))		26f		
_	Public support percentage (line 26e (numerator) d	<u>-</u>	• • • • • • • • • • • • • • • • • • • •	7 ***********		_ "	_
27	Organizations described on line 12: a For amount prepare a list for your records to show the name of						
	Do not file this list with your return. Enter the sun	•		ii year iioiii, eacii	uisqua	illied per	5011
	•			0	(2003)		0
_	o (2006) 0(2005) For any amount included in line 17 that was receiv		(2004) on (other than "d		`	ore o lie	
	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de		= -		-		=
	return. After computing the difference between the		and the larger an	iount described ir	1 ( <b>1</b> ) or (	<b>2)</b> , enter	the sum of
	these differences (the excess amounts) for each y		(2004)	0	(2002)		0
	(2006) 0(2005)	0	(2004)	0	(2003)		0
	Add Amounts from column (e) for lines 15		0 16	0			
•	17 7,372,471,354 20		0 21	0		27c	7 272 474 254
	Add Line 27a total 0	and line 27b tot		0		27d	7,372,471,354
	Public support (line 27c total minus line 27d total)			<u>~</u>	<u>-</u> -	27e	7 272 474 254
	· Total support for section 509(a)(2) test Enter am		column (a) 🛌	<b>27f</b>   7.42	2 000 022	2,6	7,372,471,354
	Public support percentage (line 27e (numerator) d			<b>271</b> /,42.	3,090,833 <b>27g</b>		00.22.0/
	Tinvestment income percentage (line 18, column (e			-	279 27h		99 32 %
28	Unusual Grants: For an organization described in li					) 2 throug	
	The state of the s	10, 11, 0, 12 (		ab aa. grants at	g _ 0 \	ou	, = 0 0 0 ,

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

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

Schedule A (Form 990 or 990-EZ) 2007 Page 6 Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed **ONLY** by an eligible organization that filed Form 5768) Check > a if the organization belongs to an affiliated group Check 🕨 **b** If you checked "a" and "limited control" provisions apply (b) **Limits on Lobbying Expenditures** (a) To be completed Affiliated group for all electing totals (The term "expenditures" means amounts paid or incurred ) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is-The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 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 42 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36 Enter -0 - if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0 - if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 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 45 through 50 on page 11 of the instructions ) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) 2007 2006 2005 2004 fiscal year beginning in) Total Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures 50 Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) 🕏 During the year, did the organization attempt to influence national, state or local legislation, including any Yes No A mount attempt to influence public opinion on a legislative matter or referendum, through the use of Νo Volunteers Yes Paid staff or management (Include compensation in expenses reported on lines c through h.) Media advertisements Νo Mailings to members, legislators, or the public Νo Publications, or published or broadcast statements Yes Grants to other organizations for lobbying purposes Νo Direct contact with legislators, their staffs, government officials, or a legislative body Yes 137,655

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

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

Total lobbying expenditures (Add lines c through h.)

35,910

173,565

Yes

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

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

#### **Additional Data**

Software ID:

**Software Version: EIN:** 93-0798039

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a BASIC CONTRACT PAYMENTS	43a	949,589,794	949,589,794		
<b>b</b> PURCHASED MEDICAL SVCS-OUTSIDE	43b	254,616,906	254,616,906		
c PURCHASED SERVICES - OTHER	43c	29,147,578	22,657,061	6,490,517	
d BANK SERVICE CHARGE	43d	2,898,194		2,898,194	
e PROF & PUBLIC LIABLITY INS	43e	6,741,224	6,741,224		
f OTHERINSURANCE	43f	624,053	624,053		
g BAD DEBT EXPENSE	43g	10,645,755	10,645,755		
h BUSINESS LICENSE & TAXES	43h	14,610,396	14,610,396		
i PROPERTY TAXES	43i	5,292,906	5,292,906		
j EMPLOYEE DEVELOPMENT	43j	2,875,375	2,765,680	109,695	
k EMPLOYEE RELATED EXPENSE	43k	1,398,009	1,212,890	185,119	
I ADVERTISING & MARKETING	431	18,177,631	998,119	17,179,512	
m INTER-REGIONAL CHARGES	43m	25,320,607	24,830,789	489,818	
n DUES & SUBSCRIPTION	43n	698,166	679,257	18,909	
• INTERREGION CHARGE-MBR MED SVC	43o	5,505,294	5,505,294		
p INFORMATION TECH CHARGES	43p	95,780,323	87,420,631	8,359,692	
q EMPLOYEE RELOCATION, PARKING	43q	83,536		83,536	
r EQUIPMENT, SMALL TOOLS	43r	3,869,302	3,869,302		
s MISCELLANEOUS	43s	565,566		565,566	

DLN: 93490319026788

OMB No 1545-0172

Department of the Treasury Internal Revenue

**Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Attachment Sequence No 67

Service									
Name(s) shown on return KAISER FOUNDATION H	EALTH PLAN	Business or a	ctivity to which	this foi	rm rela				number
Part I Election	To Evnense (	 Certain Property Un	der Section	179		5	93-07	980.	39
	-	sted property, comple			ı com	plete Part .	I.		
<b>1</b> Maximum amount See	the instructions	for a higher limit for cert	taın busınesses	•				1	\$ 125,000
2 Total cost of section 1	79 property plac	ed in service (see instru	ctions) .					2	
<b>3</b> Threshold cost of sect	ion 179 property	before reduction in limit	ation		•			3	\$ 500,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter -0-					4	
<b>5</b> Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter - (	0- Ifm	arriedi	filing			
separately, see instruc	tions				•			5	
(a) D	escription of pro	perty	(b) Cost	(busine:	ss use	(c) Elec	ted co	st	
6				.,					
<b>7</b> Listed property Enter	the amount from	line 29			7			Π	_
8 Total elected cost of s			umn (c), lines 6	and 7			.	8	
9 Tentative deduction E		·						9	
10 Carryover of disallowed			rm 4562 .		_		_}	10	
11 Business income limitation		·		ee instruc	tions)	· · · · ·	-	11	
12 Section 179 expense of		·	, ,		•		-	12	
13 Carryover of disallower		·		. 🎍	13				
Note: Do not use Part				se Par					
		Allowance and Othe				ınclude lıste	ed proj	perty	(See instructions )
<b>14</b> Special allowance for q	•						i I	ĺ	,
property) and cellulosı (see ınstructions)	c bıomass ethan	ol plant property placed	ın service durin	g the ta	x year			14	
15 Property subject to see	ction 168(f)(1) e	election						15	
16 Other depreciation (inc	luding ACRS)						. [	16	
Part IIII MACRS De	preciation (I	<b>Do not</b> include listed p	property. <b>)</b> (Se	e instr	uction	ıs.)			
			ction A						
17 MACRS deductions for	assets placed i	n service in tax years be	gınnıng before 2	007			·  _	17	
18 If you are electing t general asset account	J , ,	•	e during the t	ax yea 	r into	one or mo	_		
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	( <b>e)</b> Co	nventi	on <b>(f)</b> M	ethod		(g)Depreciation deduction
<b>19a</b> 3-year property									
<b>b</b> 5-year property									
c 7 - year property									
d 10-year property								+	
e 15-year property  f 20-year property								_	
g 25-year property			25 yrs			S/I	L		
<b>h</b> Residential rental			27 5 yrs	M	I M	S/I		$\dashv$	
property			27 5 yrs	М	IM	S/I			
i Nonresıdential real			39 yrs	М	IM	S/I	L		
property				М	IM	S/I	L		
	n C—Assets Plac	ed in Service During 200	7 Tax Year Using	g the A	ternat	ive Deprecia	nt ion S	yste	em
20a Class life	<u> </u>			1		S/			
<b>b</b> 12-year			12 yrs	<del>  .</del>	1 M	S/ S/		_	
c 40-year  Part IV Summar	l ' <b>y</b> (see instruc	tions \	40 yrs		/I IYI	5/	L		
21 Listed property Enter				_				21	
22 Total. Add amounts fro	m line 12, lines					21 Enterh	ere –	22	24,081
23 For assets shown abov portion of the basis att	e and placed in	service during the curren	·		23		1_		,
For Paperwork Reduction A			Cat No 129	06N				<u> </u>	orm <b>4562</b> ( 2007)

Form 4562 (2007) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No. (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period use only) cost percentage 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax 25 year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (f) (b) (c) (d) (e) (a) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 . . . . . . 34 Was the vehicle available for personal use No Yes Yes No No Yes No Yes Yes No Yes No during off-duty hours? . . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? . Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . **41** Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (c) (d) (f) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage

42 A mortization of costs that begins during your 2007 tax year (see instructions)

44 Total. Add amounts in column (f) See the instructions for where to report

43 A mortization of costs that began before your 2007 tax year

43

## **TY 2007 Cash Grants Paid Schedule**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST



## **TY 2007 Investments - Other Schedule**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

Description	Book Value	Cost/FMV
US TREAS & LT RECEIVABLES	3,652,109	F

## **TY 2007 Other Assets Schedule**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

Description	Beginning of Year Amount	End of Year Amount
DUE FROM KAISER FDN HOSP/OTHER	385,494,000	0

## **TY 2007 Other Changes in Net Assets Schedule**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

Description	Amount
NET UNREALIZED GAIN ON INVESTMENTS	3,283,237
CHANGE IN PENSION & RETIREMENT LIABILITY	36,629,409
CHANGE IN CAPITAL STOCK	1,800,000
ADJ TO RETAINED EARNINGS FOR KPHA MERGER	465,051

## **TY 2007 Other Expenses Included Schedule**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

Description	Amount
INTERENTITY EXP - RECLASS	4,938,989
LOSS ON FIXED ASSETS - RECLASS	567,101
RENTAL EXPENSE - RECLASS	525,868
KPHA EXPENSES	11,297,792

# **TY 2007 Other Expenses Not Included Schedule**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

Description	Amount
BAD DEBT EXPENSE - RECLASS	10,645,755
PREMIUM TAX - RECLASS	2,305

## **TY 2007 Other Liabilities Schedule**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

Description	Beginning of Year Amount	End of Year Amount
RESERVE FOR SELF INSURED RISKS	7,530,035	5,888,748
RESERVE FOR PROF & PUBLIC LIAB	13,635,018	11,903,097
RESERVE FOR WORKERS COMP RISK	2,273,050	3,450,329
POST RETIREMENT BENEFIT-LT	302,930,452	308,741,501
POST RETIREMENT BENEFIT-CURRT	7,079,000	8,547,000
OTHER LIABILITIES & DEPOSITS	12,214,442	14,029,962



# TY 2007 Other Notes/Loans Receivable Short Schedule

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

Category/Name	Amount
KAISER PERMANENTE HEALTH ALTERNATIVES	0

## **TY 2007 Other Revenues Included Schedule**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

Description	Amount
INTERENTITY REVENUE - RECLASS	4,938,989
ADOPTION OF FASB STMT 158	36,629,409
KPHA REVENUE	11,460,877

# **TY 2007 Other Revenues Not Included Schedule**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

Description	Amount
BAD DEBT - RECLASS	10,645,755
PREMIUM TAX - RECLASS	2,305
RENTAL EXP - RECLASS	-525,868
LOSS ON FIXED ASSETS - RECLASS	-567,101

## **TY 2007 Non Electing Public Charities Statement**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

**EIN:** 93-0798039

**Statement:** SEE STATEMENT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490319026788

## **TY 2007 Self Dealing Statement**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

Line Number	Explanation
2a	SEE STATEMENT 24
2b	
2c	
2d	FORM 990, PART V

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

## **TY 2007 Supplemental Support Schedule**

Name: KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2007			2,151,320,268	30,951,565					2,182,271,833
2004			1,937,360,134	10,484,854					1,947,844,988
2003			1,734,362,260	5,934,537					1,740,296,797
2002			1,549,428,692	3,248,523					1,552,677,215

## FORM 990 PART I, LINE 8.C. COLUMN (B) GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

DESCRIPTION	DATE & HOW ACORD	DATE SOLD	SALES PRICE	COST/ EXPENSE OF SALE	ACCUM DEPREC	Gain Or (LOSS)
	NOTE #1	NOTE #2			******************************	
GAIN AND LOSS ON SALES OF ASSETS:						
US Teasury Notes	12/28/2000	1211011007	1 577.211	1,578 600	9	789
Secondary Discounted CD	6/30/2002	7/2/2007	969,620	900 00c	9	13
Payners Bunk CD	6/30/2006	7/2/2007	18,450	15,450	Ŷ.	0
FMV adjustments		12/31/2007	0	110,803	Q	410.803
Centa:		12/31/2007	762.62 218.25	239,748	208,7 1	10 806
Medical Equipment Auto and Tracke		12/31/2007	376	540,152 30,364	486 095 30 384	27.8 27.8
Mass Furnities		15/345/601	154	31,836	21 335	134
West Edinbuseura		1203 122003	243	3,371	5,647	-181
GAIN OR LOSS ON SALE OF ASSETS			7,948,18	2 839,713	749 943	-143,187
GAIN AND LOSS ON DISPOSITIONS:						
Write-offs: Dented		10/31/2007	0	329,672	356,049	-23.023
a ite-offs. Dask		10:31/00/2	0	81,381	48 71%	42,647
White-offs Inv		12:312:007	9	989,773	786,766	177 003
Wate-offs Redemted:		10/31/2007	ទ	904,110	902.216	-1 895
Miss. Write-offs		10/31/2007	S	3 151,600	3,151 €30	0
Retirement Cental		12/31/2007	3	1,201	1.201	4
Retrement Trade is		12/31/2007	0	32,565	32 668	Q
Max Retrement		12/31.2007	Ö	878,844	846 582	-32 382
Adjustment for Imparment (Sunset Dental)		12/31/2007	0	1,393,161	1,084,440	4.98 671
gain or loss on dispositions			9	7,765,679	7,220.173	604,852-
GRAND TOTAL - LOSS ON SALE OF FIXED	assets & inv	ESTMENTS	1,946,582	10,595,391	7,970,116	(678,693)
	.,		<b>~</b>			
RECAP OF NET GAIN/LOSS)		SECURITIES	ĝį.	HER ASSETS		IOIAL
GPOSS SALES PROCEEDS		1,892,661		33,901		1,946,582
ORIGINAL COST AND EXPENSE OF SALE	2,004 263		8591139		tu 595 391	
LESS, ACTUMULATED DEPRECIATION			7,970,118		7,470,118	
LESS NET BOOK VACUE		2,304.153		621 602		2,825,275
NET GAIN/(LOSS)	<u> </u>	(111.592)		(587,101)		(678,693)

NOTE WILL SALES NOTED ARE ARMS-LENGTH TO UN-RELATED THIRD PARTIES

NOTE 81. THE FOREGOING FIXED ASSETS AND OTHER EUDIPMENT WERE ALL ACQUIRED BY FURCHASE BY THE CROANZADE IN FOR USE IN ITS TAX-EXCAPT PURFICE.

#### KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST 93-0798039 DECEMBER 31, 2007

## ATTACHMENT FOR:

#### FORM 990 PART VI. QUESTION 80 - RELATED AND AFFILIATED ENTITIES

Kaiser foundation Health Plan, Inc. and Raiser foundation Hospital S, Caltfornia Not-for Profit Corporations, exempt from income tax under internal revenue code Section 501(CK3), have a controlling or affiliated interest in the following corporations as of december 31, 2007:

EMPLOYER IO#	ENTITY NAME		DIRECT & INCHRECT & CONTROLLED BY KITHP INC.
	intities that are owned directly or indirectly by Kaiser Foundation 1, Inc., That are also exempt from Federal income tax under IRC 201(C)(3).		
93-0798039	KAISER FOUNDATION HEALTH PLAN OF THE HORTHWEST		100%
84 (05/1617	PASSER FOUNDATION HERETH FLAN OF COLORADO		37.14
58- 192978	KAGSEK FOLKRATION HEALTH PLAN OF GLORGIA (BIC)		135%
5240984463	NAMES FOUNDATION HEALTH FLAN OF THE MOWN LATTIC STATES, MC.		17.00
34-00000288	KASSEK FORMIKATION HEALTH FLAN OF OHO		31.600
23 7425436	COMMENTY HEALTH PLAN		4003%
84~.56004	KAREB HEALTH PLAN AGSS MANAGEMENT BY		11.00
2334390-86	KAUSER HEALTH ALTERNATIVES		100%
94-3299123	CAMP BOVYE SERVICE CENTER		495559
90 t 48t 063	ONE CONTRACTOR OF THE CONTRACT		17.60
9 -517189	LONAH ACSURANCE, LTC		100%
SUBSIDIARY I	INTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY RAISER FOUNDATION I, INC. THAT ARE TAXABLE FOR FEDERAL AND STATE INCOME TAX PURPOSES:		
03-0329760	OAK TREE ASSURANCE LYD		100%
94113834	KAISEP PERMANENTE HEALTH ALTERNATIVES, PIC		100%
94-23/9420	KADER PROPERTIES SERVICES, MC.		100%
94-4844807	CAD CONTRACTED, INC		100%
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24.008170 KARER FOUR ENTITIES THA 94.0140176 21.014047 20.3774129 10.3874986 34.3203402 NA 20.7717661	RAISER HOST TALS ASSET MANAGEMENT IN THE FOLLOWING IT ARE NOT EXEMPT FROM PEDERAL INCOME TAX.  PAISER PERMANENTE INTERNATIONA.  PO ONCALL, LLC (Placed b. to treated as a distracted entity for the purposes)  APCHMILLES, INC  HEALTH CART MANAGEMENT SOLUTIONS, LLC  KAPER PERMANENTE INSURANCE CLASPANY  HAMI- CONORADO LLC (ART bid is to invasio as a distriptional for an purposes)  KY CALLLLC (ART LICTURE AS COMMON BY AND AS A distriptional entity for an purposes)  KY CALLLLC (ART LICTURE AS COMMON BY AND TRANSPORT CORPORATION.  EXCUSE TERMINISTRATION HOSPITALS, A CALF CRIMA NOT-POP-PBOFT CORPORATION.  EXCUSE TERMINISTRATION HOSPITALS A COMMON BOARD OF CRECTORS WITH PAISER		477 A48 A48 A49 A49 A49 A49 A49 A49 A49
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THE COMMON ADDRESS FOR ALL ENTITIES LISTED ABOVE IS.

O GIVAISER FINNDATION HEALTH PLAN, INC. TROCKAM OFFICE CONTROLLER'S LEPARTMENT - TAX ONE HAISER FLADA, 1860 OPENAY CARLAND I DA 94612 KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST FEIN: 93-0798039 FORM 990, SCHEDULE A, PART III 12/31/2007

#### **FAMILY AFFILIATIONS REPORTED**

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

# Kaser Foundation Health Plan of the Northwest 83-0798038

12/31/2087

STATEMENT FORM 1930 PAPT V - 1,581 OF (SPINCES) ONECTIONS TRUSTEFS, AND NEY EMPLOYEES

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(A) Ser, Statement 78

December 31, 2007

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

	EXP ACCT	CINER ALLUNY.	see names 4, 4 & 0	28.044	٠	٥	0	٥	0	0	۵	0	0	<b>a</b>	0	8	0	28.691	0	ස	0	8	0	0	Ö	4	0	8
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(84)		3 2 7 2 7 7 7 7 3	000 NG (S) N + 00	97.542	371,118	11,067	0	13,783	9,536	3,465	8	14.922	8,586	8	9,765	889° 8	3	150,663	286,679	242,172	236,791	132,515	353,988	113,267	550,980	77,463	64,104	18,328
(23)	COMPENSATION	1887	068 WX48 0 & 4	4,358,978	805/09	173,480	167,500	397,746	179,500	195,502	122,500	208,350	162,000	172,500	195,200	145,000	73,987	363,520	980,678	1,002,203	621,976	962,009	1 228,090	417,118	809,468	247,236	218.697	80,003
(C4)	COMPENSATION	FRE 2007	1,000 NO.000 S. A. A.	7,319,065	428,858	0	\$	0	Ö	0	0	ತ	0	0	0	0	e	0	120,549	682,812	48,000	99,128	404,217	80.000	735,427	8	4,470	0
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(8)	**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 8000 888	George C Halvorson	Daniel P Garda	Judith A Johansen	Creating X Casse	Thomas W Chapman	William R. Graber	J. Eugene Grigsby III	Kim J. Kaiser	J. Meal Purcell	Philip A Marineau	Edward Per	Cynthia Telles	Jenny Ming	Sardra Thompkins	Andrew McCullach	Kathryn Lannaster	Bennard Tyson	Christine Maxolim	Inomas R Meser	Arthur M Southern, MD	Deborah Stokes	Steven R Zatkin	William N Wechmann	Vanoria ta Zatkin	Jennifer Gardner

(A) See Statement 28

93-0798039

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

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

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

Kaiser Foundation Health Plan, Inc. Program Office Controller's Department One Kaiser Plaza, Suite 15t. Ordway Oakland, CA 94612

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

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

Note #4 - Compensation, benefit plan contributions and reimbursement for certain expenses (collectively referred to as "compensation") of Directors. Officers and Key Employees are paid by Kaiser Foundation Health Plan. Inc. (Health Plan) [94-1340523] as common paymaster and disbursement agent for the participating member organizations of KFHP/H. Certain Directors. Officers and/or Key Employees, perform services for several of the KFHP/H member organizations.

Some of the amounts shown as Compensation were actually earned in years prior to 2007. This compensation is effectively reported in Part V twice—once in the year deferred and again in the year paid. However, the compensation is only paid once. The disclosure rules mandate that significant amounts of compensation are double-counted in both 2006 and 2007. For instance, column C1 includes distributions from retirement, savings, and deferred compensation plans that were earned in prior years, and column D2 includes incentive payments scheduled for 2008 for performance goals achieved in 2007.

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

93-0798039

for 2007 accruals for tuture benefits under Plan A are included in column D1.

For other benefit plans available to executives which provide future benefits earned during 2007 (where the specific amounts are available and determinable by the time this tax report is filed) the amount is included in the Benefits column D1 reported in this return. Amounts determinable at year-end under termination of employment arrangements calling for tuture payments in a subsequent year are included in the D1 Benefit Plans column for this purpose. Individuals noted with (\*) may have amounts included by reason of termination of employment and from benefit plan accounts that were previously earned.

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

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

Note #7 - The average weekly time spent by Board members on the organization's affairs during 2007 is estimated to be five hours. Actual time spent by Board member may vary based on different responsibilities during the year. Key employees, who work full-time, may work in excess of the standard 40-hour work week and will work on various entities within the program

Kaiser Foundation Health Plan, inc., Kalser Foundation Hospitals, Kaiser Foundation Health Plan of the Northwest, Kaiser Foundation Health Plan of Colorado, and Kaiser Foundation Health Plan of Ohio have the same Directors. The hours reported for outside Directors for Part V represent the roral average weekly time spent by each Director on all of these organizations' affairs during 2007.

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FORM 1980, PART IL LINE 22h - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR	

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECEPENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOURE
American Heart As wicedoor Pachu Monnteor Affinahi 710 Secund Amrup # 900 Seattle WA 98101	14.4 \$04.4.71}	Spurgorship of the Hauthalk	\$45,000,00
Boys & Girls Club of Salcon Manon & Poix Coumiles, for 1365 Summer St.NE. Salein, OR 97303 7137	14.A 5639/A4/1}	Danist toerth services and htallh edusion	\$40,002 80
Clerk Cullege Desiral Hystein Program 1923 Fint Vermines Way Verkonin, WA 98663	1114 533,44,13)	Lights supplies areales ha historiklar	\$3,000 00
Crain Ochiegh Oemal Hypene Program 1933 Fort Vancourin Way Vancouver, WA 98663	808(A) 11	Dentas Hygiena Scholarskip Program	\$2,430,00
Codition of Community Health Chiness 619 SW 11th Ave # 224 Port and OR 97205	14.4 509.4.71)	Dental Serdces Great	\$50,000,00
Fo'k Timo, Im. 4837 NE Color St Portland, OR 97213	MA 809(A) 133	Heart in Hand Auction Sparre, irship	35,000,00
Froe Clinic of Smithwast Washington 4100 Phymoropon Street Vencouver, WA 19661	WA SORANI	Com del Services Linerit	\$50,000 80
Mulnomen County, Oregon 426 SW Sten St, Wh Fl Purenst, OR 97:04	MIA SZBIAJES	Doda's Services Grant	\$10,080 00
Mathouse County Desper 426 Set Stan St. 9th Pi Follows, ON 87204	MA MAKI)	Integrated Clinical Scroces - Demai Evision	\$50,000 00
Naziona Oxganization of Blauk Elected Fryshafina Woman P.O. Box 7217	ENA.	Вранстыр сі Пепапеі Яупрыкінт	\$5,000,00

TOTAL CONTRIBITIONS PAID

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	SO LARGE OF CREAKING	
bericht wawe and address	FOUNDATION STATUS OF RECIPIENT	CONTRIBUTION	AMOUNT
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Consider Colorado 80207777			
Character Character Conserved	4%	Spirisoration of community forum	\$780.00
Crespon readon main 813 SW Alder St. Ste 610	503(A,K1)	on Heath Care Reloin	
Pertana, OR 97205			
Connection Library Contract	All	Legislaine Achievement Awards	\$500.00
Stages street St. Ste 610	509(A)/1)	Sponsorship	
Portland, OR 97205			
Connent standing From 1991	%%	PHR Electronic Trug of War	\$200
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Puttand, CR 97205		CHANGE OF THE PAGE	
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Prytham, Or 97205			
Portland Schrods Foundation	N/A	Sponeursky, Pulland Roast	\$4,760.00
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Portional, OR 97203			
Sking on Foundation	43%	2107 MLK Jr. Armod Breaklast	\$1,500.00
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Profigina, UPK 92.7.1			
Skeriner Frandalism	N/A	2008 MLK Jr. Annual Breakfast	\$4,200.00
415 N. Killingsworth	%%#A(1)		
Portiana, OR 97217			
	MA	Support of each organization's	\$78 050 00
Small Dollar Grants (Detail Availative Upon Request)		TRSSKIN	
KFHP Inv. (Co National Tox Department) Cook was Plant 1958	Ontelared public charmes		
Sarrand, CA 34812			

EMPLOYEE COMPENSATION FOR FORM 990 REPORTING PURPOSES FOR TAX YEAR 2007 KAISER FOUNDATION HEALTH PLAN NORTHWEST, INC

	TOP FIVE EMPLOYEES	PLOYEES	3	2			
NAME	THE	HOURS	(C1) COMPENSATION HOURS PRE-2007	(C2) COMPENSATION 2007 Searcides 3 & 4	(D1) BENEFITS 2007	(D.2) 8ENEFITS PAID 2008 see Notes 1 4 8 5	EXP ACCT: OTHER ALLOW
DONNA WCCLELLAN *	a.c.	04	256,912	758,580	125,920	37,320	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
patrica a peters	d),	\$ <del>.</del>	41,487	243 833	413,186	15.2° 19.18	٥
Larry wherees *	ů,	40	362,38	286,648	53,567	27,141	٥
Susam Hennessy	Ġ	<i>3</i>	286.032	489,775	151,047	\$13,00%	£.,
Dennis Reese	ď,	95	<i>\(\sigma\)</i>	364,230	43, 434	62,912	100,436

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

FEIN: 93-0798039 December 31, 2007

### Schedule A, Part III, Question 2a:

Kaiser Foundation Health Plan of the Northwest (KFHP) is organized for the public benefit and provides health and medical care services for its members. KFHP and Kaiser Foundation Health Plan, Inc. (KFHP Inc.) and Kaiser Foundation Hospitals (KFH) have common Boards of Directors. KFHP, KFHP, Inc. and KFH are operated as separate charitable corporations. See **Statement 2** for a list of tax-exempt and non-exempt related entities.

Based on a review of KFHP records and Conflict of Interest (COI) statements for these directors, officers and key employees for 2007, KFHP did not engage in the sale. exchange, or leasing of property with any of the persons listed on Form 990, Part V

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

In the normal course of business in carrying out its chantable purposes, KFHP may have entered into the sale, exchange, or leasing of property with some of the related entities described in **Statement 2**. KFHP relationships with such organizations are conducted at a price which is not less than cost or more than fair market value.

### Schedule A, Part III, Question 2b:

**Statement 3** provides a list of the directors, officers and key employee family members with whom KFHP did business or who were employed by KFHP or any KFHP affiliate. KFHP does not have trustees, creators or substantial contributors.

Based on a review of KFHP records and COI statements for these directors, officers and key employees for 2007, KFHP did not engage in the lending of money or other extension of credit with any of these persons in 2007. KFHP, Inc. has a program that provides loans to relocate executives. **Statement 15** provides information regarding officer and key employee loans made by KFHP, Inc. as disclosed in the KFHP, Inc. 2007 Form 990, Part IV and Schedule A. Part III, question 2b.

FEIN: 93-0798039 December 31, 2007

Based on the COI questionnaires for 2007, **Statement 26 1/2** lists non-affiliated taxable organizations which did business with KFHP in 2007 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. KFHP relationships with such organizations are conducted on a fair market value basis and the KFHP officer director or key employee abstained from voling on any such matter.

### Schedule A, Part III, Question 2c:

Form 990, Part V lists the officers, directors and key employees of KFHP in 2007. Based on a review of COI statements for these directors, officers and key employees for 2007, **Statement 26 2/2** provides a list of their family members with whom KFHP did business or who were employed by KFHP or any KFHP affiliate. KFHP does not have trustees, creators or substantial contributors. Any such transactions are conducted on a fair market value basis.

Based on a review of KFHP records and COI statements for these directors, officers and key employees for 2007, KFHP did not engage in the furnishing of goods, services, or facilities with any of the persons in 2007.

In the normal course of business in carrying out its charitable purposes. KFHP may have entered into the furnishing of goods, services, or facilities with some of the related taxable entities. **Statement 27** generally describes the transactions between KFHP and those entities.

Based on the COI questionnaires for 2007. **Statement 26 1/2**, lists non-affiliated taxable organizations, which did business with KFHP in 2007 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. **Statement 26 1/2** also provides a general summary of the transactional relationship (if any) between KFHP and such organizations. KFHP relationships with such organizations are conducted on a fair market value basis and the officer, director or key employee abstained from voting on any such transaction.

TIN: 93-0798039 DECEMBER 31, 2007

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

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

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

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

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

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

### KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST 93-0798039 DECEMBER 31, 2007

### STATEMENT FORM 990 PART VII RELATIONSHIP OF ACTIVITIES TO EXEMPT PURPOSE

### LINE NUMBER 93:

### 93A MEMBERS HEALTH CARE PREMIUMS

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

### 93B SUPPLEMENTAL CHARGES / PHARMACY

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

### 93C NON-PLAN AND INDUSTRIAL REVENUE

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

### 93D OTHER PROGRAM SERVICE REVENUE

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

### 93F MEDICARE/MEDICAID PAYMENTS

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

### STATEMENT OF FIXED ASSETS AND DEPRECIATION

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

		98T	ACCUMULATED	DEPREC/AMORT	2007
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR	DEPIAMORT EXPENSE
LAND	30,179,681	30,194,681	9	9	0
LAND IMPROVEMENTS	9 219,283	8,988 944	8,894,947	8,751,464	85,827
BUILDINGS	310 716,550	310,452 501	148,132,044	160,381 948	13.184,148
LEASIEHOLD IMPROVEMENTS	24,535,183	24,143,167	11,929,216	13,910,368	3,398,113
EQUIPMENT	27,769,272	112,099,464	49,582,257	54,957,468	10,648,581
CAPITALIZED SOFTWARE	2.091,197	3,127.541	1 497,106	530,989	401,218
CAPITALIZED LEASES	O	છે.	0	(3	Q.
CONSTRUCTION IN PROGRESS	12,554,368	251 006			Ġ.
OTHER AMORTIZATION - START OF	AND DEFERRED C	CSTS -			
TOTALS TO:  PAPT IV, LINE 57(A)  PART IV, LINE 57(B)  PAPT IV, LINE 57(C)	437,075,504	488.257.304	.0.3346.022	108 530,088	
PART II, LINE 42 COLUMN (B)	white Prosident and	1 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			26.784,885
					•

### 2007 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

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

This report describes the structure of Kaiser Permanente and documents the National Community Benefit activities, programs and services of KFHP, its subsidiaries, and KFH, combined, as well as the specific community benefit provided by Health Plan and KFH in the Northwest Region

In 2007 Kaiser Permanente served 8.7 million people in nine states. Culifornia, Colorado, Georgia, Hawali Maryland, Ohio, Oregon, Virginia, Washington and the District of Columbia. This program is the largest private nonprofit health care program in the United States with more than 132,000 full time employees, 14,000 physicians and 101 dentists. The Northwest Health Plan served 479,096 medical members and another 181,597 dental members through more than 900 full-time Permanentic physicians, 101 Permanente dentists and 6,659 full-time clinical, administrative and technical personnet.

Kaiser Fermanente is an integrated health care delivery system that combines the provision and financing of health care services. People who elect to enroll in a Kaiser Permanente health plan receive a full range of prepaid health care services, including hospital care, professional care in hospitals and physicians' offices, x-ray and laboratory services, physical therapy, emergency, ambulance transportation, preventive services, health education, and certain prescribed drugs. More comprehensive drug coverage is also provided through a separate coverage rider.

in Oregon and Washington, four separate logal organizations comprise Kaiser Permanente: Northwest Health Plan, an Oregon nonprofit corporation exempt from federal income tax under internal Revenue Code 501(c)(3); KFH, a California nonprofit public benefit corporation exempt from federal income tax under Internal Revenue Code 601(c)(3), Northwest Permanente Physicians, PC, an independent multi-specialty group of physicians organized as a professional corporation; and the Permanente Dental Associates, PC, an independent multi-specialty group of dentists organized as a professional corporation.

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

Members receive services from various Permanente Medical Groups in the respective Kaiser Permanente regions. In Oregon and Washington, Permanente Physicians and Permanente Dental Associates accept responsibility for professional care of Northwest Health Plan members and are responsible for their own physician and dentist recruitment, sclection and staffing; they are legally separate entities independent from Northwest Health Plan, KFH and each other. Northwest Permanente Physicians and Permanente Dental Associates generally frest members in facilities owned, leased or contracted by Northwest Health Plan or KFH.

KFHP and KFH are separate corporations governed by identical boards of directors. KFH accepts responsibility to provide or arrange necessary hospital services and facilities for Health Plan members. In Oregon, KFH owns and operates the Kaiser Permanente Sunnyside Medical Center, a nonprofit ocnimumity theopital, which provides emergency and impatient services to all persons in the community. Staff privileges are available on a mondiscriminatory basis to physicians in the communities served.

KFH also contracts with other community hospitals to provide hospital services to members for specialized care and other services.

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

### KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY

Through the Kaiser Permanente mission, the organization contributes to the health of the communities in two related ways. First, Kaiser Permanente strives for excellence in serving its 8.7 million members through market-leading performance in quality, service and affordability. By doing so, Kaiser Permanente provides a discipline in the marketplace by demonstrating meaningful value and affordability, and generating resources to related in the community's health.

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

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

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

in 2001, the Board realfinned DCBi as a national program and set the following four goals.

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

The Board directed that this new OCBI program be guided by a national stridegy, with continued local flexibility and imprementation. The program is supported by national and regional funding pools, and built on the organization's integrated healthcare system. In 2007, the KFHP/H Board of Directors refined the focus of the organization Community Benefit Program and catablished the following four priority areas which have come to be known as "streams of work":

- Care and Coverage for Low-income People Creates and supports programs that lower the financial barriers for under- and uninsured.
- Community Health Initiatives Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods.
- Safety Net Partnerships Builds partnerships with community clinics, local health departments, and public hospitals. Provide funding, tochnical assistance, dissemination of care management and quality improvements technology to help improve care and expand treatment capacity for vulnerable populations.
- Developing and Disseminating Knowledge Improve health care by sharing our knowledgeeducating practitioners, advancing research, empowering consumers and informing policymakers about the evidence base for care and health.

The Board claborated that at least 75% of local community benefit funding will be directed to program promites within the four streams of work and the remaining 25% of funding will be directed by local regions to respond to local community benefit needs and opportunities that may or may not be within the four key bous areas.

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

### COMMUNITY BENEFIT PROVIDED BY KAISER FOUNDATION HEALTH PLAN, INC.

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

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

- Integrated Services and Facilities KFHP has organized and integrated the professional and physical
  resources required to provide comprehensive health care. In hospital-based Kaisor Permanents
  regions, this care primarily occurs at major medical centers, as well as at healthy outpatient medical
  offices owned by KFH and at medical office buildings owned or leased by KFHP. Our members
  typically have all the services and professional care they require available in one place, which
  facilitates a coordinated approach to care.
- Group Practice— The contracting Permanente Medical Groups are large multi-specially group practices that take responsibility for providing comprehensive care to a defined population in facilities owned or leased by KPH or KPHP. The income that Permanente Medical Groups and their provisions receive is in consideration of their professional medical and related services. The amounts peld in the Permanente Medical Groups are negotiated annually. Through such fixed payment arrangements (as distinguished from fee-for-service payment). KPHP removes incentives to perform unneeded services, and encourages use of the most appropriate medical care. Group

practice enhances quality and appropriateness of care for members and for the normality by facilitating development and sharing of "best clinical practices".

- Prepayment Generally, KFHP pays the Permanente Medical Groups a per member payment on a budgeted, prepaid basis that does not vary with the amount of service provided. Permanente Medical Group physicians are generally not compensated on a fee-for-service.
- Beriefit Plans KFHP offers a variety of coverage options for unlimited hospital days, physician visits, preventive services, immunizations, well-baby care and prenabilitiate. In order to maximize affordability and encourage people at different income levels to purchase coverage, KFHP offers a variety of cost-sharing options. Comprehensive, prepaid coverage with differing levels of premium and cost-sharing minimizes financial barriers to care, promoting early consultation, detection and treatment of disease. KFHP actively encourages members to maintain their health through regular preventive self-care.
- No Pre-existing Condition Exclusions Pre-existing condition exclusions allow camers to exclude from coverage care for a condition that existed before enrollment with the certier. KFHP imposes no pre-existing condition exclusions for group members and thereby provides substantial protection for now members who are ill at time of enrollment. KFHP offered health benefits coverage in all its markets without any pre-existing condition exclusions for many years prior to recently enroted federal and state statutes prohibiting pre-existing condition exclusions in certain markets. By ensuring that all nur enrollees are covered for all their medical needs, we reduce the amount of uncompensated care, promote the health of our members, and prevent medical indigence.
- Participation in Modicare KFHP has participated in Medicare since it was first implemented in 1965.
   KFHP and its subsidiaries enrolled approximately 847,000 Medicare beneficiaries, providing Medicare Part A and Part B services, plus additional drug, optical and impatient coverage.
- Participation in Medicard KFHP bogan chrolling Medicard beneficiaries in the mid-1960s. Currently, KFHP and certain of its subsidiaries provide care to more than 150,000 Medicard managed-care members and in addition serve a large number of Medicare and Medicard patients on a fee-for-service basis. KFHP also participates in the State Child Health Insurance Program (SCHIP) and served an additional 126,571 in 2007.

### THE COMMUNITY BENEFIT PROGRAM IN THE NORTHWEST REGION

In 2007. Karser Permanente spent approximately \$1.05 billion or approximately 2,73% of revenue to support the Community Benefit Program. The Northwest Region expended \$50 million, of which \$32 million is attributable to the Northwest Health Plan and \$18 million is attributable to KFH. A breakdown of the 2007 Community Benefit dollars attributable to KFHP and KFH nationally is described in Attachment A and times dollars attributable to Northwest Health Plan and KFH in Oregon and Washington in Attachment B.

The inhowing identifies many of the signature community benefit programs and services funded by both Northwest Health Plan and KFH in Oregon and Washington grouped according to the national streams of work.

### CARE AND COVERAGE FOR LOW-INCOME PEOPLE

in 2007, Health Plan and KFH in the Northwest spent \$57.5 million to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age or other tractors. Program beneficiaries (under- and unincured) received free or discounted care in a Kaiser Permanente facility or by a Permanente provider.

### Charitable Care (Financial Assistance Program and Charitable Health Coverage)

In Oregon and Washington, Northwest Health Plan and KFH provide charity care to low-income vulnerable populations through the Financial Assistance Program (FAP) and Charitable Coverage Program. In 2007, the Northwest Health Plan spent \$9.3 million and KFH spent \$6.3 on more than 30,000 under- and uninsured residents in Oregon and Washington.

### Financial Assistance Program

This program helps pay the medical and dental expenses of patients, both member and nonmember, who meet qualifying guidelines by paying for services at facilities owned and/or operated by the Northwest Health Plan and KFH. The length of financial assistance is based on individual need. At the end of the financial assistance award period, the patient may apply for an extension. Kaiser Permanente's charity care program also includes discounted charges for uninsured patients below 400% federal income guidelines. In 2007, Northwest Health Plan and KFH spent \$5.7 million on this program to serve 23,356 applicants who qualified for medical assistance or the uninsured discount. Of this amount, \$4 million is attributed to Northwest Health Plan and \$1.7 million is attributed to KFH in Oregon and Washington.

### Charitable Coverage Program

The Northwest Haelth Plan provided coverage and services valued at \$5.3 million and KFH committed \$4.6 million to provide subsidized coverage to 6,717 low-income adults and children who are not eligible for standard Medicaid or privately funded coverage. The Chantable Coverage Program consists of the Transitions, Child Health Program, and Washington Basic Health.

Transitions – This program is a fully subsidized health insurance program for eligible low-income families. Eight college campuses currently participate within the Portland Metropoliton area. Students must be enrolled in a participating school, meet the financial criterion, and can not be enrolled in another private or public health care plan. Graduates are eligible for an additional six months coverage or until the employer-paid coverage is activated. Enrollment by year-end was 917

Child Health Plan - Northwest Health Plan offers full subsidy health insurance for eligible low-income students. Currently, 180 schools within the Mulinomah Education Service District, Salem-Keizer School District and Hillsboro School District participate in this program. Students must be enrolled in a participating school, meet the financial enterior, and can not be enrolled in another private or public health care plan. The participating school districts act as the administrator for the program and are responsible for outreach, and enrollment. Tubal enrollment for year-end 2007 was 3,418.

Washington Basic Health Plan - This program offers quality low-cost health coverage to eligible people who live in Washington State and managed by Washington Health Care Authority (HCA). The Northwest Health Plan provides services to eligible participants who resind in Clark or Covilitz counties. At year-end, 2,382 individuals enrolled in this program.

### Participation in Medicard and Other Government Sponsored Programs

The Northwest Health Plan and KFH provided coverage and services valued \$22 million (in orcess of reimbursement) for members and normembers in government sponsored programs. Of this amount, \$21.6 million is artificited to the Northwest Health Plan and \$53,030 is attributed to KFH.

### Medicaid Member Programs

The Northwest Health Pian participated in three Medicald programs in Orogon and Washington. The following describe the programs and barget populations.

Oregon Health Plan - Northwest Health Plan receives monthly capitated premiums from the Division
of Medical Assistance Program (DMAP). Members are enrolled based on eligibility criteria. Health

Plan provides services to eligible participants who reside in Clackamas, Multnomain, Polk and Marion counties. At yearend, 5,791 individuals were enrolled in this program.

Washington Basic Health Plus (BHP-Plus) - This is Washington's Medicaid program for children
who are under the ago of 19 and live in households that meet the eligibility guidelines for Medicaid.
The Maternity Benefits Program is a Medicaid program for pregnant women. The Department of
Social and Health Services (OSHS) determines eligibility for Basic Health Plus. Northwest Health
Plan provides services to eligible participants who reside in Clark and Cowitz counties. By year-end,
enrollment for these two programs to aled 847.

### Medicaid to Nonmembers

Northwest Health Plan contributed \$674,249 in subsidized care to Medicaid Fee-for-Service potients. When a Medicaid nonmember receives services from Kalser Permanente providers at contract hospitals or outpatient services as a result of hospital visit follow-up, or in-patient services for Medicaid members in Oregon, these expenses are recorded as non-capitaled services and are reported as professional and non-professional losses for Medicaid nonmembers.

### Other Government Programs

The Oregon and Washington Medical Insurance Pools are high-risk insurance pools for the State of Oregon and Washington. Legislation allows the states to apread a portion of the program expenses for enrollees across the individuals who are insured wholly or in part by all health insurers, re-insurers and stop-loss camers licensed in the state. Assessments fund less than haif of the program expenditures. The Oregon Medical Insurance Pool distributes the responsibility for paying the lase-assment mining the health insurers based on the total number of Oregon-ans that each insures. The Northwest Health Plan contributed \$12.7 million to these programs

### Care and Coverage Operations

Health Plan and KFH in the Northwest spent approximately \$122,000 on operational expenses for the Financial Assistance Program

### COMMUNETY HEALTH INITIATIVES

As an innovator in health, Kaiser Permanente designs, delivers and sustains long-term programs that engage communities in work to improve the conditions in their neighborhoods, workplanes and schools that can support good health, particularly Healthy Eating, Active Living (HEAL). The Northwest Health Plan and KFH spent \$496,523 on community health initiatives during 2007.

### Health Eating Active Living Programs

The Northwest 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 sofe places for children and adults to engage in physical activity as well as raising awareness and educating the consumer about ways to lead a healthier lifestyle through healthy eating and active living. The following describe two community efforts.

- Northwest Health Plan and KPH, along with their community portners, promote farmers markets, school activities, regional food assessment research, working maps and pedometers as educational tools.
- Northwest Permanente physicians and clinicians advocate for change often by speaking to school
  boards and elected officials on ways to develop wellness policies, campaign iro increase physical
  activity by using public space effectively and shared in open community forums on adopting healthy
  eating and active living principles.

### Community Health Education and Prevention Programs

During 2007, Northwest Health Plan and KFH in Oregon and Washington offered a virilety of health education classes, events and programs for the general public. The Health Education department staffed

the booths at local community health fairs, conducted smoking cessation, taught weight loss and parenting classes. Expenditures in this category exclude program cost for health education programs targeting or restricted to Health Plan members.

### Grants and Donations for Community Health Initiatives

The KFH and Health Plan in the Northwest contributed \$394,200 to 55 nonprofit community organizations to support a variety of community health initiatives. The following are examples of programs and services funded in 2007.

- KFH in the Northwest awarded \$25,000 to the Morrison Child and Femily Center to provide free culturally competent care to Latino transities. The center will provide comprehensive social and educational services and mental health care in two of their clinics.
- The Northwest Health Plan donated \$50,000 to the Free Clinic of Southwest Whishington to assist in
  the purchase of a mobile dental vari that provides preventive include and urgent dental services to
  low-income uninsured children in Southwest Washington by visiting schools, churches and
  community centers.
- Ladies of the Valley is a program that provides practical help, encouragement, counseling and training for life issues to mainly single mothers from an isolated, low-income area of Vancouver, Washington. KFH in the Northwest made a \$5,000 donation the Fruit Valley Foundation to support this community program.

### SAFETY NET PARTNERSHIPS

Through funding, technical assistance, influencing public policy, training and volunteering, discomination of care-management and quality improvement technologies. Kaisor Permanente helps these vital health care providers improve care and expand treatment capacity for the communities and vulnerable people they serve.

Through contractual arrangements with sufety not partners, specific populations of nonnembers received specially and dontal care in Northwest Health Plan facilities. The following describes two of these special community partnerships:

- Northwest Permanente permatalogists provide prenatal care in the Health Plan facilities to high risk
  obstatic community patients reterred by the Virginia Garcia Memorial Health Center. This community
  collaborative serves women from Washington and Yamhill counties.
- The Northwest Dental Program provides charitable dental care and treatment to unincored residents
  in Oregon and Washington. These services are provided in collaboration with the University of
  Washington, Community Health partners, Salem-Keiser School District and the County of Multinomah.

### **Grants and Donations for Safety Net**

During 2007, KFH in the Northwest Region spent \$413,700 to support 33 organizations that deliver medical and/or dental care services to uninsured people in a community setting, mainly safety net clinics in Oregon and Washington. Below are examples of the community organizations supported by these grants.

- North by Northeast Community Health Center recoived a \$25,000 grant from KFH to provide free health screamings and basic medical services to the medically undersorved communities of North and Northeast Pontland
- Project Acress NOW is a nationally recognized program that expands health care access and improves boatth outcome for low income, uninsured residents of Clackamas, Clark, Multinoman and

Washington counties through a coordinated network of volunteer partners including other local health systems. A \$135,000 grant was awarded by KFH in the Nonhwest to support this program.

 Wallace Medical Concern was awarded \$37,500 to support their medical service program that annually serves 4,100 adults and children in Portland/Gresham metropolitan area who are uninsured

### 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 hase for care and health. KFH in Oregon and Washington spent \$8.2 million to support programs and services for the development and dissemination of knowledge and provided grants and donations to nonprofit organizations.

### Health Services Research

The Center for Health Research (CHR), the professionally independent research organization conducting academic quality public domain research that is advancing knowledge to improve health care and inform health policy. Founded in 1964, CHR is multidisciplinary institution that studies medical care organization, health care findingly, health services delivery, epidemiology, health promotion, and disease prevention. In 2007, kFH sperit \$4 million to support CHR in conduction 300 new or continuing research projects.

- Screen Time Pilot Study is collecting preliminary data for a proposal to conduct a family-based intervention simed at reducing TV and computer screen time for 8-10 year old children with body mass index (BMI) at or above the 85<sup>th</sup> percentile of age.
- Recovery Group Prior Study is developing and evaluating a low-cost joint consumer/counselor-lod
  health education and support intervention to foster self-care and recovery among adults with schools
  mental illness.
- Family Cost Study is developing and pilot testing an instrument to measure the family costs
  associated with mental health problems to combine qualitative and quantitative methods for
  developing and testing the leasibility and acceptability of the instrument

### Health Sciences and Medical Libraries

KFH in Oregon and Washington spent \$347,936 million to support internal and external requests for clinical, health and related information services. In 2007, the Kaiser Permanente Northwest Regional Library supported the community benefit strategy by supplying articles to other health sciences libraries, providing orientation and support for nutrition interns, pharmacy interns, nursing students, medical students, interns and residents and supplying consumer health information to our members and the community.

### **Tumor Board and Cancer Registry**

KFH spent over \$1 million to support the Tumor Board and Cancer Registry. Besides being a statistical catabase utilized by clinicians and researchers within the region, the registry provides data to the National Canner Data Base on new and recurring cancers and high risk benigh tumors. The registry also reports new cases nionthly to the Oregon State Cancer Registry as required by law.

### **Educational Theatre Programs**

KFH in the Northwest and Oregon Childron's Thentre partnered to deliver Educational Theatre Programs, thee of charge to schools and community organizations. The theatre programs are developed with the combined efforts of physicians, health educators, theater professionals and teachers, counselors, parents, and students. Young professional actors reflecting the cultural diversity of the communities participate in the productions, play characters that inspire the students that through their vision, choices and leadership, one live healthier lives. In 2007, ETP in the Northwest performed for more than 9,500 children and adults.

### Continuing Medical Education

kFH spent approximately \$279,000 million to provide continuing medical education to community physicians and providers, and to the physicians alfiliated with the Permanente Medical Groups and other health care providers. A wide range of continuing medical education (CME) programs were offered during 2007, with aftendees earning 2,160 CME units

### Graduate Medical Education

In Oregon and Washington, KFH spent \$1.9 million on graduate medical education and educated 220 residents and fellows (26.5 FTE). Residents and fellows from six schools rotate within primary care medicine areas of Internal Medicine, Pediatrics, Obstetrics & Gynecology, and Public Hoalth and specialty areas such as Critical Care Medicine, General Surgery, Genatrics, Nephrology, Orthopedics, Otolaryngology, Pathology, Dermitt-logy, Plastic Surgery, Podiatry and Urology.

### Nurse Practitioner and Other Non-Physician Training Programs

KFH provided non-compensated on eite clinical training for students from 19 community institutions who are pursuing careers in the health care field. The Graduate Medical Education Department provides the administrative support for nurse practitioner and physician assistants training programs as well as students in allopatino medicine, midwifery, optometry, podiatry, registered nurse anasthetist, and behavioral health programs.

### Grants and Donations for Knowledge Dissemination

In Oregon and Washington KFH spent approximately \$631,000 on chantable contributions to nonprofit organizations providing educational opportunities for individuals seeking a career as a health care provider or professional. Examples of the ten community organizations supported by this funding category include:

- The Oregon Healthcare Workforce Institute Northwest Health Foundation received \$200,000 from KFH the Northwest to facilitate building organizational relationships to expand the number of graduates in the health care profession and also address challisinges, such as clinical capacity, regulatory barriers, retention and educational capacity.
- A donation to the Physicians for Social Responsibility, Oregon Chapter supported training to health care providers about the linkages between environmental toxins and childhood development in order to prevent exposure to these toxins.
- Portiand Workforce Alliance (Portiand School Foundation, fiscal sponsor) was awarded \$20,000 to provide work expenence for students within a class curriculum and to assist students to make informed choices about entering the health care field upon high school graduation.

### OTHER COMMUNITY BENEFITS

The Nonhwest Health Plan and KFH expended \$3.4 million on other community benefits in the region, of which \$641,560 is attributed to Health Plan and \$3.1 million to KFH.

### **CB** Operations

The Northwest Health Plan and KFH have a dedicated Community Banefit Department with six full time employees to support regional community benefit programs and services and coordinate CB initiatives.

### Other Grants and Donations

In 2007, Northwest Health Plan and KFH made contributions that supported other nonprofit organizations which were not part of National Streams of Work. The following are complied:

 Falk Time's socialization program provides a filentity and supportive environment for patients with mental illness that allows them to focus on developing their strengths and talents to loant the stalls needed to live with the daily reclines of mental illness and gain optimum independence in their lives KFH made a \$25,000 donation to support this program. Store to Door is an in-home delivery services for reniors and people with disabilities. The program
delivers fresh groceries, household goods and prescription medicines. A donation from KFH
supported this service that assist veniors and person with disabilities continue healthy independent
lifestyles.

A KFH \$35,000 donation to the American Red Cross helped to provide speedy relief to flood victims by offering shelter, hot meals and shacks after hurricane-force winds, pounding rain, using floodwaters and mudslides caused extensive damaged in Oregon and Southwest Washington communities.

### Community Giving Campaigns

KFH supported an employee crying campaign to assist local organizations such as the Black United Fund, Earthshare of Oregon, United Way of Columbia Willamette, United Way of Cowirtz County and United Way of the Mid-Willamette Valley and Conimunity Health Chambes (CHC). Employee donations are used to support these membrir charities and provide research, patient services and outreach in local communities.

### ATTACHMENT A

### 2007 NATIONAL DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM

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

	National Health Plan Total	National Hospital Total	NATIONAL CB. TOTAL
CARE & COVERAGE			
Charitable Care & Coverage Programs	\$138,062,198	\$65,430,139	\$203 492,327
Government Sponsored Programs	339,924,663	186,539,311	526,464,464
Grants & Donstions for Care & Coverage	6,000,200	25 888,940	31,889,140
Care & Coverage CB Operations	3 954,334	489,788	4,444,102
Subtotal	\$487.941,386	\$278,348,668	\$766,290,053
COMMUNITY HEALTH INITIATIVES			
Community Health Education	\$932,592	\$858,476	\$1,821,068
Grants & Donations for Community Health Instatives	32,973,619	17,207,231	50,190,850
Community Health Indianves CB Óperations	625,786	3	625 786
Subtotal.	\$34,537,997	\$18,095,707	\$52,627,704
SAFETY NET PARTNERSHIPS			
Grants & Donations for Safety Net Partnerships	\$14,026.859	\$31,126,227	\$46,153,086
Safety Net CB Operations	500,000	0	960,666
Subtotal	\$14,526,859	\$31,126,227	\$45,853,086
KNOWLEDGE DISSEMINATION			
Medical Research	\$1,683,272	\$16,200,945	\$17,944,217
Health Care Public Policy	1,500,000	0	1,500,000
Educational Theatre Program	3,623,314	7,759,790	11,383,104
Health Care Training & Education Programs	3,085,631	61,085.817	64,171,448
Grants & Donations for Knowledge Dissemination	51,170,920	3,141,940	54 312,860
Knowledge Dissemnation CB Operations	3	Ð	3)
Subsolah	\$61,063,137	88,748,492	\$149,311,639
OTHER COMMUNITY BENEFITS			
Self Sufficiency Programs	\$218,880	\$5,289 942	\$5,508.822
Other C8 Grants & Dunations	7,333,836	8,430,334	15,764,169
Other CB Operations	6 573,396	12,030,137	17,603,503
Subtrotal.	\$13,126,111	\$25,750,413	\$38,870.524
TOTAL	\$611,189,489	\$441,569,506	\$1,052,758,995

### ATTACHMENT B

### 2007 COMMUNITY BENEFIT INVESTMENT - NORTHWEST REGION

The following chart summarizes 2007 Community Benefit investments in **Oregon** and **Washington** States Health Plan and KFH regionally. The investments in the community reflected in the chart are unaudited.

	REGKNAL HEALTH PLAN TOTAL	regional Hospital Total	TOTAL
CARE & COVERAGE			
Charitable Care & Coverage Programs	\$9.322,791	\$6.267,109	\$15,589,900
Government Sponsored Programs	21 789,861	53,030	21 842.894
Grants & Donations for Care & Coverage	8	0	0
Card & Coverage CB Operations	30,188	02,104	122,292
Sublotal:	\$31,142.843	\$6,412,243	\$37,555,086
COMMUNITY HEALTH INITIATIVES			
Community Health Education	\$7,40)9	\$94,914	\$102,323
Grants & Donations for Community Health Initiatives	183,400	210,800	394,200
Community Health Indahves CB Operations	8	0	Q.
Subtotal.	\$190,809	\$305,714	\$496,523
SAFETY NET PARTNERSHIPS			
Grants & Donations for Safety Net Partnerships	\$ 0	\$413,700	\$413,700
Salety Net CB Onerations	0	()	0
Subtotal.	\$ 0	\$413,700	\$413,700
KNOWLEDGE DISSEMINATION			
Medical Research	\$ 0	\$5,468,803	\$5,468,803
Heanh Care Public Policy	Ü	()	0
Educatorial Theatre Program	Q	57,553	87 653
Health Care Training & Education Programs	Ö	2,181,073	2 181,073
Grants & Danations for Knowledge Dissemination	8	531,050	531 050
Knuwledge Dissemination CB Operations	Q	()	0
Surretal:	<b>2</b> 0,	\$8,238.579	\$8,238,579
OTHER COMMUNITY BENEFITS			
Self Sufficiency Programs	\$ 0	\$ 0	\$ 0
Other CB Grants & Donanons	173,821	2,200,464	2,374,286
Other CB Operations	367,759	927,759	1,296,518
Subtotal	\$541,580	\$3,128,023	\$3,669,803
TOTAL	\$31,875,232	\$18,498,459	\$50,373,691

### KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST FEIN: 93-0798039 December 31, 2007

### FORM 990, SCHEDULE A, PART III

### NON-AFFILIATED TAXABLE ORGANIZATION RELATIONSHIPS

NAME	NON-AFFILIATED TAXABLE ORG	TRANSACTIONAL RELATIONSHIP
PHILIP A MARINEAU	LEVI STRAUS & CO - RET	NONE
J. NEAL PURCELL	KPMG INTL - RET. OMNI FLIGHT	AUDIT & TAX ADVISOR AIR AMBULANCE SERVICES
EDWARD PEI	FIRST HAWAIIAN BANK	BANKING SERVICES IN HAWAII
GEORGE HALVORSON	PERMANENTE FEDERATION	ASSOCIATION OF MEDICAL GROUPS PROVIDING PHYSICIANS TO KAISER FOUNDATION HEALTH PLANS AND KAISER FOUNDATION HOSPITALS

FEIN: 93-0798939 December 31, 2007

### FORM 990, SCHEDULE A. PART III

### TAXABLE ORGANIZATION FAMILY RELATIONSHIPS

NAME	NON-AFFILIATED TAXABLE OPG	TRANSACTIONAL RELATIONSHIP	FAMILY RELATIONSHIP
KATHFYN LANCASTER	TOP TIER CONSULTING	IT CONSULTING SERVICES	SIBLING, BENIFICIAL BUSINESS OWNER
STEVEN ZATKIN	ARLEN GROUP	BENEFITS CONSULTANT/BROKER	IN-LAW
VICTORIA ZATKIN	ARLEN GROUP	BENEFITS CONSULTANT/BROKER	IN-LAW
CHRISTINE MALCOM	CONSULTANT	CONSULTING SERVICES	SPOUSE

### STATEMENT 27

# KAISER FOUNDATION HOSPITALS AND HEALTH PLAN INC.

EMPLOYER TAX ID #	ENTITY NAME		Furpose of Enilly
KAISER FOUI	KAISER FOUNDATION HOSPITAL SUBSIDIARIES (TAXABLE):		
94-3245176	KAISER PERMANENTE INTERNATIONAL	£'1%	An Bhenathnel oxisuling company
91-2166947	NP ONCALL, LLC	<u>ျ</u>	Owns & operates nurse telemedicine services cell senter
KAISER FOU	KAISER FOUNDATION HEALTH PLAN INC. SUBSIDIARIES (TAXABLE):		
54 3113684	MAISER PERMANENTE HEALTH ALTERNATIVES	Txbi	Provides dental plans and Point of Service mindical plans in Washington state to groups/individuals.
94-7259432	KABBER PROPERTIES SERVICES, INC	Ţ	rhids a C.A. saal assasa knokaraga koansa.
54-32,13402	KAEER PERMANENTE INSURANCE COMPANY	7,24.6	mounte connany offering indemny benefit plans
63-0329730	OAK TREE ASSURANCE, LTD	Ž	Captive traviance company to insure workers contransation & auto maurance coveres»
84.2471881	LONAHI ASSURANCE LTD	Txbi	A caprive insurance company to insure and secure reingurance for property & cesuelly nake
	ORDWAY INTERNATIONAL LTD.	iqx <u>i</u>	A holding company to provide offshore nsk management groks
	ORDWAY INDEMNITY, LTD.	1QXI	An offshare company used as a fish management tool
34.1814607	CHP COMPANIES, INC.	1820	Holding company, sole member of CHP. CHP is an inactive health plan in New York

### Chief Executive Officer & President Compensation

Mr. Halvorson, CEO & President, received a one-time payment in 2007 from a supplemental retirement plan. That plan provided for vesting and payment of accrued benefits in 2007 and was part of the compensation package the Board of Directors approved while recruiting him to lead Kaiser in 2002. Those amounts were reported in prior years on the Form 990 as they were accrued. Excluding this one-time payment, his reported compensation and benefits in the 2007 filling would be \$8,749,719 (total from all columns). That number still has a substantial "double-count" of multiple years' incentive compensation, which is required under the Internal Revenue Service's guidance for reporting compensation on the organizations Form 990. "Double-count" means the compensation was reported in prior years as it was accrued, and also reported in the year paid. Excluding the currently "double-counted" compensation, Mr. Halvorson's compensation for 2007 (paid during 2007, excluding amounts earned in previous years, and including amounts earned in 2007 but paid in 2008) is \$6,219,719.

### ···· 8868

(1965) BigA 9855

### Application for Extension of Time To File an Exempt Organization Return

OMB	140	1242	170

Decument of the Treasury

File a separate application for each return. Senior Revience Senson if you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X it you are films for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of the form). *Do not complete Part II unless* you have already been granted an automatic 3-month extension on a previously filed Form 6868. Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed). Seption 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box All other corporations (including 1170-C filers), pertnerships, REMICs, and folias must use Form 7004 to request en extension of time to file income tax returns: Electronic Filing (efficie). Generally, you can electronically life Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 morrhs for section 501c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990 BL, 6069, or 8870, group returns, or a composite or consolidated From 990-1, Instead, you must submit the fully completed and signed page 2 (Part il) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efte and click on o-file for Chantics & hongrofits. Employer identification number Name of Everya Corporation KAISER FOUNDATION HEALTH PLAN Type or tning 93-0798039 OF THE NORTHWEST Number, street, are monior suite no. If a F.O. text, soc instructions, 38 65 68 त्रवार अक्षर १७४६ ONE KAISER PLAZA, SUITE 1550L gang kora City fown or post online, state, and ZIP bade. For a foreign address, see instructions mum See ลเสมองสมาช OAKLAND, CA 94612 Check type of return to be filed (file a separate application for each return): Form 4720 From 990-T (corporation) Form 990 Form 8223 Form 989 T (5% 40 Ha) or 400(a) trust) 18-(99 mag-f 9963 must Form 490-1 (trust other than above). Form 990-82 Form: 8370 Form 990-PF From 1941-4 The books are nothe care of . NATIONAL DIRECTOR OF TAX FAX No 🌬 510 271-2611 Telephone No. > 510 271,6385 If the organization does not have an office or place or business in the United States, check this box It this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box 🕨 📗 . If it is for part of the group, check this box 🕨 names and EINs of all members the extension will cover. The question butomatic 3-month remindres for a section 501(c) corporation required to file Form 990-T) extension of time. until 08/15, 2008 to file the exemptingue cotton return for the organization named above. The extension is for the organization's return for. calendar year 2007 or tax year beginney , and energy Change in accounting period It this tax year is for less than 12 months, check reason. I Initial return Final return 3a in this application is for Form 960-BL, 990-PF, 980-T, 4720, or 5069, whier the terrative tax, less any nomreful deble credits. See instructions 33 \$ NONE bill this approximis for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments makes, include any prior year overpayment allowed as a credit. NONE Balance Dur. Subtract line to from line 32 Include your payment with this form, or, if required deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tox Payment System). See 3c \$

or Privacy Act and Paperwork Reduction Act Notice, see Instructions.

or paymaent instructions

Form **8868** (Rev. 4 2007)

Caution, if you are going to make an electronic fund withdrawal with this Form 8868, see Form 6453-EO and Form 8879-EO

### ...8453-EO

### Exempt Organization Declaration and Signature for Electronic Filing

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0798039

E REAL STANKE

For assessive year 2007 or tax year hogining

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8856

 See instructions on back. 18 6 61 61 - 11 , 18 8 81 . 1 W

Emphysis identification number

KAISER FOLDMOATHON HEALTH PLAN OF THE NORTHWEST Type of Return and Return Information (Whole Dollars Only)

Check the box to the return for which you are using this Form 8-30-50 and entry thin applicable amount from the return, it any If you check the box our meilla, 2a, 3a, 4a, or 5a calour and the anicont on that line for the return to rehich you are filery the remain was blank then leave one 16, 26, 36, 46, or 96, whiches a supplicable blank operated out of grouperleted of in the return. then option 0, on the anglerable the bolds. Do not complete more than one one in Part I

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23	Form 990-EZ chack here 👂 i b Tot	tal revenue, diany (Con. 930-CT) line th	2b	
3.3	Form 1120-POL check have 💌 🧢 📙 b	Total fax Form 1100 POL (nc 10)	35	
34	Form 990-PF check here 💌 📋 b. Tax	based on investment income from 990-05. Fact village of 🛒 🦠	45	
និន	Form: 8865 theck held 🤛 🗀 ib. Balani	ce due (norm SSuS, line ac)	8b	

### Declaration of Officer

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  - 🚅 If a report the return is believe than state agreed the Linguid and Thanker as pair in the IRA Feditation presents in the return. I executed the electronic disclosion comment command within the return along the cost of the IRS of the Form 990-990-E2/990-PF can specifically identified in Part Labor elso the selected write upencyl esi

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Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

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