

# NOTICE

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

These errors include:

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

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

For more information, please visit <http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx>



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314004249

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

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

C Name of organization  
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST  
Doing Business As

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

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

D Employer identification number  
93-0798039

E Telephone number  
(510) 271-6611

G Gross receipts \$ 2,718,731,615

F Name and address of Principal Officer  
ANDREW R MUCULLOCH  
ONE KAISER PLAZA 15L  
OAKLAND, CA 94612

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No  
(If "No," attach a list See instructions )

H(c) Group Exemption Number

I Tax-exempt status

☒ 501(c) ( 3 ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Web site: N/A

K Type of organization

☒ Corporation☐ trust☐ association☐ other

L Year of Formation 1984

M State of legal domicile OR

Part I Summary			
Activities & Governance	1	Briefly describe the organization’s mission or most significant activities To provide high-quality, affordable health care services to improve the health of our members and the communities we serve	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 12
	5	Total number of employees (Part V, line 2a)	5 6,864
	6	Total number of volunteers (estimate if necessary)	6 40
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 2,893,361
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior YearCurrent Year0
	9	Program service revenue (Part VIII, line 2g)	2,346,496,9682,461,397,785
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,503,75327,779,023
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,085,9198,900,654
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,377,086,6402,498,077,462
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	323,350607,510
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	555,132,384588,633,798
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	(Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup> )	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,770,537,0201,861,050,187
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	2,325,992,7542,450,291,495
	19	Revenue less expenses Subtract line 18 from line 12	51,093,88647,785,967
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of YearEnd of Year902,266,297957,383,874
	21	Total liabilities (Part X, line 26)	559,964,052602,196,616
	22	Net assets or fund balances Subtract line 21 from line 20	342,302,245355,187,258

Part II Signature Block

Please Sign Here

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

Signature of officer

2009-10-30

Date

DEBORAH STOKES VP, CONTROLLER, CAO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's PTIN (See Gen Inst )

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

May the IRS discuss this return with the preparer shown above? (See instructions)

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

Yes

✓

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . .

Yes

✓

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 2,283,277,697 including grants of \$ 0 ) (Revenue \$ 0 )

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

4b

(Code ) (Expenses \$ 26,013,686 including grants of \$ 0 ) (Revenue \$ 5,394,838 )

Health Plan provides charity care to low-income vulnerable patients through the Medical Financial Assistance and Charitable Coverage Programs Medical Financial Assistance (MFA) - Health Plan offers financial assistance to help families and individuals that are unable to meet all or part of the cost of medical care on an immediate and nonrecurring basis In 2008 patients received 52,785 outpatient visits and 109,160 prescriptions Charitable Coverage - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 7,742 patients received comprehensive care for up to four years through these programs Additional information about Northwest Health Plan's charitable activities can be found in Schedule O

4c

(Code ) (Expenses \$ 41,046,515 including grants of \$ 0 ) (Revenue \$ 14,265,313 )

Medicaid and Other Government Sponsored Programs - Health Plan provides services to Medicaid eligible patients on both a capitated and fee for service basis In 2008 health plan cared for 5,042 capitated members (144,931 outpatient visits) and another 2,710 Medicaid fee for service patients (3,220 outpatient visits) Health Plan also contributed \$14,503,633 to support the Oregon and Washington high-risk Medical Insurancy Pools Additional information about Northwest Health Plan's charitable activities can be found in Schedule O

4d

Other program services (Describe in Schedule O )


















(Expenses \$ 505,768 including grants of \$ 430,768 ) (Revenue \$ 0 )

4e









Total program service expenses \$ 2,350,843,666 Must equal Part IX, Line 25, column (B).

Part IV

Checklist of Required Schedules

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

**Part IV Checklist of Required Schedules** *(Continued)*

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 		No
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	Yes	
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	Yes	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>36</b> 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>37</b> Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	4,172	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	6,864	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

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

Section A. Governing Body and Management

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

1a

Enter the number of voting members of the governing body . . .

1a

14

1b

Enter the number of voting members that are independent . . .

1b

12

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .

2

Yes

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets? . . .

5

No

6

Does the organization have members or stockholders? . . . . .

6

Yes

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .

7b

Yes

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a

the governing body? . . . . .

8a

Yes

b

each committee with authority to act on behalf of the governing body? . . . . .

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates? . . . . .

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .

10

Yes

11

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13 . . .

12a

Yes

b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

12b

Yes

c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

12c

Yes

13

Does the organization have a written whistleblower policy? . . . . .

13

Yes

14

Does the organization have a written document retention and destruction policy? . . . . .

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

a

The organization's CEO, Executive Director, or top management official? . . . . .

15a

Yes

b

Other officers or key employees of the organization? . . . . .

15b

Yes

Describe the process in Schedule O

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .

16a

No

b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

16b

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed OR , WA

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ own website ☒ another's website ☒ upon request

19

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

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
NATIONAL DIRECTOR OF TAX  
ONE KAISER PLAZA 15L  
OAKLAND, CA 94612  
(510) 271-6385

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

[illegible]



(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
<b>1b Total . . . . .</b>									0	22,781,454	3,237,987

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

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

Form **990** (2008)

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a			
	b	Membership dues . . . . .				
			1b			
	c	Fundraising events . . . . .				
			1c			
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above				
			1f			
g	Noncash contributions included in lines 1a-1f \$					
h	Total (Add lines 1a-1f) . . . . .		0			
Program Service Revenue			Business Code			
	2a	MBR HLTH CARE PREM	621,400	1,764,467,411	1,764,467,411	
	b	SUPPL CHARGE/PHARM	621,400	125,305,462	122,412,101	2,893,361
	c	NON-PLAN & IND REV	621,400	8,663,797	8,663,797	
	d	OTHER PRGRM SERV	621,400	19,850,789	19,850,789	
	e	MEDICARE	621,400	543,110,326	543,110,326	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
		\$ 2,461,397,785				
Other Revenue	3	Investment income (including dividends, interest other similar amounts) . . . . .				
				26,890,717		26,890,717
	4	Income from investment of tax-exempt bond proceeds . . . . .		0		
	5	Royalties . . . . .		0		
		(i) Real	(ii) Personal			
	6a	Gross Rents	983,328			
	b	Less rental expenses	467,478			
	c	Rental income or (loss)	515,850			
	d	Net rental income or (loss) . . . . .		515,837		515,837
		(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	220,920,118	154,864		
	b	Less cost or other basis and sales expenses	219,902,316	284,359		
	c	Gain or (loss)	1,017,802	-129,495		
	d	Net gain or (loss) . . . . .		888,306		888,306
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . .				
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from fundraising events . . . . .		0		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . .				
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from gaming activities . . . . .		0		
	10a	Gross sales of inventory, less returns and allowances . . . . .				
	b	Less cost of goods sold . . . . .				
	c	Net income or (loss) from sales of inventory . . . . .		0		
	Miscellaneous Revenue	Business Code				
11a	INT INC-AFFILIATE	900,003	2,650,309		2,650,309	
b	MISC REVENUE	621,400	5,734,508		5,734,508	
c						
d	All other revenue					
e	Total. Add lines 11a-11d . . . . .					
	\$ 8,384,817					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		2,498,077,462	2,458,504,424	2,893,361	36,679,677

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	607,510	607,510		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	3,374,072	3,340,331	33,741	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	385,221,725	359,571,328		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	42,440,359	39,731,189	2,709,170	
9	Other employee benefits . . . . .	125,727,230	118,832,501	6,894,729	
10	Payroll taxes . . . . .	31,870,412	29,640,739	2,229,673	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	15,860		15,860	
c	Accounting . . . . .	969,511		969,511	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	305,307,654	293,990,373	11,317,281	
12	Advertising and promotion . . . . .	19,493,785	1,099,824	18,393,961	
13	Office expenses . . . . .	6,735,898	5,992,935	742,963	
14	Information technology . . . . .	114,981,183	99,894,430	15,086,753	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	14,420,669	14,404,876	15,793	
17	Travel . . . . .	3,688,965	3,227,802	461,163	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
19	Conferences, conventions and meetings . . . . .	240,960		240,960	
20	Interest . . . . .	923,175	923,175		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	28,789,556	28,789,556		
23	Insurance . . . . .	5,631,559	5,631,559		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	BASIC CONTRACT PAYMENTS	966,198,533	966,198,533		
b	SUPPLIES	291,558,412	283,625,115	7,933,297	
c	INTER-REGIONAL CHARGES	41,639,178	40,535,464	1,103,714	
d	BUSINESS LICENSE & TAXES	16,340,948	16,340,898	50	
e	EQUIPMENT RENTAL & MAINT	10,306,776	10,289,083	17,693	
f	All other expenses	33,807,565	28,176,445	5,631,120	
25	Total functional expenses. Add lines 1 through 24f	2,450,291,495	2,350,843,666	99,447,829	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .	10,407,153	<b>1</b> 5,434,313
	<b>2</b>	Savings and temporary cash investments . . . . .		<b>2</b>
	<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>
	<b>4</b>	Accounts receivable, net . . . . .	50,634,970	<b>4</b> 48,125,843
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>
	<b>7</b>	Notes and loans receivable, net . . . . .		<b>7</b>
	<b>8</b>	Inventories for sale or use . . . . .	24,945,287	<b>8</b> 22,684,913
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	3,539,902	<b>9</b> 4,176,740
	<b>10a</b>	Land, buildings, and equipment cost basis		
		<b>10a</b> 501,798,627		
	<b>b</b>	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .		
		<b>10b</b> 258,573,718	249,725,216	<b>10c</b> 243,224,909
	<b>11</b>	Investments—publicly traded securities . . . . .		<b>11</b>
	<b>12</b>	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	563,013,769	<b>12</b> 579,914,543
	<b>13</b>	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>
<b>14</b>	Intangible assets . . . . .		<b>14</b>	
<b>15</b>	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	0	<b>15</b> 53,822,613	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	902,266,297	<b>16</b> 957,383,874	
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .	181,456,542	<b>17</b> 161,210,389
	<b>18</b>	Grants payable . . . . .		<b>18</b>
	<b>19</b>	Deferred revenue . . . . .	25,946,873	<b>19</b> 19,903,871
	<b>20</b>	Tax-exempt bond liabilities . . . . .		<b>20</b>
	<b>21</b>	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>
	<b>22</b>	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>
	<b>24</b>	Unsecured notes and loans payable . . . . .		<b>24</b>
	<b>25</b>	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	352,560,637	<b>25</b> 421,082,356
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	559,964,052	<b>26</b> 602,196,616
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b>	Unrestricted net assets . . . . .		<b>27</b>
	<b>28</b>	Temporarily restricted net assets . . . . .		<b>28</b>
	<b>29</b>	Permanently restricted net assets . . . . .		<b>29</b>
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .	4,712,722	<b>30</b> 4,712,722
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .	337,589,523	<b>32</b> 350,474,536
	<b>33</b>	Total net assets or fund balances . . . . .	342,302,245	<b>33</b> 355,187,258
	<b>34</b>	Total liabilities and net assets/fund balances . . . . .	902,266,297	<b>34</b> 957,383,874

**Part XI Financial Statements and Reporting**

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
KAISER FOUNDATION HEALTH PLAN  
OF THE NORTHWEST

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public  
Inspection

Name of the organization KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	Employer identification number 93-0798039
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

- 1

☐

A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
- 2

☐

A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H )
- 4

☐

A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II )
- 8

☐

A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions )
- 11

☐

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

☐

Type I
- b

☐

Type II
- c

☐

Type III - Functionally Integrated
- d

☐

Type III - Other
- e

☐

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

☐

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

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii)

a family member of a person described in (i) above?
- (iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

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

Part II

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

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

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a <b>33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,741,704,708	1,945,865,751	2,151,214,826	2,346,496,968	2,461,397,785	10,646,680,038
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	1,741,704,708	1,945,865,751	2,151,214,826	2,346,496,968	2,461,397,785	10,646,680,038
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						10,646,680,038

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1,741,704,708	1,945,865,751	2,151,214,826	2,346,496,968	2,461,397,785	10,646,680,038
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,934,537	10,484,854	30,951,565	31,794,233	36,258,849	115,424,038
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	5,934,537	10,484,854	30,951,565	31,794,233	36,258,849	115,424,038
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total Support (Add lines 9, 10c, 11 and 12)						10,762,104,076
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	98 928 %	
16 Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	99 318 %	

Computation of Investment Income Percentage			
17	Investment Income Percentage for <b>2008</b> (line 10c column (f) divided by line 13 column (f))	17	1 073 %
18	Investment Income Percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	18	0 682 %
19a	<b>33 1/3% Tests - 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b	<b>33 1/3% Tests - 2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20	<b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV

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



SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations    complete Parts I-A and B    Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations    complete Parts I-A and C below    Do not complete Part I-B
- Section 527 organizations    complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A    Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h))    Complete Part II-B    Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations    complete Part III

Name of the organization KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	Employer identification number  93-0798039
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	\$
3	Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV	

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a	Volunteers?	No		
	b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
	c	Media advertisements?		No	
	d	Mailings to members, legislators, or the public?		No	
	e	Publications, or published or broadcast statements?		No	
	f	Grants to other organizations for lobbying purposes?	Yes		92,832
	g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		121,219
	h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		28,430
	i	Other activities If "Yes," describe in Part IV	Yes		23,692
j	Total lines 1c through 1i			266,173	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes" enter the amount of any tax incurred under section 4912				
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No		

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule C, Part II-B, Lines 1a through 1i		LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES The Organization is a member of the Kaiser Permanente Medical Care Program and participated and benefited from lobbying activities conducted at the regional and national level for the benefit of its enrolled members and for the health care industry as a whole. As an organization generally exempt from income tax under Internal Revenue Code Section 501(c)(3), Health Plan has a policy prohibiting internal involvement in any political campaigns. This policy is closely monitored for compliance. During the year this Organization may have made comments or statements concerning legislation which may affect the health care industry. Health Plan may have engaged in telephone conversations and/or written letters to various federal, state, and local officials regarding matters which affected the healthcare industry as a whole. The amount of time and money involved in the activities is detailed on lines a through i. Health Plan has several employees and/or may retain a professional consultant to represent Health Plan's interests in various legislative and regulatory bodies and from time-to-time to keep informed of Federal and State legislation having an impact on Health Plan's charitable activities as an exempt Health Maintenance Organization. These individuals attempt to ensure that proposed legislation and enacted laws are compatible with the Interest of Health Plan and its members by performing the following activities: (i) Collecting, analyzing and distributing within the Organization, public and private policy recommendations regarding proposed legislation that affect the operation of Health Plan and its ability to provide quality health and medical care services to its members in a cost effective environment; (ii) Providing appropriate informational materials to legislators and to their staffs that pertain to matters of common interest in the health care community and in the not-for-profit community; (iii) 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; (iv) 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.

## Supplemental Information

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

<b>Name of the organization</b> KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	<b>Employer identification number</b> 93-0798039
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>	
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►	
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	► \$
	(ii) Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		39,222,330		
b Buildings . . . . .		339,598,230	198,519,763	141,078,467
c Leasehold improvements . . . . .				
d Equipment . . . . .		117,934,151	59,187,320	58,746,831
e Other . . . . .		5,043,916	866,635	4,177,281
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				243,224,909

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other MARKETABLE SECURITIES	550,276,012	F
Other MARKETABLE SECURITIES - OTHER	28,780,625	F
Other US TREAS & LT RECEIVABLES	857,906	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶	579,914,543	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶		

**Part IX** Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM AFFILIATES	53,822,613
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	53,822,613

**Part X** Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
RESERVE FOR SELF INSURED RISKS	6,953,500
RESERVE FOR PROF & PUBLIC LIAB	11,073,621
RESERVE FOR WORKERS COMP RISK	3,690,094
POST RETIREMENT BENEFIT-LT	375,825,436
POST RETIREMENT BENEFIT-CURRT	6,206,532
OTHER LIABILITIES & DEPOSITS	17,333,173
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	421,082,356

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	12,498,077,462
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,450,291,495
3	Excess or (deficit) for the year Subtract line 2 from line 1	47,785,967
4	Net unrealized gains (losses) on investments	14,151,661
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-49,052,629
9	Total adjustments (net) Add lines 4 - 8	-34,900,968
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	12,884,999

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	12,489,205,892
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a14,151,661	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d-12,601,577	
e	Add lines 2a through 2d . . . . .2e1,550,084	32,487,655,808
3	Subtract line 2e from line 1 . . . . .	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b10,421,654	
c	Add lines 4a and 4b . . . . .4c10,421,654	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .52,498,077,462	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	12,444,518,581
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Losses reported on Form 990, Part IX, line 25 . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d5,245,713	
e	Add lines 2a through 2d . . . . .2e5,245,713	32,439,272,868
3	Subtract line 2e from line 1 . . . . .	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b11,018,627	
c	Add lines 4a and 4b . . . . .4c11,018,627	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .52,450,291,495	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule D, Part XI, Line 8		change in pension liability \$ (31,802,312) see "note 1" below (17,250,317) \$ (49,052,629) note 1 other than temporary impairment of investment recognized for financial statement purposes, which will be tax reported when realized
Schedule D, Part XII, Line 2d		Interentity revenue reclass \$ 4,648,740 other than temporary impairment loss (17,250,317) \$(12,601,577)
Schedule D, Part XII, Line 4b		Bad Debt expense reclass \$ 5,284,119 Rental Expense reclass (467,478) Loss on Fixed Assets reclass (129,495) Misc revenue reclass 5,734,508 \$ 10,421,654
Schedule D, Part XIII, Line 2d		Interentity expense reclass \$ (4,648,740) rental expense reclass (467,478) loss on fixed assets reclass (129,495) \$ (5,245,713)
Schedule D, Part XIII, Line 4b		Bad Debt expense reclass \$ 5,284,119 Misc revenue reclass 5,734,508 \$ 11,018,627
Schedule D, Part X		NOT REQUIRED



**Identifier****Schedule D (Form 990) 2008**

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
KAISER FOUNDATION HEALTH PLAN  
OF THE NORTHWEST

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

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

OMB No 1545-0047

2008

Open to Public  
Inspection

Employer identification number  
93-0798039

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ☒

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

2 Enter total number of section 501(c)(3) and government organizations . . . . . 59

3 Enter total number of other organizations . . . . . 4

**Part III**

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

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

**Part IV**

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

Identifier	Return Reference	Explanation
Schedule I, Part I, Question 2		At the end of their funding cycle grantees are required to submit a final report which delineates accomplishments related to stated objectives Large grants (typically over \$100,000) may require quarterly progress reports

Software ID:  
Software Version:  
EIN: 93-0798039  
Name: KAISER FOUNDATION HEALTH PLAN  
OF THE NORTHWEST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 1200 NW Naito PKWY Suite 200 Portland,OR 97209	13-5613797	501(c)(3)	35,000				Sponsorship for Portland Metro Start Heart Walk
Susan Komen Race for the Cure 1411 SW Morrison Blvd Suite 290 Portland,OR 97205	75-1835298	501(c)(3)	24,400				Sponsorship Race for the Cure
OR Assn of Hospital Health Sys 4000 Kruse Way Place Suite 2-100 Lake Oswego,OR 97035	93-0554950	501(c)(3)	30,000				Health Leadership Task Force
OR Health Forum PO BOX 2942 Portland,OR 97208	93-1056129	501(c)(3)	14,000				Golf Tournament Title Sponsor
Portland Schools Foundation 905 NW 12th Ave Portland,OR 97209	93-1149789	501(c)(3)	9,760				2008 Bronze Roast Support
Clackamas County Office 2051 Kaen Road Oregon City,OR 97045	93-6002286	Govt Entity	19,049				In-kind surplus donations
Free Clinic of SW WA 4100 Plomondon Street Vancouver,WA 98661	91-1707542	501(c)(3)	75,000				In-kind surplus donations
Mercy & Wisdom Health Corp 2 NW 3rd Ave Portland,OR 97209	76-0767257	501(c)(3)		47,648	FMV	warehouse donations	In-kind surplus donations
Mulnomah County OR426 SW Start St 9th Fl Portland,OR 97204	93-6002309	Govt Entity	60,000				In-kind surplus donations
OR Oral Health Coalition 800 NE Oregon St Suite 825 Portland,OR 97202	30-0449673	501(c)(3)	10,000				In-kind surplus donations

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OR Student Assistance Comm1500 Valley River Drive Suite 100 Eugene, OR 97401	93-6015581	GOVT ENTITY	7,548				In-kind surplus donations
Tigard High School9000 SW Durham Rd Tigard, OR 97224	93-0572833	GOVT ENTITY		170,430	FMV	warehouse donations	In-kind surplus donations
Wallace Medical Concern PO Box 3506 Gresham, OR 97030	93-0853709	501(c)(3)		15,402	FMV	warehouse donations	In-kind surplus donations

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.</div>	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	Employer identification number 93-0798039
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Part I

Questions Regarding Compensation

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

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

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

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

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





Software ID:  
Software Version:  
EIN: 93-0798039  
Name: KAISER FOUNDATION HEALTH PLAN  
OF THE NORTHWEST

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARK BURMESTER	(i)	0	0	0	0	0	0	0
	(ii)	243,612	0	123,843	45,247	13,840	426,542	0
CHRISTINE K CASSEL MD	(i)	0	0	0	0	0	0	0
	(ii)	163,750	0	0	0	0	163,750	0
THOMAS W CHAPMAN EDD	(i)	0	0	0	0	0	0	0
	(ii)	144,400	0	16,174	68,750	0	229,324	0
MARK CHARPENTIER	(i)	0	0	0	0	0	0	0
	(ii)	111,922	62,000	29,127	25,550	13,030	241,629	0
MARY DURHAM	(i)	0	0	0	0	0	0	0
	(ii)	173,716	53,830	43,923	43,061	13,370	327,900	0
MARK ENGER	(i)	0	0	0	0	0	0	0
	(ii)	151,213	75,000	99,680	34,586	14,165	374,644	0
DANIEL P GARCIA	(i)	0	0	0	0	0	0	0
	(ii)	366,253	335,117	1,189,300	179,055	11,970	2,081,695	1,239,969
WILLIAM R GRABER	(i)	0	0	0	0	0	0	0
	(ii)	196,250	0	11,566	0	0	207,816	0
MICHAEL THOMAS GRANT	(i)	0	0	0	0	0	0	0
	(ii)	181,174	53,886	77,412	47,840	13,830	374,142	0
J EUGENE GRIGSBY III PHD	(i)	0	0	0	0	0	0	0
	(ii)	221,150	0	3,030	0	0	224,180	0
GEORGE C HALVORSON	(i)	0	0	0	0	0	0	0
	(ii)	1,132,896	3,375,668	1,317,156	46,724	12,702	5,885,146	3,385,154
SUSAN HENNESSY	(i)	0	0	0	0	0	0	0
	(ii)	228,532	0	242,596	254,699	13,370	739,197	212,983
JUDITH A JOHANSEN	(i)	0	0	0	0	0	0	0
	(ii)	184,750	0	11,386	0	0	196,136	0
KATHY LANCASTER	(i)	0	0	0	0	0	0	0
	(ii)	545,871	606,732	43,222	208,336	13,691	1,417,852	607,349
CHRISTINE MALCOLM	(i)	0	0	0	0	0	0	0
	(ii)	368,980	86,984	128,203	288,546	13,690	886,403	245,341
PHILIP A MARINEAU	(i)	0	0	0	0	0	0	0
	(ii)	181,250	0	11,566	0	0	192,816	0
THOMAS R MEIER	(i)	0	0	0	0	0	0	0
	(ii)	257,251	214,717	57,257	69,668	13,027	611,920	219,308
JENNY J MING	(i)	0	0	0	0	0	0	0
	(ii)	167,250	0	11,566	0	0	178,816	0
ANDREW R MUCULLOCH	(i)	0	0	0	0	0	0	0
	(ii)	349,196	106,537	196,040	164,113	13,643	829,529	142,049
WILLY PAUL	(i)	0	0	0	0	0	0	0
	(ii)	149,853	19,047	93,546	24,285	14,017	300,748	0
EDWARD PEI	(i)	0	0	0	0	0	0	0
	(ii)	170,500	0	0	15,500	0	186,000	0
PATRICIA ANN PETERS	(i)	0	0	0	0	0	0	0
	(ii)	181,059	104,581	55,825	79,881	13,370	434,716	106,219
J NEAL PURCELL	(i)	0	0	0	0	0	0	0
	(ii)	236,876	0	325	0	0	237,201	0
DENNIS REESE	(i)	0	0	0	0	0	0	0
	(ii)	240,277	62,912	32,561	58,287	13,370	407,407	62,912
ARTHUR M SOUTHAM MD	(i)	0	0	0	0	0	0	0
	(ii)	679,813	883,545	63,069	248,703	11,224	1,886,354	887,341
DEBORAH STOKES	(i)	0	0	0	0	0	0	0
	(ii)	278,007	178,237	149,787	102,540	13,028	721,599	286,139
CYNTHIA A TELLES PHD	(i)	0	0	0	0	0	0	0
	(ii)	201,650	0	8,189	0	0	209,839	0
SANDRA P THOMPKINS	(i)	0	0	0	0	0	0	0
	(ii)	122,825	0	11,362	56,675	0	190,862	0
BERNARD J TYSON	(i)	0	0	0	0	0	0	0
	(ii)	627,705	786,911	996,571	235,852	13,691	2,660,730	1,504,843
WILLIAM N WIECHMANN	(i)	0	0	0	0	0	0	0
	(ii)	203,656	61,655	31,112	54,154	13,370	363,947	0
STEVEN R ZATKIN	(i)	0	0	0	0	0	0	0
	(ii)	516,044	558,242	555,302	533,116	12,393	2,175,097	1,067,290
VICTORIA B ZATKIN	(i)	0	0	0	0	0	0	0
	(ii)	174,106	28,485	44,310	42,573	2,197	291,671	48,094

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule J, line 3		kaiser foundation health plan of the northwest relied on kaiser foundation health plan, inc. that used one or more of the methods described below to establish the top management officials' compensation. Compensation committee Independent compensation consultant form 990 of other organizations written employment compensation survey or study approval by the board or compensation committee.
Schedule J, line 4b		Daniel Garcia \$ 1,203,891 George Halvorson 1,237,500 Steven Zatkan 942,497 Bernard Tyson 940,810 Arthur Southam 216,841 Kathy Lancaster 175,273 Susan Hennessy 166,475 Deborah Stokes 164,551 Christine Malcolm 147,311 Andrew McCulloch 106,353 Thomas Meier 39,947 Dennis Reese 32,337 Patricia Peters 29,216 William Wiechmann 28,319 Mark Burmester 25,848 Michael Grant 23,644 Mark Enger 20,369 Mark Charpentier 14,361 \$ 5,515,543

Schedule L

(Form 990 or 990-EZ)

Department of the  
Treasury  
Internal Revenue  
Service

Transactions with Interested Persons

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

OMB No 1545-0047

2008

Open to Public  
Inspection

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

**Employer identification number**  
93-0798039

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

**Part III Grants or Assistance Benefitting Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons**

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

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

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number  
93-0798039

Identifier	Return Reference	Explanation
Form990, Part VI, Question 2		Family affiliations reported steven r zatkin - spouse officer of kfhp inc , kfhp and subsidiaries victoria zatkin - spouse senior vp, general counsel and officer of kfhp inc and regional health plans

Identifier	Return Reference	Explanation
Form990, Part VI, Question 10		form 990 review process 1 Key information necessary for the preparation of the tax return is obtained and/or confirmed with internal sources including regional finance, executive compensation, community benefits, treasury, government relations, and legal 2 Community benefits details are presented to the community benefit committee of the board for review 3 Executive compensation details are presented to the compensation committee of the board for review 4 The complete tax return is reviewed and signed by a KPMG tax advisor 5 The complete tax return is reviewed and signed by the VP, controller and chief accounting officer 6 The tax return is discussed with the full board of directors A copy of the return is provided to each board member in electronic format prior to filing

Identifier	Return Reference	Explanation
Form990, Part VI, Question 12c		Regularly and Consistently Monitors Compliance with the Conflicts of Interest Policy Kaiser Permanente regularly monitors compliance with the Conflicts of Interest Policy in 3 key ways 1 The Kaiser Permanente Compliance Hotline is available to all employees and vendors to report actual or potential conflicts of interest All calls are answered by a third party and provided to Kaiser Permanente's National Compliance office for review and appropriate action Employees can report anonymously and without fear of retaliation Reports of actual or potential Conflicts of Interest are generated and investigations are conducted as required and information is tracked and trended to determine if additional guidance is required to avoid conflicts of interest Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually 2 The Senior Vice President & Chief Compliance Officer and the Vice President of Internal Audit Services annually review the directors', officers', key employees', and executives' Annual Conflicts of Interest Questionnaire disclosures and provide direction on any investigations required Investigations are documented, tracked and trended to determine if additional controls or education is required, In addition, Conflicts of Interest Questionnaire Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually, and 3 Annually, as a component of the external audit, KPMG reviews the Annual Conflicts of Interest Questionnaires completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/ Hospitals Audit and Compliance Committee Regularly and Consistently Enforces Compliance with the Conflicts of Interest Policy To ensure consistency in the enforcement of the policy Kaiser Permanente uses the following steps as a general guideline A Represented employees are subject to any corrective/disciplinary action provisions described in specific regional/national collective bargaining agreements and/or organizational policies and practices B Kaiser Permanente notifies employees of the National Human Resources Policy No 14 Corrective/Disciplinary Action Policy during new employee orientation and in annual compliance training C In the event that it is necessary to discipline any employee because of, but not limited to, failure to comply with applicable legal/regulatory requirements, Kaiser Permanente policies and procedures, or the Principles of Responsibility, or for unsatisfactory performance or misconduct, coaching/counseling and/or corrective/disciplinary action may include, but is not limited to (I) Oral discussion and/or warning by the employee's immediate supervisor or higher level manager to correct the problem (II) Written notice, with or without final warning (III) Paid or unpaid suspension, with or without final warning (IV) Termination of employment

Identifier	Return Reference	Explanation
Form990, Part VI, Questions 15a/b		The executive compensation program is designed to recruit, retain and motivate qualified senior management personnel Senior management personnel have a significant impact on the strategic and policy direction and results of the organization Therefore, the executive compensation program is, to a significant degree, performance-based The compensation program is reviewed annually by the Compensation Committee of the Board of Directors which evaluates and approves prior to payment all programs and payments to CEO, Executive Director and top management officials (executives) Base pay for executive positions is established at a level comparable to the relevant market In addition, other components of the compensation program bear 'at-risk' features designed to focus on strategically important performance goals and to assist in attracting and retaining top performers The executive compensation program is targeted at the median of the comparable external market in which the organization competes for executive leadership Evaluation of comparable pay data is performed by an Independent Compensation, Benefit & Human Resource Consulting firm The compensation program focuses on objectives in the areas of quality of member care and service, financial soundness, and the community and social mission of the organization

Identifier	Return Reference	Explanation
Form990, Part VI, Question 19		Governing documents - are available as provided to state Dept of Insurance and maintained on state agency website or upon request COI is available on KP website under vendor Principles of Responsibility or upon request Financial Statements are on file with state insurance agency on a statutory basis (stand alone entity) Combined data is published for Kaiser Foundation Health Plan Inc and subsidiaries and Kaiser Foundation Hospitals and Subsidiaries with audit opinion by KPMG upon request To request copies contact Tax Director Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Ste 15L Oakland, CA 94612

Identifier	Return Reference	Explanation
Form990, Part III, Lines 4a - 4d		THE COMMUNITY BENEFIT PROGRAM IN THE NORTHWEST REGION In 2008, Kaiser Permanente spent approximately \$1.2 billion or approximately 2.94% of revenue to support the Community Benefit Program Kaiser Foundation Health Plan of the Northwest expended \$48 Million A breakdown of the 2008 Community Benefit dollars attributable to Northwest Health Plan in Oregon and Washington is provided at end of cb report The following identifies many of the signature community benefit programs and services grouped according to the national streams of work funded by Northwest Health Plan in Oregon and Washington CARE AND COVERAGE FOR LOW-INCOME PEOPLE There are roughly 46 million Americans without access to health care or coverage Uninsured, low-income individuals and families who are not eligible for public programs often have to rely on traditional charity care Frequently, individuals in this situation may wait to seek medical care until their conditions become critical, and end up in hospital emergency rooms for treatment of conditions that are preventable or easily treated in earlier stages In 2008, Health Plan spent \$47 million to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age or other factors Program beneficiaries (under- and uninsured) received free or discounted care in a Kaiser Permanente facility or by a Permanente provider Charitable Care (Financial Assistance Program and Charitable Health Coverage) In Oregon and Washington, Northwest Health Plan provides charity care to low-income vulnerable populations through the Financial Assistance and Charitable Health Coverage Programs In 2008, the Northwest Health Plan spent \$20.6 million on 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 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% of the federal poverty guidelines In 2008, Northwest Health Plan spent \$11.8 million on this program to serve applicants who qualified for medical assistance or the uninsured discount in Oregon and Washington Charitable Coverage Program Charitable Health Coverage (CHC) is a unique approach to caring for low-income uninsured persons in the community Participants receive a regular Kaiser Permanente membership card and access to the full range of our service and providers-a much better alternative to a brief and costly emergency room visit or hospitalization This allows us to invest in the longer term health of patients and the community Since inception in the early 1980s, CHC programs have made a real difference in the lives of persons who might otherwise have no other source of care The Northwest Health Plan provided access to subsidized coverage and services valued at \$8.8 million for approximately 7,742 low-income adults and children who are not eligible for standard Medicaid or privately funded coverage The Charitable Health Coverage Program consists of Transitions, Child Health Plan, 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 Metropolitan 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 - Child Health Plan - Northwest Health Plan offers full subsidy health insurance for eligible low-income students Currently, 180 schools within the Multnomah 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 criterion, 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 - 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 reside in Clark or Cowlitz counties Participation in Medicaid and Other Government-Sponsored Programs The Northwest Health Plan provided coverage and services valued at \$27 million (in excess of reimbursement) for members and nonmembers in government-sponsored programs Medicaid Member Programs The Northwest Health Plan participated in three Medicaid programs in Oregon and Washington The following describe the programs and target 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, Multnomah, Polk, and Marion counties - Washington Basic Health Plus (BH-Plus) - This is Washington's Medicaid program for children under age of 19 who 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 (DSHS) determines eligibility for BH-Plus Northwest Health Plan provides services to eligible participants who reside in Clark and Cowlitz counties Medicaid to Nonmembers Northwest Health Plan contributed \$3 million in subsidized care to Medicaid Fee-for-Service patients When a Medicaid nonmember receives services from Kaiser 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-capitated 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 spread 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 carriers licensed in the state Assessments fund less than half of the program expenditures The Oregon Medical Insurance Pool distributes the responsibility for paying the assessment among the health insurers based on the total number of Oregonians that each insures The Northwest Health Plan contributed \$14.5 million to these programs COMMUNITY HEALTH INITIATIVES As an innovator in health, Kaiser Permanente designs, delivers and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods, workplaces and schools to support good health, particularly Healthy Eating, Active Living (HEAL) The Northwest Health Plan expended \$22 thousand SAFETY NET PARTNERSHIPS Through funding, technical assistance, public policy advocacy, training and volunteering, dissemination of care-management and quality improvement technologies, Kaiser Permanente helps these vital health care providers improve care and expand treatment capacity for the communities and vulnerable people they serve Through contractual arrangements with safety net partners, specific populations of nonmembers received specialty and dental care in Northwest Health Plan facilities The following describes two of these special community partnerships - Northwest Permanente perinatologists provide prenatal care in the Health Plan facilities to high-risk obstetric community patients referred by 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 uninsured residents in Oregon and Washington These services are provided in collaboration with the University of Washington, Community Health partners, Salem-Keizer School District and the County of Multnomah

Identifier	Return Reference	Explanation
Form 990, Part III, Lines 4a - 4d		<p>OTHER COMMUNITY BENEFITS The Northw est Health Plan expended more than \$815,000 on other community benefits activities and programs beyond the national streams of work Other Grants and Donations In 2008, Northw est Health Plan made contributions that supported other community organizations beyond the National Streams of Work Follow ing are tw o examples - Free Clinic of Southw est Washington received a \$75,000 grant to provide free urgent and preventive dental outreach services for approximately 1,400 low income children and adults - In-kind donations of more than \$256,000 to various non-profits, including the TigerNet Program w hich teaches high school students how to refurbish used electronic equipment Regional Community Benefit Operations The Northw est Health Plan has a dedicated Community Benefit Department w ith six full time employees to support regional community benefit programs and services and coordinate CB initiatives 2008 COMMUNITY BENEFIT INVESTMENT - NORTHWEST REGION The follow ing chart summarizes 2008 Community Benefit investments in Oregon and Washington States Health Plan and KFH regionally The investments in the community reflected in the chart are unaudited REGIONAL HEALTH PLAN TOTAL CARE AND COVERAGE Charitable Care &amp; Coverage Programs \$ 20,618,848 Government-Sponsored Programs 26,780,200 CB Operations for Care &amp; Coverage 0 Subtotal \$ 47,399,048 COMMUNITY HEALTH INITIATIVES CB Operations for Community Health Initiatives \$ 22,154 Subtotal \$ 22,154 OTHER COMMUNITY BENEFITS Other CB Grants &amp; Donations \$ 430,768 CB Operations 384,340 Subtotal \$ 815,108 TOTAL \$ 48,237,310</p>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
KAISER FOUNDATION HEALTH PLAN  
OF THE NORTHWEST

Employer identification number  
  
93-0798039

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Kaiser Permanente Oregon Plus LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 20-2396517	HEALTH CARE	OR	11,993,624	894,908	

Part II

Identification of Related Tax-Exempt Organizations

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

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Health Care Management Solutions LLC  ONE KAISER PLAZA 15L OAKLAND, CA94607 20-3924985	CONSULTING	CA						No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Archimedes Inc ONE KAISER PLAZA 15L OAKLAND, CA94612 20-3774729	CONSULTING	CA		C CORP			
Kaiser Permanente International ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3245176	CONSULTING	CA		C CORP			
Kaiser Permanente Insurance Company ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3203402	INSURANCE	CA		C CORP			
Kaiser Properties Services Inc ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3259432	REAL ESTATE	CA		C CORP			
Oak Tree Assurance Ltd ONE KAISER PLAZA 15L OAKLAND, CA94612 03-0329760	INSURANCE	VT		C CORP			

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d No

1e No

1f No

1g No

1h No

1i No

1j No

1k Yes

1l Yes

1m Yes

1n Yes

1o Yes

1p Yes

1q No

1r No

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

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

Schedule R (Form 990) 2008

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

[illegible]



Software ID:

Software Version:

EIN: 93-0798039

Name: KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Kaiser Foundation Health Plan Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-1340523	HEALTH CARE	CA	501(c)(3)	9	
Kaiser Foundation Health Plan of CO Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 84-0591617	HEALTH CARE	CO	501(c)(3)	9	
Kaiser Foundation Health Plan of GA Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 58-1592076	HEALTH CARE	GA	501(c)(3)	9	
Kaiser Foundation Health Plan of the MAS  ONE KAISER PLAZA 15L OAKLAND, CA94612 52-0954463	HEALTH CARE	MD	501(c)(3)	9	
Kaiser Foundation Health Plan of OH Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 34-0922268	HEALTH CARE	OH	501(c)(3)	9	
Kaiser Foundation Hospitals  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-1105628	HEALTH CARE	CA	501(c)(3)	3	
Camp Bowie Service Center  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3299123	ADMIN	CA	501(c)(3)	11	
Kaiser Health Alternatives  ONE KAISER PLAZA 15L OAKLAND, CA94612 93-0954562	HEALTH CARE	OR	501(c)(3)	9	
Kaiser Hospital Asset Management Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3299125	ASSET MGMT	CA	501(c)(3)	11	
Kaiser Health Plan Asset Management Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3299124	ASSET MGMT	CA	501(c)(3)	11	
Lokahi Assurance Ltd  ONE KAISER PLAZA 15L OAKLAND, CA94612 91-2171891	risk mgmt	HI	501(c)(3)	11	
OHP  ONE KAISER PLAZA 15L OAKLAND, CA94612 93-0480268	LEASING	WA	501(c)(3)	11	
1800 Harrison Foundation  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3317484	FINANCING	CA	501(C)(3)	11	

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	KAISER FOUNDATION HOSPITALS	A	274,720
(2)	KAISER FOUNDATION HEALTH PLAN INC	K	5,682,263
(3)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	K	914,279
(4)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	K	133
(5)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	K	30,799
(6)	LOKAHI ASSURANCE LTD	K	7,000,004
(7)	KAISER FOUNDATION HOSPITALS	L	561,995,990
(8)	KAISER FOUNDATION HEALTH PLAN INC	L	42,050,340
(9)	KAISER FOUNDATION HEALTH PLAN OF OHIO	L	30,059
(10)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	L	361,362
(11)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	L	243,636
(12)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	L	162,339
(13)	CAMP BOWIE SERVICE CENTER	L	6,081,923
(14)	KAISER FOUNDATION HEALTH PLAN INC	M	1,256,050
(15)	KAISER FOUNDATION HEALTH PLAN INC	N	203,357
(16)	KAISER FOUNDATION HOSPITALS	O	146,116,877
(17)	KAISER FOUNDATION HEALTH PLAN INC	O	243,843,426
(18)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	O	18,426
(19)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	O	355,204
(20)	CAMP BOWIE SERVICE CENTER	O	199,272
(21)	KAISER FOUNDATION HOSPITALS	P	434,502,226
(22)	KAISER FOUNDATION HEALTH PLAN INC	P	4,186,522
(23)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	P	2,723,368
(24)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	P	97,148
(25)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	P	7,075
(26)	LOKAHI ASSURANCE LTD	P	4,211,614

Form

4797

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

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

OMB No 1545-0184

2008

Attachment Sequence No 27

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return  
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Identifying number  
93-0798039

1

Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) .

1

Part I

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

(a) Description of property	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2						

3

Gain, if any, from Form 4684, line 45 . . . . .

4

Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .

5

Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .

6

Gain, if any, from line 32, from other than casualty or theft . . . . .

7

Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows . . . . .

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below

8

Nonrecaptured net section 1231 losses from prior years (see instructions) . . . . .

9

Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) . . . . .

3	
4	
5	
6	
7	
8	
9	

Part II

Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

EQUIPMENT	01-01-2000	12-31-2008	146,862	1,950,567	2,218,180	120,751
VEHICLE	01-01-2000	12-31-2008	6,967	159,498	159,498	
FF&E	01-01-2000	12-31-2008	1,035	120,655	137,401	15,711

11

Loss, if any, from line 7 . . . . .

12

Gain, if any, from line 7, or amount from line 8, if applicable . . . . .

13

Gain, if any, from line 31 . . . . .

14

Net gain or (loss) from Form 4684, lines 37 and 44a . . . . .

15

Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .

16

Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .

17

Combine lines 10 through 16 . . . . .

18

For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below

a

If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions . . . . .

b

Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14 . . . . .

11	( )
12	
13	
14	
15	
16	
17	-129,495
18a	
18b	

Part III

Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255  
(see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )
A			
B			
C			
D			

These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing )	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis Subtract line 22 from line 21	23			
24	Total gain Subtract line 23 from line 20	24			
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291				
a	Additional depreciation after 1975 (see instructions)	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b			
c	Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Sections 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)				
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage (see instructions)	27b			
c	Enter the smaller of line 24 or 27b	27c			
28	If section 1254 property:				
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a			
b	Enter the smaller of line 24 or 28a	28b			
29	If section 1255 property:				
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
b	Enter the smaller of line 24 or 29a (see instructions)	29b			

<b>Summary of Part III Gains.</b> Complete property columns A through D through line 29b before going to line 30.			
<b>30</b>	Total gains for all properties Add property columns A through D, line 24 . . . . .	<b>30</b>	
<b>31</b>	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	<b>31</b>	
<b>32</b>	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 39 Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	<b>32</b>	

Part IV

Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less  
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation (see instructions)	34	
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report	35	

Additional Data

Software ID:  
Software Version:  
EIN: 93-0798039  
Name: KAISER FOUNDATION HEALTH PLAN  
OF THE NORTHWEST

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a MBR HLTH CARE PREM	621,400	1,764,467,411	1,764,467,411		
b SUPPL CHARGE/PHARM	621,400	125,305,462	122,412,101	2,893,361	
c NON-PLAN & IND REV	621,400	8,663,797	8,663,797		
d OTHER PRGRM SERV	621,400	19,850,789	19,850,789		
e MEDICARE	621,400	543,110,326	543,110,326		