

Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

2009

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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): ONE KAISER PLAZA 15L Room/suite:
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 \$ 3,259,771,111

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 Website: N/A

K Form 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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net 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 1

5 Total number of employees (Part V, line 2a) 5 6,74

6 Total number of volunteers (estimate if necessary) 6 11

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 3,887,06

7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

Revenue: 8 Contributions and grants (Part VIII, line 1h) 8 0

9 Program service revenue (Part VIII, line 2g) 9 2,461,397,785

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 27,779,023

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 8,900,654

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,498,077,462

Expenses: 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 607,510

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 588,633,798

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

b Total fundraising expenses (Part IX, column (D), line 25) b 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 17 1,861,050,187

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 18 2,450,291,495

19 Revenue less expenses Subtract line 18 from line 12 19 47,785,967

Net Assets or Fund Balances: 20 Total assets (Part X, line 16) 20 957,383,874

21 Total liabilities (Part X, line 26) 21 602,196,616

22 Net assets or fund balances Subtract line 21 from line 20 22 355,187,258

Part II Signature Block

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: DEBORAH STOKES SVP, CC, CAO Date: 2010-10-28

Paid Preparer's Use Only: Preparer's signature: KPMG LLP Date: Firm's name (or yours if self-employed), address, and ZIP + 4: 55 SECOND STREET SAN FRANCISCO, CA 94105 Preparer's identifying number (see instructions): EIN: Phone no: (415) 963-5100

Part III Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

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

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 501(c)(4) organizations and section 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 \$ 2,432,017,340 including grants of \$ 346,765) (Revenue \$ 2,568,946,997)

MEMBER HEALTH CARE SERVICES AND MEDICAL TRAINING FOR CARE IMPROVEMENT 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 \$ 33,066,086 including grants of \$ 0) (Revenue \$ 253,840)

Participation in Medicaid and Other Government Sponsored Programs Northwest Health Plan is committed to improving the way Medicaid beneficiaries receive care, not only in our facilities, but also in the communities we serve In 2009, Northwest Health Plan participated in a number of government programs Medicaid Managed Care - providing comprehensive care for more than 3,500 managed care members, Medicaid Fee for Service and the State Children's Health Initiative - providing comprehensive health benefits, including dental and vision care to more than 5,350 patients

4c

(Code) (Expenses \$ 24,121,907 including grants of \$ 0) (Revenue \$ 0)

Health Plan provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs MFA - Health Plan offers financial assistance to help families and individuals that are unable to pay for all or part of the cost of urgent or emergent care provided in Kaiser Permanente facilities In 2009, Northwest Health Plan approved more than 12,000 MFA awards for services which included more than 187,000 prescriptions CHC - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 11,000 patients received comprehensive care for up to four years through the CHC programs

4d

Other program services (Describe in Schedule O) See also Additional Data for Description










(Expenses \$ 1,110,219 including grants of \$ 125,508) (Revenue \$ 0)

4e

Total program service expenses \$ 2,490,315,552

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school 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 United States?	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 United States? 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 U S? 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 U S? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	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>	34	Yes	
35	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>	35	Yes	
36	Section 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>	36		No
37	Did the organization conduct more than 5% 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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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	4,412	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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	6,740	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
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: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	14	
b	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	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

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

Form **990** (2009)

1b Total	612,600	23,277,328	2,567,285
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **677**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 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>	Yes	
5	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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NORTHWEST PERMANENTE PC 500 NE MULTNOMAH STREET PORTLAND, OR 97232	MEDICAL SERVICES	408,828,969
PERMANENTE DENTAL ASSOCIATES 500 NE MULTNOMAH STREET PORTLAND, OR 97232	DENTAL SERVICES	34,507,029
SALEM HOSPITAL 665 WINTER ST SE SALEM, OR 97301	HOSPITAL SERVICES	18,807,836
OREGON HEALTH SCIENCES UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	HOSPITAL SERVICES	26,986,261
KAISER FOUNDATION HOSPITALS 500 NE MULTNOMAH STREET PORTLAND, OR 97232	HOSPITAL SERVICES	634,154,551

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **274**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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	1,834,553,114	1,834,553,114				
	b	SUPPL CHARGE/PHARM	621,400	133,427,717	129,540,652	3,887,065			
	c	NON-PLAN & IND REV	621,400	6,559,364	6,559,364				
	d	OTHER PRGRM SERV	621,400	20,824,283	20,824,283				
	e	MEDICARE	621,400	577,723,424	577,723,424				
	f	All other program service revenue							
	g	Total. Add lines 2a-2f			2,573,087,902				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		26,003,982			26,003,982		
	4	Income from investment of tax-exempt bond proceeds . . .		0					
	5	Royalties		0					
	6a	Gross Rents	(i) Real	(ii) Personal					
			781,959						
		b	Less rental expenses	533,047					
		c	Rental income or (loss)	248,912					
	d	Net rental income or (loss)			248,912			248,912	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			642,599,388	92,709					
		b	Less cost or other basis and sales expenses	640,321,972					528,153
		c	Gain or (loss)	2,277,416					-435,444
	d	Net gain or (loss)			1,841,973			1,841,973	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18							
		a							
		b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . . .			0				
	9a	Gross income from gaming activities See Part IV, line 19							
		a							
		b	Less direct expenses	b					
c	Net income or (loss) from gaming activities . . .			0					
10a	Gross sales of inventory, less returns and allowances								
	a								
	b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . . .			0					
Miscellaneous Revenue		Business Code							
11a	MISC REVENUE	900,099		17,205,170			17,205,170		
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d			17,205,170					
12	Total revenue. See Instructions			2,618,387,939	2,569,200,837	3,887,065	45,300,037		

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	472,273	472,273		
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	0			
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	402,134,744	373,584,348	28,550,396	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	39,124,357	39,124,357		
9	Other employee benefits	129,160,214	116,197,006	12,963,208	
10	Payroll taxes	33,071,745	33,071,745		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	37,325		37,325	
c	Accounting	1,333,424		1,333,424	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	303,524,069	291,628,468	11,895,601	
12	Advertising and promotion	19,531,684	1,120,113	18,411,571	
13	Office expenses	7,398,902	6,753,068	645,834	
14	Information technology	125,362,464	109,674,398	15,688,066	
15	Royalties	0			
16	Occupancy	12,951,909	12,928,419	23,490	
17	Travel	3,141,534	2,829,536	311,998	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	200,100		200,100	
20	Interest	296,998	296,998		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	30,706,378	30,706,378		
23	Insurance	8,506,649	8,506,649		
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	1,048,584,805	1,048,584,805		
b	SUPPLIES	297,393,489	289,139,745	8,253,744	
c	INTER-REGIONAL CHARGES	45,798,043	44,506,441	1,291,602	
d	BUSINESS LICENSE & TAXES	19,676,342	19,676,342		
e	EQUIPMENT RENTAL & MAINT	10,577,289	10,559,116	18,173	
f	All other expenses	55,853,058	50,955,347	4,897,711	
25	Total functional expenses. Add lines 1 through 24f	2,594,837,795	2,490,315,552	104,522,243	0
26	Joint costs. Check here <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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			5,434,313	1	4,588,886
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			48,125,843	4	52,888,817
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			22,684,913	8	22,759,780
	9	Prepaid expenses and deferred charges			4,176,740	9	3,606,060
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	523,808,133			
	b	Less accumulated depreciation	10b	286,016,166	243,224,909	10c	237,791,967
	11	Investments—publicly traded securities			579,914,543	11	688,984,555
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			53,822,613	15	4,489,297
	16	Total assets. Add lines 1 through 15 (must equal line 34)			957,383,874	16	1,015,109,362
Liabilities	17	Accounts payable and accrued expenses			161,210,389	17	153,035,241
	18	Grants payable				18	
	19	Deferred revenue			19,903,871	19	23,792,954
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			421,082,356	25	689,594,632
	26	Total liabilities. Add lines 17 through 25			602,196,616	26	866,422,827
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			4,712,722	30	4,712,722
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds			350,474,536	32	143,973,813
	33	Total net assets or fund balances			355,187,258	33	148,686,535
34	Total liabilities and net assets/fund balances			957,383,874	34	1,015,109,362	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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).**
- 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 supported organization(s)

	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,945,865,751	2,151,214,826	2,346,496,968	2,461,397,785	2,573,087,902	11,478,063,232
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	1,945,865,751	2,151,214,826	2,346,496,968	2,461,397,785	2,573,087,902	11,478,063,232
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6.)						11,478,063,232

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	1,945,865,751	2,151,214,826	2,346,496,968	2,461,397,785	2,573,087,902	11,478,063,232
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,484,854	30,951,565	31,794,233	36,258,849	43,991,111	153,480,612
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	10,484,854	30,951,565	31,794,233	36,258,849	43,991,111	153,480,612
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)	1,956,350,605	2,182,166,391	2,378,291,201	2,497,656,634	2,617,079,013	11,631,543,844
14First 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	98.681%
16Public support percentage from 2008 Schedule A, Part III, line 15	16	98.930%

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	1.320%
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.070%
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
20Private Foundation 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide 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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, line 35a (regarding proxy tax), then

- 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
-------------------------------------------------------------------------------	--------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 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 funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(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 1c through 1i)?	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		133,779
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		158,360
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		42,229
	i Other activities? If "Yes," describe in Part IV	Yes		31,672
	j Total lines 1c through 1i			366,040
	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?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
		2a	
		2b	
		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 (see instructions)	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.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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
--------------------------------------------------------------------------------------	---------------------------------------------------------

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 for any other purpose conferring 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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

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 the arrangement in Part XIV and complete the following table

	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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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) Accumulated depreciation	(d) Book value
1a Land		39,222,330		39,222,330
b Buildings		353,382,587	214,382,795	138,999,792
c Leasehold improvements				
d Equipment		124,164,227	70,742,376	53,421,851
e Other		7,038,989	890,995	6,147,994
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				237,791,967

Schedule D (Form 990) 2009

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,618,387,939
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,594,837,795
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	23,550,144
4	Net unrealized gains (losses) on investments	4	7,325,814
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-237,376,681
9	Total adjustments (net) Add lines 4 - 8	9	-230,050,867
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-206,500,723

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,602,045,657
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	7,325,814
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	10,460,614
e	Add lines 2a through 2d	2e	17,786,428
3	Subtract line 2e from line 1	3	2,584,259,229
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	34,128,710
c	Add lines 4a and 4b	4c	34,128,710
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,618,387,939

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,808,546,379
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	248,805,785
e	Add lines 2a through 2d	2e	248,805,785
3	Subtract line 2e from line 1	3	2,559,740,594
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	35,097,201
c	Add lines 4a and 4b	4c	35,097,201
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,594,837,795

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 IV, 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Schedule D, Part XI, Line 8		decrease in pension liability \$ (242,706,241) see "note 1" (2,477,630) Gain on sale of investments - book 10,084,606 Gain on sale of investments - tax (2,277,416) \$ (237,376,681) note 1 other than temporary impairment ("OTTI") of investment recognized for financial statement purposes, which will be tax-reported when realized
Schedule D, Part XII, Line 2d		Interentity revenue reclass \$ 5,131,054 OTTI loss (2,477,630) Gain on sale of investments - book 10,084,606 Gain on sale of investments - tax (2,277,416) \$ 10,460,614
Schedule D, Part XII, Line 4b		Bad Debt expense reclass \$ 10,645,559 Rental Expense reclass (533,047) Loss on Fixed Assets reclass (435,444) Misc revenue reclass 24,451,641 \$ 34,128,710
Schedule D, Part XIII, Line 2d		Interentity expense reclass \$ (5,131,054) rental expense reclass (533,047) loss on fixed assets reclass (435,444) decrease in pension liabilities (242,706,241) \$ (248,805,785)
Schedule D, Part XIII, Line 4b		Bad Debt expense reclass \$ 10,645,559 Misc revenue reclass 24,451,642 \$ 35,097,201
Schedule D, Part X		NOT REQUIRED
NOTE 2	2008 FORM 990, PART VIII, LINE 7C	IN 2008, WE REPORTED \$1,017,802 GAIN FROM SALES OF SECURITIES. WE USED THE BEST ESTIMATE OF TAX BASIS GAIN AVAILABLE AT THAT TIME. WE NOW HAVE FINAL TAX BASIS NUMBERS SHOWING \$160,764 GAIN FROM SALES OF SECURITIES FOR 2008.

Schedule I (Form 990)	<div>Grants and Other Assistance to Organizations, Governments and Individuals in the United States</div> <div>Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990</div>	OMB No 1545-0047
		2009
		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
--------------------------------------------------------	-------------------------------------------------------------------------------	----------------------------------------------

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" to 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 (Form 990) if additional space is needed ▶ ☐

(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
See Additional Data Table							

2	Enter total number of section 501(c)(3) and government organizations	54
3	Enter total number of other organizations	7

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
Free Clinic of Southwest Washington4100 Plomondon St Vancouver, WA 98661	91-1707542	501(c)(3)		8,834	FMV	surplus item	Donation
Mercy & Wisdom Health Corp co Mercy & Wisdom Heal2 NW 3rd Ave Portland, OR 97209	76-0767257	501(c)(3)		24,425	FMV	surplus item	Donation
Oregon Food Bank IncPO Box 55370 7900 NE 33rd Dr Portland, OR 972385370	93-0785786	501(c)(3)		44,416	FMV	surplus item	Donation
Portland Public Schools (PPS)501 North Dixon Street Portland, OR 97227	93-6000830	GOVT ENTITY		6,368	FMV	surplus item	Donation
The Wallace Medical Concern 254 NW Burnside PO Box 3506 Gresham, OR 97030	93-0853709	501(c)(3)		29,234	FMV	surplus item	Donation
Tigard School District 23J 6960 SW Sandburg Rd Tigard, OR 97223	93-0572833	501(c)(3)		68,411	FMV	surplus item	Donation
Virginia Garcia Memorial Health Center85 N 12th St PO Box 568 Cornelius, OR 97113	93-0717997	501(c)(3)		18,605	FMV	surplus item	Donation
African American Health Coalition2800 N Vancouver Ste 100 Portland, OR 97212	93-1015277	501(c)(3)	7,200				Wellness Village
American Heart Association 1200 NW Naito Parkway Suite 110 Portland, OR 97209	13-5613797	501(c)(3)	20,000				Heart Walk Violence prevention luncheon
Clark County Vocational Skills Center Foundation 12200 NE 28Th St Vancouver, WA 986827858	91-1530644	501(c)(3)	9,000				CB program support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Free Clinic of Southwest Washington4100 Plomondon St Vancouver, WA 98661	91-1707542	501(c)(3)	30,000				CB program support
Medical Teams International PO Box 10 Portland, OR 972070010	93-0878944	501(c)(3)	20,000				CB program support
Multnomah County Oregon 426 SW Start St Portland, OR 97204	93-6002309	GOVT ENTITY	60,000				CB program support
Peninsula Childrens Center 4720 N Maryland Ave Ste 610 Portland, OR 97217	93-0585460	501(c)(3)	9,000				CB program support
Portland Schools Foundation 905 Nw 12TH Ave Ste 150 Portland, OR 97209	93-1149789	501(c)(3)	9,600				Portland Roast Festival
Susan G Komen for the Cure OR & SW WA Affiliate1400 SW 5th Ave Portland, OR 97201	93-1068897	501(c)(3)	15,000				Race for the Cure and Health Expo
The Canby Center555 SW 2nd Avenue Suite 530 Canby, OR 970130518	51-0603464	501(c)(3)	10,000				CB program support

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

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> <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 any of the boxes in line 1a are 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		
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?		
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> <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 with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	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		
a	The organization?		No
b	Any related organization?		No
	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	Yes	
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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

[illegible]

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 4a		CHRISTINE MALCOLM \$ 1,492,105 Listed persons participated in arrangements entitling them to severance benefits in the event of termination by the organization without cause or due to job elimination. Depending on position level, tenure, and termination reason, severance benefits payable under these arrangements provide for pay and health benefits continuation plus payment of accrued obligations. In addition, for some of the listed persons, severance benefits payable include prorated incentive awards for performance periods not yet ended. None of the listed persons participated in arrangements entitling them to change-of-control payments.
Schedule J, line 4b		George Halvorson \$ 1,237,500 Steven Zatkan 468,045 Bernard Tyson 323,207 Daniel Garcia 285,048 Arthur Southam 236,262 Kathy Lancaster 178,867 Susan Hennessy 126,186 Andrew McCulloch 97,422 Deborah Stokes 94,289 Thomas Meier 43,474 Mark Enger 38,328 Mark Burmester 30,820 Karen Schartman 28,748 Mark Charpentier 26,608 William Wiechmann 26,203 Michael Grant 23,214 Mary Durham 20,283 Total \$ 3,284,504 Some of the listed persons participated in nonqualified supplemental retirement plans. Under these plans, the organization makes annual contributions to accounts held in the name of individual participants. Contributions vary by position level and pay, and vest over time based on age and/or service. Participant accounts are credited with actual investment returns from up to four mutual funds and/or with a fixed rate of interest or a combination thereof. Unvested amounts are subject to risk of forfeiture.
Schedule J, Line 7		The organization provided non-fixed payments to some of the persons listed. Payments were made under incentive plans, based on attainment of organizational performance goals and individual performance, designed to support the organization's mission to provide high-quality, affordable care and improve the health of its members and the communities it serves.

Additional Data

Return to Form

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 (ii) 255,004	(i) 0 (ii) 43,200	(i) 0 (ii) 32,896	(i) 0 (ii) 53,717	(i) 0 (ii) 13,470	(i) 0 (ii) 398,287	(i) 0 (ii) 0
CHRISTINE K CASSEL MD	(i) 0 (ii) 162,000	(i) 0 (ii) 0	(i) 0 (ii) 50	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 162,050	(i) 0 (ii) 0
THOMAS W CHAPMAN EDD	(i) 0 (ii) 115,600	(i) 0 (ii) 0	(i) 0 (ii) 17,297	(i) 0 (ii) 70,000	(i) 0 (ii) 0	(i) 0 (ii) 202,897	(i) 0 (ii) 0
MARK CHARPENTIER	(i) 0 (ii) 215,756	(i) 0 (ii) 19,584	(i) 0 (ii) 56,044	(i) 0 (ii) 49,038	(i) 0 (ii) 13,130	(i) 0 (ii) 353,552	(i) 0 (ii) 0
MARY DURHAM	(i) 0 (ii) 191,580	(i) 0 (ii) 38,184	(i) 0 (ii) 56,109	(i) 0 (ii) 68,208	(i) 0 (ii) 13,470	(i) 0 (ii) 367,551	(i) 0 (ii) 0
MARK ENGER	(i) 0 (ii) 321,104	(i) 0 (ii) 33,283	(i) 0 (ii) 102,774	(i) 0 (ii) 68,889	(i) 0 (ii) 13,470	(i) 0 (ii) 539,520	(i) 0 (ii) 0
DANIEL P GARCIA	(i) 0 (ii) 387,526	(i) 0 (ii) 432,362	(i) 0 (ii) 193,497	(i) 0 (ii) 205,344	(i) 0 (ii) 12,070	(i) 0 (ii) 1,230,799	(i) 0 (ii) 146,693
WILLIAM R GRABER	(i) 0 (ii) 192,000	(i) 0 (ii) 0	(i) 0 (ii) 12,679	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 204,679	(i) 0 (ii) 0
MICHAEL THOMAS GRANT	(i) 0 (ii) 187,865	(i) 0 (ii) 42,696	(i) 0 (ii) 56,040	(i) 0 (ii) 48,157	(i) 0 (ii) 13,576	(i) 0 (ii) 348,334	(i) 0 (ii) 0
J EUGENE GRIGSBY III PHD	(i) 0 (ii) 193,100	(i) 0 (ii) 0	(i) 0 (ii) 4,753	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 197,853	(i) 0 (ii) 0
GEORGE C HALVORSON	(i) 0 (ii) 1,188,160	(i) 0 (ii) 4,054,050	(i) 0 (ii) 1,349,839	(i) 0 (ii) 62,820	(i) 0 (ii) 12,802	(i) 0 (ii) 6,667,671	(i) 0 (ii) 0
SUSAN HENNESSY	(i) 0 (ii) 245,879	(i) 0 (ii) 31,677	(i) 0 (ii) 132,103	(i) 0 (ii) 200,274	(i) 0 (ii) 13,470	(i) 0 (ii) 623,403	(i) 0 (ii) 75,391
JUDITH A JOHANSEN	(i) 0 (ii) 175,500	(i) 0 (ii) 0	(i) 0 (ii) 11,386	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 186,886	(i) 0 (ii) 0
KATHY LANCASTER	(i) 0 (ii) 577,270	(i) 0 (ii) 612,074	(i) 0 (ii) 61,366	(i) 0 (ii) 218,460	(i) 0 (ii) 13,790	(i) 0 (ii) 1,482,960	(i) 0 (ii) 0
CHRISTINE MALCOLM	(i) 0 (ii) 221,193	(i) 0 (ii) 277,885	(i) 0 (ii) 1,549,968	(i) 0 (ii) 42,811	(i) 0 (ii) 13,790	(i) 0 (ii) 2,105,647	(i) 0 (ii) 561,776
PHILIP A MARINEAU	(i) 0 (ii) 180,500	(i) 0 (ii) 0	(i) 0 (ii) 12,679	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 193,179	(i) 0 (ii) 0
DEAN M MCCLUNG	(i) 77,538 (ii) 0	(i) 198,983 (ii) 0	(i) 20,098 (ii) 0	(i) 11,972 (ii) 0	(i) 11,898 (ii) 0	(i) 320,489 (ii) 0	(i) 0 (ii) 0
THOMAS R MEIER	(i) 0 (ii) 284,736	(i) 0 (ii) 224,422	(i) 0 (ii) 58,678	(i) 0 (ii) 75,573	(i) 0 (ii) 13,127	(i) 0 (ii) 656,536	(i) 0 (ii) 0
JENNY J MING	(i) 0 (ii) 161,000	(i) 0 (ii) 0	(i) 0 (ii) 12,679	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 173,679	(i) 0 (ii) 0
ANDREW R MUCULLOCH	(i) 0 (ii) 363,612	(i) 0 (ii) 71,782	(i) 0 (ii) 61,091	(i) 0 (ii) 156,496	(i) 0 (ii) 13,470	(i) 0 (ii) 666,451	(i) 0 (ii) 0
SUSAN MULLANEY	(i) 0 (ii) 228,969	(i) 0 (ii) 20,000	(i) 0 (ii) 140,221	(i) 0 (ii) 9,809	(i) 0 (ii) 14,065	(i) 0 (ii) 413,064	(i) 0 (ii) 0
EDWARD PEI	(i) 0 (ii) 166,000	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 166,000	(i) 0 (ii) 0
J NEAL PURCELL	(i) 0 (ii) 217,200	(i) 0 (ii) 0	(i) 0 (ii) 11,157	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 228,357	(i) 0 (ii) 0
KAREN SCHATMAN	(i) 0 (ii) 263,093	(i) 0 (ii) 79,479	(i) 0 (ii) 50,345	(i) 0 (ii) 61,292	(i) 0 (ii) 13,127	(i) 0 (ii) 467,336	(i) 0 (ii) 0
DAELENE L SCHWARTZ	(i) 118,728 (ii) 0	(i) 171,394 (ii) 0	(i) 25,859 (ii) 0	(i) 20,728 (ii) 0	(i) 12,400 (ii) 0	(i) 349,109 (ii) 0	(i) 0 (ii) 0
ARTHUR M SOUTHAM MD	(i) 0 (ii) 713,074	(i) 0 (ii) 908,866	(i) 0 (ii) 65,551	(i) 0 (ii) 276,362	(i) 0 (ii) 11,325	(i) 0 (ii) 1,975,178	(i) 0 (ii) 0
DEBORAH STOKES	(i) 0 (ii) 291,085	(i) 0 (ii) 175,811	(i) 0 (ii) 94,726	(i) 0 (ii) 104,729	(i) 0 (ii) 13,127	(i) 0 (ii) 679,478	(i) 0 (ii) 53,951
CYNTHIA A TELLES PHD	(i) 0 (ii) 184,600	(i) 0 (ii) 0	(i) 0 (ii) 6,441	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 191,041	(i) 0 (ii) 0
SANDRA P THOMPkins	(i) 0 (ii) 160,000	(i) 0 (ii) 0	(i) 0 (ii) 14,604	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 174,604	(i) 0 (ii) 0
BERNARD J TYSON	(i) 0 (ii) 680,034	(i) 0 (ii) 901,070	(i) 0 (ii) 148,868	(i) 0 (ii) 262,495	(i) 0 (ii) 13,790	(i) 0 (ii) 2,006,257	(i) 0 (ii) 0
WILLIAM N WIECHMANN	(i) 0 (ii) 212,928	(i) 0 (ii) 70,903	(i) 0 (ii) 32,213	(i) 0 (ii) 57,661	(i) 0 (ii) 13,470	(i) 0 (ii) 387,175	(i) 0 (ii) 0
STEVEN R ZATKIN	(i) 0 (ii) 545,314	(i) 0 (ii) 579,050	(i) 0 (ii) 546,352	(i) 0 (ii) 90,250	(i) 0 (ii) 12,493	(i) 0 (ii) 1,773,459	(i) 0 (ii) 462,144
VICTORIA B ZATKIN	(i) 0 (ii) 181,000	(i) 0 (ii) 38,584	(i) 0 (ii) 46,865	(i) 0 (ii) 44,991	(i) 0 (ii) 2,298	(i) 0 (ii) 313,738	(i) 0 (ii) 0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

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).
Complete if the organization 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.
Complete if the organization 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.
Complete if the organization 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
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Part IV Business Transactions Involving Interested Persons.
Complete if the organization 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	97,027	COMPENSATION	No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN
OF THE NORTHWEST

Employer identification number
93-0798039

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 2		Family affiliations reported steven r zatkín - spouse officer of kfhp inc , kfhp and subsidiaries victoria zatkín - spouse senior vp, general counsel and officer of kfhp, kfhp inc and regional health plans
Form 990, Part VI, Question 11A		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 Senior vice president, corporate 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
Form 990, 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 Chief Compliance Officer and the VP 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
Form 990, 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
Form 990, 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
Form 990, Part III, Lines 4a - 4d		2009 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST Kaiser Foundation Health Plan of the Northwest or "Northwest Health Plan" is a tax-exempt subsidiary health plan of Kaiser Foundation Health Plan, Inc (KFHP) Northwest Health Plan, along with KFHP, Kaiser Foundation Hospitals and their subsidiaries are nonprofit corporations that are part of the integrated health care delivery system known as the Kaiser Permanente Medical Care Program or "Kaiser Permanente", which provides a program of Healthcare and medical services as a prepaid direct care group practice health Maintenance organization Membership in Northwest Health Plan is available without regard to sex, race, religion, ethnic background, sexual orientation, occupational status, or income level Health Plan members are broadly representative of the various ages, social, and income groups within the areas served Once enrolled, a member is free to maintain membership regardless of age, health status or employment Kaiser Permanente's Commitment to the Community In 2001, the KFHP Board of Directors reaffirmed Direct Community Benefit Investment (DCBI) as a national program and set the following four goals - Address critical questions in American health care that the Program's history, culture and competencies position it uniquely to examine - Build the reputation of Kaiser Permanente for its leadership in helping to solve major health challenges - Create a program that engages the creativity and spirit of the people of Kaiser Permanente at all levels - Meet the requirements placed on KFHP, KFHP, and its subsidiary health plans as tax-exempt organizations that return value to the communities served beyond the provision of health care to members The Board directed that this new DCBI program be guided by a national strategy, with continued local flexibility and implementation The program is supported by national and regional funding pools, and built on the organization's integrated health care system In 2007, the KFHP/H Board of Directors refined the focus of the organization's Community Benefit Program and established the following four priority areas which have come to be known as "streams of work" - Care and Coverage for Low-Income People - Creates and supports programs that lower the financial barriers for the under- and uninsured - Community Health Initiatives - Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods - Safety Net Partnerships - Builds partnerships with community clinics, local health departments, and public hospitals Provides funding, technical assistance, dissemination of care management and quality improvements technology to help improve care and expand treatment capacity for vulnerable populations - Developing and Disseminating Knowledge - Improves health care by sharing our knowledge- educating practitioners, advancing research, empowering consumers and informing policymakers about the evidence base for care and health The Board elaborated that at least 75% of total community benefit funding will be directed to program priorities within the four streams of work and the remaining 25% of funding will be directed by local regions to respond to local community benefit needs and opportunities that may or may not be within the four priority areas The KFHP/H Board has a standing Community Benefit Committee of the Board of Directors to oversee the program-wide Community Benefit program Kaiser Permanente also has a national executive of KFHP and KFHP to lead Kaiser Permanente's Community Benefit Program as a full-time assignment Raymond J Baxter, PhD is the Senior Vice President for Community Benefit, Research and Health Care Policy reporting to the CEO and Chairman of the Board THE COMMUNITY BENEFIT PROGRAM IN THE NORTHWEST REGION In 2009, Kaiser Permanente spent approximately \$1.7 billion or approximately 4% of revenue to support the Community Benefit Program The Northwest Region expended \$106 million, of which \$58 million is attributable to the Northwest Health Plan and \$48 million is attributable to KFHP A breakdown of the 2009 Community Benefit dollars attributable to Northwest Health Plan and KFHP in Oregon and Washington is described in Attachment A The following identifies many of the signature community benefit programs and services grouped according to the national streams of work funded by both Northwest Health Plan and KFHP 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 2009, Health Plan and KFHP in the Northwest spent \$71 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 and KFHP provide charity care to low-income vulnerable populations through the Financial Assistance and Charitable Health Coverage Programs In 2009, the Northwest Health Plan spent \$24 million and KFHP spent \$6.5 million on approximately 20,000 under- and uninsured residents in Oregon and Washington - Financial Assistance Program This program helps pay the medical and dental expenses of patients, both member and nonmember, who meet qualifying guidelines by paying for services at facilities owned and/or operated by the Northwest Health Plan and KFHP 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 2009, Northwest Health Plan and KFHP spent \$14.4 million on this program to serve 12,179 applicants who qualified for medical assistance or the uninsured discount Of this amount, \$11.2 million is attributed to Northwest Health Plan and \$3.2 million is attributed to KFHP 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 coverage and services valued at \$12.9 million and KFHP committed \$3.3 million to provide subsidized coverage to 11,057 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 a 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 b 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 c 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

Identifier	Return Reference	Explanation
Form 990, Part III, Lines 4a - 4d		<p>Participation in Medicaid and Other Government-Sponsored Programs The Northw est Health Plan and KFH provided coverage and services valued \$38 million (in excess of reimbursement) for members and nonmembers in government-sponsored programs Of this amount, \$33 million is attributed to the Northw est Health Plan and \$6 million is attributed to KFH Medicaid Member Programs The Northw est Health Plan participated in three Medicaid programs in Oregon and Washington The follow ing describe the programs and target populations - Oregon Health Plan - Northw est 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 w ho 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 w ho live in households that meet the eligibility guidelines for Medicaid The Maternity Benefits Program is a Medicaid program for pregnant w omen The Department of Social and Health Services (DSHS) determines eligibility for BH-Plus Northw est Health Plan provides services to eligible participants w ho reside in Clark and Cow litz counties Medicaid to Nonmembers Northw est Health Plan contributed \$1 5 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 allow s the states to spread a portion of the program expenses for enrollees across the individuals w ho are insured w holly 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 Northw est Health Plan contributed \$17 2 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) In 2009 the Northw est Health Plan provided human and in-kind support to more than 24 nonprofit organizations 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 During 2009, Northw est Health Plan provided staff and in-kind support to more than 21 nonprofit safety net organizations in Oregon and Washington Other Community Benefits The Northw est Health Plan expended more than 346 thousand on community benefits activities and programs beyond the national streams of work The follow ing are examples The Northw est Health Plan operates a program to donate surplus equipment and materials from our ESP Surplus Warehouse to local nonprofit organizations that apply and are granted privileges to receive these donations The TigerNet program at Tigard High School is one such program This program trains students to refurbish, reuse or recycle electronics that w ould otherw ise go into the waste stream Over \$68,410 worth of equipment w as donated to Tigard High School in 2009 Oregon Food Bank received donations in excess of \$44,410 The majority of those donations w ere rolling food tray carts and related equipment that w as phased out of hospital food service These w ere donated to local Food Bank affiliates that w ere very grateful for such useful donations Cash grants from the Northw est Health Plan w ent primarily to local Safety Net programs for dental care A \$60,000 grant to Multnomah County w ent to provide fluoride sealant to local school children w ith no access to regular dental care A \$30,000 grant w ent to the Free Clinic of Southw est Washington for their Adult Dental Access Program ATTACHMENT A 2009 COMMUNITY BENEFIT INVESTMENT - northw est HEALTH PLAN The follow ing chart summarizes 2009 Community Benefit investments in Oregon and Washington States Health Plan and KFH regionally The investments in the community reflected in the chart are unaudited care and coverage Charitable Care and Coverage Programs \$ 24,121,907 Government-Sponsored Programs 32,812,246 CB Operations for Care & Coverage 967,004 Subtotal \$ 57,901,157 COMMUNITY HEALTH INITIATIVES CB Operations for Community Health Initiatives \$ 52,316 SAFETY NET PARTNERSHIPS CB Operations for Safety Net \$ 84,773 OTHER COMMUNITY BENEFITS Other CB Grants & Donations \$ 346,764 Total \$ 58,385,010</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 7a		KFHP appoints the directors (and fills vacancies and has authority to remove directors) The same 14 individuals who comprise the board of directors of KFHP also serve as the 14 directors of KFHP-CO, OH, NW, MAS

Form 990, Part VI, Question 7b THE FOLLOWING ACTIONS OF THE CORPORATION REQUIRE APPROVAL OF THE SOLE MEMBER A) REMOVAL OF THE CHAIRMAN OF THE BOARD OR THE REGIONAL PRESIDENT, B) Amendment of article d, section d-4 of the bylaws - election and term of office of directors

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

<div>SCHEDULE R</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div>Related Organizations and Unrelated Partnerships</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009

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

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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	14,133,738	1,560,929	na

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
								Yes	No		Yes	No
Health Care Management Solutions LLC												
ONE KAISER PLAZA 15L OAKLAND, CA94607 20-3924985	CONSULTING	CA	N/A		NONE	0		0	No			No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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	N/A	C CORP	0	0	0 %
Kaiser Permanente International ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3245176	CONSULTING	CA	N/A	C CORP	0	0	0 %
Kaiser Permanente Insurance Company ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3203402	INSURANCE	CA	N/A	C CORP	0	0	0 %
Kaiser Properties Services Inc ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3259432	REAL ESTATE	CA	N/A	C CORP	0	0	0 %
Oak Tree Assurance Ltd ONE KAISER PLAZA 15L OAKLAND, CA94612 03-0329760	INSURANCE	VT	N/A	C CORP	0	0	0 %

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
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	1a	No
b	Gift, grant, or capital contribution to other organization(s)	1b	No
c	Gift, grant, or capital contribution from other organization(s)	1c	No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes
e	Loans or loan guarantees by other organization(s)	1e	Yes
f	Sale of assets to other organization(s)	1f	No
g	Purchase of assets from other organization(s)	1g	No
h	Exchange of assets	1h	Yes
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes
n	Sharing of paid employees	1n	Yes
o	Reimbursement paid to other organization for expenses	1o	Yes
p	Reimbursement paid by other organization for expenses	1p	Yes
q	Other transfer of cash or property to other organization(s)	1q	Yes
r	Other transfer of cash or property from other organization(s)	1r	Yes

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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	D	2,114,467,009
(2)	KAISER FOUNDATION HOSPITALS	E	1,279,243,090
(3)	KAISER FOUNDATION HOSPITALS	H	9,054,375
(4)	KAISER FOUNDATION HEALTH PLAN INC	K	9,908,172
(5)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	K	214,989
(6)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	K	29,796
(7)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	K	50,697
(8)	KAISER FOUNDATION HEALTH PLAN OF OHIO	K	11,506
(9)	KAISER PERMANENTE INSURANCE COMPANY	K	383,876
(10)	LOKAHI ASSURANCE LTD	K	3,980,000
(11)	KAISER FOUNDATION HEALTH PLAN INC	L	48,970,198
(12)	KAISER FOUNDATION HOSPITALS	L	634,322,363
(13)	KAISER FOUNDATION HEALTH PLAN of colorado	I	303,403
(14)	KAISER FOUNDATION HEALTH PLAN of georgia	I	70,050
(15)	KAISER FOUNDATION HEALTH PLAN of the mas	I	390,806
(16)	KAISER FOUNDATION HEALTH PLAN of ohio	I	165,786
(17)	camp bowie service center	I	4,844,562
(18)	loka hi assurance ltd	I	1,021,600
(19)	KAISER FOUNDATION HEALTH PLAN inc	m	195,075
(20)	KAISER FOUNDATION HEALTH PLAN inc	n	905,056
(21)	KAISER FOUNDATION HEALTH PLAN inc	o	22,972,836
(22)	KAISER FOUNDATION hospitals	o	490,063,166
(23)	KAISER FOUNDATION HEALTH PLAN of colorado	o	82,685
(24)	KAISER FOUNDATION HEALTH PLAN of georgia	o	93,524
(25)	KAISER FOUNDATION HEALTH PLAN of the mas	o	20,805
(26)	camp bowie service center	o	1,909,147
(27)	KAISER FOUNDATION HEALTH PLAN inc	p	24,793,682
(28)	KAISER FOUNDATION hospitals	p	504,208,919
(29)	KAISER FOUNDATION HEALTH PLAN of colorado	p	2,621,578
(30)	KAISER FOUNDATION HEALTH PLAN of georgia	p	3,349
(31)	KAISER FOUNDATION HEALTH PLAN of the mas	p	47,815
(32)	KAISER FOUNDATION HEALTH PLAN of ohio	p	2,344
(33)	LOKAHI ASSURANCE LTD	P	6,385,740
(34)	KAISER FOUNDATION HOSPITALS	Q	351,266,744
(35)	LOKAHI ASSURANCE LTD	Q	680,000
(36)	KAISER FOUNDATION HOSPITALS	R	528,141,513

Form **4797**

Sales of Business Property

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

OMB No 1545-0184

2009

Attachment Sequence No **27**

Department of the Treasury

Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **See separate instructions.**

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 2009 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)

2	(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 43						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows						7
	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)						8
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)						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)

See Additional Data Table

11	Loss, if any, from line 7	11	()
12	Gain, if any, from line 7, or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 35 and 42a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-435,444
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 39, 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	18a	
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	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, mining exploration costs, and depletion (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				
Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.						
30	Total gains for all properties Add property columns A through D, line 24	30				
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31				
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 37 Enter the portion from other than casualty or theft on Form 4797, line 6	32				

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 4797, Part II, Line 10 - Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

(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) for entire year. Subtract (f) from the sum of (d) and (e)
EQUIPMENT	01-01-2000	12-31-2009	80,807	2,133,540	2,360,124	145,777
VEHICLES	01-01-2000	12-31-2009	10,458	181,307	181,307	
FURNITURE & FIXTURES	01-01-2000	12-31-2009	1,444	136,380	141,002	3,178
EQUIPMENT - OTHER	01-01-2000	12-31-2009	0	531,694	531,694	
CIP	01-01-2000	12-31-2009	0	0	296,947	296,947

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code) (Expenses \$	1,110,219	including grants of \$	125,508) (Revenue \$
SEE SCHEDULE O COMMUNITY BENEFIT REPORT				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CHRISTINE K CASSEL MD DIRECTOR	7 0	X						0	162,050	0
THOMAS W CHAPMAN EDD DIRECTOR	8 0	X						0	132,897	70,000
DANIEL P GARCIA DESIGNATED DIRECTOR	40 0	X						0	1,013,385	217,414
WILLIAM R GRABER DIRECTOR	7 0	X						0	204,679	0
J EUGENE GRIGSBY III PHD DIRECTOR	6 0	X						0	197,853	0
GEORGE C HALVORSON Chairman, CEO, President	40 0	X		X				0	6,592,049	75,622
JUDITH A JOHANSEN DIRECTOR	6 0	X						0	186,886	0
KIM J KAISER DIRECTOR	7 0	X						0	118,000	0
PHILIP A MARINEAU DIRECTOR	6 0	X						0	193,179	0
JENNY J MING DIRECTOR	6 0	X						0	173,679	0
EDWARD PEI DIRECTOR	6 0	X						0	166,000	0
J NEAL PURCELL DIRECTOR	8 0	X						0	228,357	0
CYNTHIA A TELLES PHD DIRECTOR	6 0	X						0	191,041	0
SANDRA P THOMPkins DIRECTOR	6 0	X						0	174,604	0
JENNIFER M GARDNER ASSISTANT SECRETARY	40 0			X				0	102,413	29,581
SUSAN HENNESSY VP HEALTH PLAN SERVICES	40 0			X				0	409,659	213,744
KATHY LANCASTER EVP - CHIEF FINANCIAL OFFICER	40 0			X				0	1,250,710	232,250
CHRISTINE MALCOLM SVP - HOSPITAL STRATEGY	40 0			X				0	2,049,046	56,601
THOMAS R MEIER SVP & TREASURER	40 0			X				0	567,836	88,700
ANDREW R MUCULLOCH REGIONAL PRESIDENT	40 0			X				0	496,485	169,966
ARTHUR M SOUTHAM MD EVP - HEALTH PLAN OPERATIONS	40 0			X				0	1,687,491	287,687
DEBORAH STOKES SVP, CORPORATE CONTROLLER, CAO	40 0			X				0	561,622	117,856
BERNARD J TYSON EVP - HP & HOSPITAL OPERATIONS	40 0			X				0	1,729,972	276,285
WILLIAM N WIECHMANN VP, REGIONAL COUNSEL - NW	40 0			X				0	316,044	71,131
STEVEN R ZATKIN SVP, GEN COUNSEL, SECRETARY	40 0			X				0	1,670,716	102,743

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
MBR HLTH CARE PREM	621,400	1,834,553,114	1,834,553,114		
SUPPL CHARGE/PHARM	621,400	133,427,717	129,540,652	3,887,065	
NON-PLAN & IND REV	621,400	6,559,364	6,559,364		
OTHER PRGRM SERV	621,400	20,824,283	20,824,283		
MEDICARE	621,400	577,723,424	577,723,424		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BASIC CONTRACT PAYMENTS	1,048,584,805	1,048,584,805		
SUPPLIES	297,393,489	289,139,745	8,253,744	
INTER-REGIONAL CHARGES	45,798,043	44,506,441	1,291,602	
BUSINESS LICENSE & TAXES	19,676,342	19,676,342		
EQUIPMENT RENTAL & MAINT	10,577,289	10,559,116	18,173	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
VICTORIA B ZATKIN ASSISTANT SECRETARY	40 0			X				0	266,449	47,289
MARK CHARPENTIER VP MARKETING & SALES - NW	40 0				X			0	291,384	62,168
MARK ENGER VP & CHIEF OPS OFFICER - NW	40 0				X			0	457,161	82,359
SUSAN MULLANEY HOSPITAL ADMINISTRATOR	40 0				X			0	389,190	23,874
KAREN SCHATMAN VP & CFO - NW	40 0				X			0	392,917	74,419
MARK BURMESTER VP STRATEGIC PLANNING & COMM	40 0					X		0	331,100	67,187
MARY DURHAM DIRECTOR OF HEALTH RESEARCH	40 0					X		0	285,873	81,678
MICHAEL THOMAS GRANT VP HEALTH PLAN SERVICES ADMIN	40 0					X		0	286,601	61,733
DEAN M MCCLUNG Consultant, SR Sales	40 0					X		296,619	0	23,870
DAELENE L SCHWARTZ DIR, Medicare	40 0					X		315,981	0	33,128