


Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		<b>2010</b>
		<b>Open to Public Inspection</b>

<b>A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST Doing Business As	<b>D Employer identification number</b>  93-0798039
	Number and street (or P O box if mail is not delivered to street address) ONE KAISER PLAZA 15L	Room/suite
	<b>E Telephone number</b>  (510) 271-6611	
	<b>G</b> Gross receipts \$ 3,064,231,479	
	<b>F</b> Name and address of principal officer ANDREW R MUCULLOCH ONE KAISER PLAZA 15L OAKLAND, CA 94612	
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
		<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ N/A		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1984
		<b>M</b> State of legal domicile OR

<b>Part I</b>	<b>Summary</b>
---------------	----------------

Activities & Governance	<b>1</b> 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																								
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td><b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .</td><td><b>3</b></td><td>14</td></tr><tr><td><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .</td><td><b>4</b></td><td>12</td></tr><tr><td><b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .</td><td><b>5</b></td><td>7,796</td></tr><tr><td><b>6</b> Total number of volunteers (estimate if necessary) . . . . .</td><td><b>6</b></td><td>89</td></tr><tr><td><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .</td><td><b>7a</b></td><td>1,259,102</td></tr><tr><td><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .</td><td><b>7b</b></td><td>0</td></tr></table>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	14	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	12	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	7,796	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	89	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	1,259,102	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0						
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	14																							
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	12																							
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	7,796																							
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	89																							
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	1,259,102																							
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0																							
Revenue	<table><tr><td><b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .</td><td><b>Prior Year</b></td><td><b>Current Year</b></td></tr><tr><td><b>9</b> Program service revenue (Part VIII, line 2g) . . . . .</td><td>0</td><td>56,498</td></tr><tr><td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .</td><td>2,573,087,902</td><td>2,682,950,846</td></tr><tr><td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>27,845,955</td><td>29,927,694</td></tr><tr><td><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .</td><td>17,454,082</td><td>13,216,018</td></tr><tr><td></td><td>2,618,387,939</td><td>2,726,151,056</td></tr></table>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	56,498	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	2,573,087,902	2,682,950,846	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,845,955	29,927,694	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	17,454,082	13,216,018		2,618,387,939	2,726,151,056						
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>																						
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	56,498																						
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	2,573,087,902	2,682,950,846																						
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,845,955	29,927,694																						
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	17,454,082	13,216,018																							
	2,618,387,939	2,726,151,056																							
Expenses	<table><tr><td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .</td><td>472,273</td><td>338,109</td></tr><tr><td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .</td><td>0</td><td>0</td></tr><tr><td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>603,491,060</td><td>661,685,670</td></tr><tr><td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .</td><td>0</td><td>0</td></tr><tr><td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶<sup>0</sup></td><td></td><td></td></tr><tr><td><b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .</td><td>1,990,874,462</td><td>2,042,758,098</td></tr><tr><td><b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>2,594,837,795</td><td>2,704,781,877</td></tr><tr><td><b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .</td><td>23,550,144</td><td>21,369,179</td></tr></table>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	472,273	338,109	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	603,491,060	661,685,670	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>			<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	1,990,874,462	2,042,758,098	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,594,837,795	2,704,781,877	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	23,550,144	21,369,179
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	472,273	338,109																						
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0																						
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	603,491,060	661,685,670																						
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0																						
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>																								
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	1,990,874,462	2,042,758,098																						
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,594,837,795	2,704,781,877																						
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	23,550,144	21,369,179																							
Net Assets or Fund Balances	<table><tr><td></td><td><b>Beginning of Current Year</b></td><td><b>End of Year</b></td></tr><tr><td><b>20</b> Total assets (Part X, line 16) . . . . .</td><td>1,015,109,362</td><td>1,024,197,650</td></tr><tr><td><b>21</b> Total liabilities (Part X, line 26) . . . . .</td><td>866,422,827</td><td>941,102,794</td></tr><tr><td><b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .</td><td>148,686,535</td><td>83,094,856</td></tr></table>		<b>Beginning of Current Year</b>	<b>End of Year</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	1,015,109,362	1,024,197,650	<b>21</b> Total liabilities (Part X, line 26) . . . . .	866,422,827	941,102,794	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	148,686,535	83,094,856												
		<b>Beginning of Current Year</b>	<b>End of Year</b>																						
	<b>20</b> Total assets (Part X, line 16) . . . . .	1,015,109,362	1,024,197,650																						
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	866,422,827	941,102,794																						
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	148,686,535	83,094,856																							

<b>Part II</b>	<b>Signature Block</b>
----------------	------------------------

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.

<b>Sign Here</b>	▶ Signature of officer		2011-10-31	
			Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date
	Firm's name ▶ KPMG LLP			Check if self-employed <input type="checkbox"/> PTIN
	Firm's address ▶ 55 SECOND STREET  SAN FRANCISCO, CA 94105			Firm's EIN ▶  Phone no ▶ (415) 963-5100

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 \$ 2,500,661,294 including grants of \$ 72,049 ) (Revenue \$ 2,660,667,147 )

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 \$ 60,452,789 including grants of \$ 0 ) (Revenue \$ 21,024,597 )

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 2010, Northwest Health Plan participated in a number of government programs Medicaid Managed Care - providing comprehensive care for more than 7,679 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 7,654 patients

4c

(Code ) (Expenses \$ 25,375,034 including grants of \$ 0 ) (Revenue \$ 0 )

Charitable Care (Medical Financial Assistance and Charitable Coverage) Health Plan provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs MFA - Health Plan offers financial assistance to help families and individuals that are unable to pay for all or part of the cost of urgent or emergent care provided in Kaiser Permanente facility CHC - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 5,428 patients received comprehensive care for up to four years through these programs

4d

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

(Expenses \$ 1,287,708 including grants of \$ 266,060 ) (Revenue \$ 0 )

4e


















Total program service expenses

\$ 2,587,776,825

Form 990 (2010)

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 (see instruction)? 	2 Yes	
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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b 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. 	11b	No
c 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. 	11c	No
d 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. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b 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, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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? If "Yes," complete Schedule I, Parts I and II . . . . .	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? If "Yes," complete Schedule I, Parts I and III . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
b	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? If "Yes," complete Schedule L, Part I . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	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? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	4,106			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	7,796	2b	Yes	
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b		If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b		If "Yes," enter the name of the foreign country: _____ See instructions for 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?			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	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
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 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		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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	
<b>10 Section 501(c)(7) organizations.</b> 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	
<b>11 Section 501(c)(12) organizations.</b> 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	
13		Section 501(c)(29) qualified nonprofit health insurance issuers.				
a		Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			13a	
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b	
c		Enter the amount of reserves on hand.			13c	
14a		Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b	

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.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b>	14	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>	12	
<b>2</b>	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? . . . . .	<b>2</b>	Yes	
<b>3</b>	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? . . . . .	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes	
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	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 . . . . .	<b>9</b>		No

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

			Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</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? . . . . .	<b>10b</b>		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b>	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? . . . . .			
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</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? . . . . .	<b>16b</b>		

Section C. Disclosure

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>OR</b> , WA . . . . .
<b>18</b>	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
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <b>VP - NATIONAL TAX COMPLIANCE</b> <b>ONE KAISER PLAZA 15L</b> <b>OAKLAND, CA 94612</b> <b>(510) 271-6385</b>

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

## Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								314,803	26,279,410	3,183,923

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 ▶ 696

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
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> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NORTHWEST PERMANENTE PC 500 NE MULTNOMAH STREET PORTLAND, OR 97232	MEDICAL SERVICES	417,542,110
PERMANENTE DENTAL ASSOCIATES 500 NE MULTNOMAH STREET PORTLAND, OR 97232	DENTAL SERVICES	36,926,427
ST JOHN MEDICAL CENTER 1615 DELAWARE ST LONGVIEW, WA 98632	HOSPITAL SERVICES	19,316,356
OREGON HEALTH SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	HOSPITAL SERVICES	26,062,917
KAISER FOUNDATION HOSPITALS 500 NE MULTNOMAH STREET PORTLAND, OR 97232	HOSPITAL SERVICES	621,811,957
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>278</b>		



Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	56,498		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .		56,498		
Program Service Revenue	2a		Business Code			
		MBR HLTH CARE PREM	621400	1,909,112,446	1,909,112,446	
	b	SUPPL CHARGE/PHARM	621400	137,469,644	136,210,542	1,259,102
	c	NON-PLAN & IND REV	621400	7,929,555	7,929,555	
	d	OTHER PRGRM SERV	621400	26,628,751	26,628,751	
	e	MEDICARE	621400	601,810,450	601,810,450	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .		2,682,950,846		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		21,957,911		21,957,911
	4	Income from investment of tax-exempt bond proceeds . . . . .		0		
	5	Royalties . . . . .		0		
	6a	Gross Rents	(i) Real	(ii) Personal		
	b	Less rental expenses	629,781			
	c	Rental income or (loss)	497,387			
	d	Net rental income or (loss) . . . . .	132,394			132,394
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses	342,817,793	2,735,025		
	c	Gain or (loss)	334,632,348	2,950,688		
	d	Net gain or (loss) . . . . .	8,185,445	-215,663		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	b	Less direct expenses . . . . .	a			
	c	Net income or (loss) from fundraising events . . . . .	b		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 . . . . .				
	b	Less cost of goods sold . . . . .	a			
	c	Net income or (loss) from sales of inventory . . . . .	b		0	
	Miscellaneous Revenue	Business Code				
11a	MISC REVENUE	900099	13,083,624		13,083,624	
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		13,083,624			
12	Total revenue. See Instructions . . . . .		2,726,151,056	2,681,691,744	1,259,102	43,143,712

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	338,109	338,109		
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 . . . . .	314,803	311,655	3,148	
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	416,334,272	385,984,661	30,349,611	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	56,125,255	56,125,255		
9	Other employee benefits . . . . .	155,866,007	139,697,306	16,168,701	
10	Payroll taxes . . . . .	33,045,333	33,045,333		
a	Fees for services (non-employees) Management . . . . .	0			
b	Legal . . . . .	6,582		6,582	
c	Accounting . . . . .	1,214,238		1,214,238	
d	Lobbying . . . . .	262,103		262,103	
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	430,659		430,659	
g	Other . . . . .	318,556,280	305,025,351	13,530,929	
12	Advertising and promotion . . . . .	19,626,582	1,082,486	18,544,096	
13	Office expenses . . . . .	6,902,591	6,329,128	573,463	
14	Information technology . . . . .	131,298,023	113,257,338	18,040,685	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	19,699,540	19,673,188	26,352	
17	Travel . . . . .	3,086,718	2,779,383	307,335	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	209,820		209,820	
20	Interest . . . . .	5,635,356	5,635,356		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	32,096,014	32,096,014		
23	Insurance . . . . .	10,212,868	10,212,868		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	BASIC CONTRACT PAYMENTS	1,054,664,317	1,054,664,317		
b	SUPPLIES	312,498,729	303,087,142	9,411,587	
c	INTER-REGIONAL CHARGES	58,414,156	55,407,124	3,007,032	
d	BUSINESS LICENSE & TAXES	17,964,617	17,964,562	55	
e	EQUIPMENT RENTAL & MAINT	8,167,184	8,155,590	11,594	
f	All other expenses	41,811,721	36,904,659	4,907,062	
25	Total functional expenses. Add lines 1 through 24f	2,704,781,877	2,587,776,825	117,005,052	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 . . . . .			4,588,886	1	5,377,638
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			52,888,817	4	55,396,885
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			22,759,780	8	23,191,438
	9	Prepaid expenses and deferred charges . . . . .			3,606,060	9	4,963,066
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	553,076,446	237,791,967	10c	246,284,447
	b	Less: accumulated depreciation . . . . .	10b	306,791,999			
	11	Investments—publicly traded securities . . . . .			688,984,555	11	686,306,705
	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 . . . . .			4,489,297	15	2,677,471
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			1,015,109,362	16	1,024,197,650	
Liabilities	17	Accounts payable and accrued expenses . . . . .			153,035,241	17	142,589,262
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			23,792,954	19	26,266,333
	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 . . . . .			689,594,632	25	772,247,199
	26	Total liabilities. Add lines 17 through 25 . . . . .			866,422,827	26	941,102,794
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 . . . . .			143,973,813	32	78,382,134
	33	Total net assets or fund balances . . . . .			148,686,535	33	83,094,856
34	Total liabilities and net assets/fund balances . . . . .			1,015,109,362	34	1,024,197,650	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,726,151,056
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,704,781,877
3	Revenue less expenses Subtract line 2 from line 1	3	21,369,179
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	148,686,535
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-86,960,858
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	83,094,856

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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 separate basis, consolidated 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?		No
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		

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

2010

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

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

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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)		
11g(ii)		
11g(iii)		

(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 Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)


Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					56,498	56,498
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,151,214,826	2,346,496,968	2,461,397,785	2,573,087,902	2,682,950,846	12,215,148,327
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,151,214,826	2,346,496,968	2,461,397,785	2,573,087,902	2,683,007,344	12,215,204,825
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts 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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6.)						12,215,204,825

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	2,151,214,826	2,346,496,968	2,461,397,785	2,573,087,902	2,683,007,344	12,215,204,825
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,951,565	31,794,233	30,524,341	26,785,941	22,587,692	142,643,772
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	30,951,565	31,794,233	30,524,341	26,785,941	22,587,692	142,643,772
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)	2,182,166,391	2,378,291,201	2,491,922,126	2,599,873,843	2,705,595,036	12,357,848,597
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	98.846 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	98.681 %

Section D. Computation of Investment Income Percentage		
<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	1.154 %
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	1.320 %
<b>19a 33 1/3% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
The amounts reported on line 10a for 2008 and 2009 have been restated to include the amount of gross revenue from interest, dividends and similar sources. The form 990 as originally filed overstated the amount.



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

2010

Open to Public Inspection

**If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

**Part I-C 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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) 2007	(b) 2008	(c) 2009	(d) 2010	(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?		No		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			193,184
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes			28,409
	i Other activities? If "Yes," describe in Part IV	Yes			40,510
j Total lines 1c through 1i			262,103		
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (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

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	<b>Employer identification number</b>  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>YesNo</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>YesNo</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?

YesNo

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)?

YesNo

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) 2010

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 . . . . .		39,283,592		39,283,592
b Buildings . . . . .		373,977,714	227,160,635	146,817,079
c Leasehold improvements . . . . .				
d Equipment . . . . .		130,079,829	78,645,140	51,434,689
e Other . . . . .		9,735,311	986,224	8,749,087
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				246,284,447

Schedule D (Form 990) 2010



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	2,726,151,056
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,704,781,877
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	21,369,179
4	Net unrealized gains (losses) on investments	4	-6,332,067
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-80,628,792
9	Total adjustments (net) Add lines 4 - 8	9	-86,960,859
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-65,591,680

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	2,700,917,290
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	14,553,612
e	Add lines 2a through 2d . . . . .	2e	14,553,612
3	Subtract line 2e from line 1 . . . . .	3	2,686,363,678
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	39,787,378
c	Add lines 4a and 4b . . . . .	4c	39,787,378
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	2,726,151,056

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	2,766,508,970
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	6,332,067
d	Other (Describe in Part XIV) . . . . .	2d	85,119,110
e	Add lines 2a through 2d . . . . .	2e	91,451,177
3	Subtract line 2e from line 1 . . . . .	3	2,675,057,793
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	29,724,084
c	Add lines 4a and 4b . . . . .	4c	29,724,084
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	2,704,781,877

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		CHANGE IN OTHER COMPREHENSIVE INCOME \$ (40,035,935) DIVIDENDS PAID (40,000,000) Gain on sale of investments - book 9,470,437 Gain on sale of investments - tax (8,185,445) see "note 1" (1,877,849) \$ (80,628,792) 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		Gain on sale of investments - book \$ 9,470,437 rental expense reclass 497,387 Interentity revenue reclass 4,341,159 loss on fixed assets reclass 244,629 total \$ 14,553,612
Schedule D, Part XII, Line 4b		Bad Debt expense reclass \$ 10,574,925 Gain on sale of investments - tax 8,185,445 SEE PART XI, LINE 8, NOTE 1 1,877,849 INVESTMENT MANAGEMENT EXP RECLASS 430,659 Misc revenue reclass 18,718,500 total \$ 39,787,378
Schedule D, Part XIII, Line 2d		CHANGE IN OTHER COMPREHENSIVE INCOME \$ 40,035,936 DIVIDENDS PAID 40,000,000 rental expense reclass 497,387 Interentity revenue reclass 4,341,159 loss on fixed assets reclass 244,629 total \$ 85,119,110
Schedule D, Part XIII, Line 4b		Bad Debt expense reclass \$ 10,574,925 INVESTMENT MANAGEMENT EXP RECLASS 430,659 Misc revenue reclass 18,718,500 total \$ 29,724,084
Schedule D, Part X, QUESTION 2		NOT REQUIRED

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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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
(1) American Heart Association1200 NW Naito Parkway Portland, OR 97209	13-5613797	501(c)(3)	26,820				Start! Greater Portland Heart & Stroke Walk 2010
(2) Canby School Distirct 1130 S Ivy St Canby, OR 97013	93-6000230	GOVT ENTITY	30,000				Canby Dental Health for Children and Youth Project
(3) Chemeketa Community College FoundationPO Box 14007 Salem, OR 97309	93-6097106	GOVT ENTITY	50,000				Circle of Smiles Campaign
(4) City of Hillsboro150 East Main St Hillsboro, OR 97124	93-1278845	GOVT ENTITY	7,825				Celebrate Hillsboro 2010
(5) Coalition for a Livable Future107 SE Washington 239 Portland, OR 97214		501(c)(3)	9,125				Regional Livability Summit 2010
(6) Free Clinic of SW Washington4100 Plomondon Street Vancouver, WA 98661	91-1707542	501(c)(3)	40,000				Adult Dental Program
(7) Oregon Center for Nursing5000 N Willamette Blvd Portland, OR 972035798	74-3052430	501(c)(3)	11,500				Leadership at the Point of Care The Critical Role
(8) Portland Schools Foundation2069 NE Hoyt St Portland, OR 97232	93-1149789	501(c)(3)	9,600				2010 Portland Roast Festival
(9) Susan G Komen for the Cure Oregon & SW Washington1500 SW 1st Ave 270 Portland, OR 97201	93-1068897	501(c)(3)	14,950				Race for the Cure 2010
(10) United Way of the Columbia Willamette619 SW 11th Ave Portland, OR 97205	93-0582124	501(c)(3)	7,500				Creston Children's Dental Center
(11) Upstream Public Health 240 North Broadway Portland, OR 972145748	42-1579435	501(c)(3)	20,000				Community Water Fluoridation Community Engagement

2

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

11

3

Enter total number of other organizations . . . . .

0



Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
Schedule I, Part I, Question 2		At the end of their funding cycle grantees are required to submit a final REPORT WHICH DELINEATES ACCOMPLISHMENTS RELATED TO STATED OBJECTIVES LARGE GRANTS (TYPICALLY OVER \$100,000) MAY REQUIRE QUARTERLY PROGRESS REPORTS

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2010

Open to Public Inspection

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><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>		
1b	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><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 from the organization or a related organization? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	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? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	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)?		

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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 reportable compensation				
See Additional Data Table								
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

**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 contract - compensation survey or study, and - approval by the board or compensation committee
Schedule J, line 4a		Christine Malcolm \$ 568,515 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 Mark Zemelman 218,741 Daniel Garcia 151,518 Susan Hennessy 99,938 Deborah Stokes 40,338 Steven Zatzkin 5,463 Thomas Meier 609 Kathryn Lancaster 368 total \$ 1,754,475 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.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARK BURMESTER	(i)	0	0	0	0	0	0	0
	(ii)	229,906	104,860	29,220	51,865	13,540	429,391	0
CHRISTINE K CASSEL MD	(i)	0	0	0	0	0	0	0
	(ii)	172,625	0	0	0	0	172,625	0
THOMAS W CHAPMAN EDD	(i)	0	0	0	0	0	0	0
	(ii)	185,427	0	0	59,810	0	245,237	0
MARK CHARPENTIER	(i)	0	0	0	0	0	0	0
	(ii)	236,937	107,855	32,776	65,062	12,658	455,288	0
MARY DURHAM	(i)	0	0	0	0	0	0	0
	(ii)	206,955	95,203	34,534	89,073	12,994	438,759	0
MARK ENGER	(i)	0	0	0	0	0	0	0
	(ii)	335,545	159,659	37,809	90,091	12,994	636,098	0
DANIEL P GARCIA	(i)	0	0	0	0	0	0	0
	(ii)	517,930	585,000	177,308	62,481	11,306	1,354,025	151,518
JENNIFER M GARDNER	(i)	0	0	0	0	0	0	0
	(ii)	95,718	6,040	1,489	41,870	13,068	158,185	0
WILLIAM R GRABER	(i)	0	0	0	0	0	0	0
	(ii)	232,123	0	0	0	0	232,123	0
MICHAEL THOMAS GRANT	(i)	0	0	0	0	0	0	0
	(ii)	201,403	96,930	20,185	55,053	13,540	387,111	0
J EUGENE GRIGSBY III PHD	(i)	0	0	0	0	0	0	0
	(ii)	193,743	0	0	0	0	193,743	0
GEORGE C HALVORSON	(i)	0	0	0	0	0	0	0
	(ii)	1,177,487	5,155,125	1,334,723	62,481	13,611	7,743,427	0
SUSAN HENNESSY	(i)	0	0	0	0	0	0	0
	(ii)	273,460	166,537	208,618	281,667	12,994	943,276	99,938
JUDITH A JOHANSEN	(i)	0	0	0	0	0	0	0
	(ii)	184,560	0	0	0	0	184,560	0
MICHAEL KINARD	(i)	233,490	76,568	4,745	64,045	12,994	391,842	0
	(ii)	0	0	0	0	0	0	0
KATHRYN LANCASTER	(i)	0	0	0	0	0	0	0
	(ii)	615,090	919,900	23,086	283,406	13,068	1,854,550	0
CHRISTINE MALCOLM	(i)	0	0	0	0	0	0	0
	(ii)	0	0	568,721	0	12,021	580,742	0
PHILIP A MARINEAU	(i)	0	0	0	0	0	0	0
	(ii)	193,623	0	0	0	0	193,623	0
ANDREW R McCULLOCH	(i)	0	0	0	0	0	0	0
	(ii)	392,037	353,325	67,791	194,628	12,994	1,020,775	0
THOMAS R MEIER	(i)	0	0	0	0	0	0	0
	(ii)	316,076	297,094	34,615	94,371	13,068	755,224	0
JENNY J MING	(i)	0	0	0	0	0	0	0
	(ii)	182,748	0	0	0	0	182,748	0
SUSAN MULLANEY	(i)	0	0	0	0	0	0	0
	(ii)	239,047	86,475	3,478	15,497	13,540	358,037	0
DONALD ORNDOFF	(i)	0	0	0	0	0	0	0
	(ii)	333,479	0	174,579	57,212	13,720	578,990	0
EDWARD PEI	(i)	0	0	0	0	0	0	0
	(ii)	168,250	0	0	16,500	0	184,750	0
J NEAL PURCELL	(i)	0	0	0	0	0	0	0
	(ii)	219,738	0	0	0	0	219,738	0
KAREN SCHATMAN	(i)	0	0	0	0	0	0	0
	(ii)	271,324	115,476	15,795	73,640	13,068	489,303	0
RICHIE SMITH	(i)	0	0	0	0	0	0	0
	(ii)	251,555	26,560	23,222	45,401	13,203	359,941	0
ARTHUR M SOUTHAM MD	(i)	0	0	0	0	0	0	0
	(ii)	735,252	1,241,861	43,186	342,622	11,306	2,374,227	0
DEBORAH STOKES	(i)	0	0	0	0	0	0	0
	(ii)	313,713	249,552	59,377	110,792	13,068	746,502	40,338
CYNTHIA A TELLES PHD	(i)	0	0	0	0	0	0	0
	(ii)	182,647	0	0	0	0	182,647	0
SANDRA P THOMPkins	(i)	0	0	0	0	0	0	0
	(ii)	166,951	0	0	0	0	166,951	0
BERNARD J TYSON	(i)	0	0	0	0	0	0	0
	(ii)	737,887	1,180,500	24,127	346,893	13,068	2,302,475	0
WILLIAM N WIECHMANN	(i)	0	0	0	0	0	0	0
	(ii)	225,300	124,878	15,709	62,647	12,994	441,528	0
STEVEN ZATKIN	(i)	0	0	0	0	0	0	0
	(ii)	283,028	932,500	31,725	86,239	11,477	1,344,969	0
VICTORIA ZATKIN	(i)	0	0	0	0	0	0	0
	(ii)	196,570	80,174	34,625	81,763	1,884	395,016	0
MARK ZEMELMAN	(i)	0	0	0	0	0	0	0
	(ii)	342,852	224,105	239,242	137,956	12,680	956,835	57,18

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

► 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.

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

**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
(1) MARK MALCOLM	KFHP INC EMPLOYEE	96,476	COMPENSATION		No

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

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 III, Lines 4a - 4d		<p>2010 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, as well as Kaiser Foundation Hospitals (KFH), are nonprofit corporations that are part of the integrated health care delivery system known as the Kaiser Permanente Medical Care Program or "Kaiser Permanente." In 2010, the Northwest Health Plan served 476,345 medical members and another 181,673 dental members through 109 Permanente dentists and 8,346 full-time clinical, administrative and technical personnel. Kaiser Permanente is an integrated health care delivery system that combines the provision and financing of health care services. People who elect to enroll in a Kaiser Permanente health plan receive a full range of prepaid health care services, including hospital care, professional care in hospitals and physicians' offices, x-ray and laboratory services, physical therapy, emergency, ambulance transportation, preventive services, health education, and certain prescribed drugs. More comprehensive drug coverage is also provided through a separate coverage rider. Northwest Health Plan provides and arranges comprehensive health care services for members on a predominantly prepaid basis and fulfills its contractual obligations to group and individual members by contracting with KFH, and a Permanente Medical Group to provide required health care services. Membership in KFHP and its health plan subsidiaries 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 Kaiser Permanente believes its Direct Community Benefit Investment (DCBI), is fundamental to being a nonprofit organization. It embodies the organization's commitment to improve the health of communities beyond services to Health Plan members. It is more than traditional corporate citizenship or corporate philanthropy. It is an intentional, planned, budgeted, measurable, accountable creation for better health in our communities. It is done in collaboration with, not in isolation from, the community. DCBI serves to fulfill Kaiser Permanente's social purpose, justify its tax-exempt status, and differentiate it from other health care organizations. This tradition of community benefit dates from the earliest days of the Program, when charitable care to non-employees, and later, nonmembers, was initiated. That heritage has continued through the years in Kaiser Permanente's early participation in publicly financed programs such as Medicaid and Medicare, establishment of residency training and medical research programs, and later, in the development of the Educational Theatre Programs, Safety Net Partnerships, Community Health Initiatives and Charitable Health Coverage Programs. 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":</p> <ul style="list-style-type: none"><li>- Care and Coverage for Low-Income People - Creates and supports programs that lower the financial barriers for the under- and uninsured</li><li>- Community Health Initiatives - Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods</li><li>- 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</li><li>- 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.</li></ul> <p>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.</p>



Identifier	Return Reference	Explanation
		<p>THE COMMUNITY BENEFIT PROGRAM IN THE NORTHWEST REGION In 2010, Northw est Health Plan expended \$66 million for Community Benefit investments. The follow ing identifies many of the signature community benefit programs and services grouped according to the national streams of work funded by Northw est Health Plan in Oregon and Washington.</p> <p><b>CARE AND COVERAGE FOR LOW-INCOME PEOPLE</b> There are roughly 46 million Americans w ithout access to health care or coverage. Uninsured, low -income individuals and families w ho 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 2010, Health Plan in the Northw est spent \$66 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.</p> <p><b>Charitable Care (Financial Assistance Program and Charitable Health Coverage)</b> In Oregon and Washington, Northw est Health Plan provided charity care to low -income vulnerable populations through the Financial Assistance and Charitable Health Coverage Programs. In 2010, the Northw est Health Plan spent \$25 million on approximately 5,400 under- and uninsured residents in Oregon and Washington.</p> <p><b>Financial Assistance Program</b> This program helps pay the medical and dental expenses of patients, both member and nonmember, w ho meet qualifying guidelines by paying for services at facilities ow ned and/or operated by the Northw est Health Plan. The length of financial assistance is based on individual need. At the end of the financial assistance award period, the patient may apply for an extension. Kaiser Permanente's charity care program also includes discounted charges for uninsured patients below 400% of the federal poverty guidelines. In 2010, Northw est Health Plan spent \$8.9 million and served 7,726 applicants w ho qualified for medical assistance or the uninsured discount.</p> <p><b>Charitable Coverage Program</b> 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 allow s 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 w ho might otherwise have no other source of care. The Northw est Health Plan provided coverage and services valued at \$16.5 million to provide subsidized coverage to 5,400 low -income adults and children w ho 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.</p> <ul style="list-style-type: none"> <li>- <b>Transitions</b> - This program is a fully subsidized health insurance program for eligible low -income families. Eight college campuses currently participate w ithin 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 pubic health care plan. Graduates are eligible for an additional six months coverage or until the employer-paid coverage is activated.</li> <li>- <b>Child Health Plan</b> - Northw est Health Plan offers full subsidy health insurance for eligible low -income students. Currently, 180 schools w ithin 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 pubic health care plan. The participating school districts act as the administrator for the program and are responsible for outreach and enrollment.</li> <li>- <b>Washington Basic Health Plan</b> - This program offers quality low -cost health coverage to eligible people w ho live in Washington State and managed by Washington Health Care Authority (HCA). The Northw est Health Plan provides services to eligible participants w ho reside in Clark or Cow litz counties.</li> </ul>

Identifier	Return Reference	Explanation
		<p>Participation in Medicaid and Other Government-Sponsored Programs The Northw est Health Plan provided coverage and services valued at \$39 million (in excess of reimbursement) for members and nonmembers in government-sponsored programs</p> <p>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</p> <ul style="list-style-type: none"> <li>- 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</li> <li>- 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</li> </ul> <p>Medicaid to Nonmembers Northw est Health Plan contributed \$1 2 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</p> <p>Other Government Programs</p> <p>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 \$16 2 million to these programs</p> <p>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 2010 the Northw est Health Plan provided human and in-kind support to more than 19 nonprofit organizations</p> <p>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 2010, Northw est Health Plan provided staff and in-kind support to more than 31 nonprofit safety net organizations in Oregon and Washington</p> <p>OTHER COMMUNITY BENEFITS The Northw est Health Plan expended more than \$119 thousand on community benefits activities and programs beyond the national streams of w ork The follow ing are examples The Northw est Health Plan provided \$60,000 in grant funding to the Dental Solutions for Children program that operates under the Salem Keizer School District The program coordinates vital services to 64 schools by collaborating w ith multiple community partners, providing a safety net dental care program for low income, uninsured children in acute pain Another Health Plan grant example is a \$50,000 aw ard to Chemeketa Community College Foundation Chemeketa's Health Science Complex, opening in 2011, w ill include a community &amp; teaching dental clinic that w ill provide low-cost or no-fee dental care to underserved populations Students in Chemeketa's Dental Hygiene and Dental Assisting programs, under the supervision of a dentist, w ill provide care w hile receiving excellent hands-on experience</p>

Identifier	Return Reference	Explanation
		2010 COMMUNITY BENEFIT INVESTMENT - NORTHWEST HEALTH PLAN The follow ing chart summarizes 2010 Community Benefit investments in Oregon and Washington States Health Plan The investments in the community reflected in the chart are unaudited CARE AND COVERAGE Charitable Care and Coverage Programs \$ 25,375,034 Government-Sponsored Programs 39,428,192 CB Operations for Care & Coverage 1,210,495 Subtotal \$ 66,013,721 COMMUNITY HEALTH INITIATIVES CB Operations for Community Health Initiatives \$ 57,943 SAFETY NET PARTNERSHIPS Grants & Donations for Safety Net Partnerships \$ 147,500 KNOWLEDGE DISSEMINATION CB Operations for Know ledge Dissemination \$ 19,270 OTHER COMMUNITY BENEFITS Other CB Grants & Donations \$ 118,560 TOTAL \$ 66,356,994

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 2		Family affiliations reported steven r zatkin - spouse officer of kfhp inc , kfh and subsidiaries victoria zatkin - spouse senior vp, general counsel and officer of kfh, kfhp inc and regional health plans

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 6		Kaiser foundation health plan, inc is the sole member

Identifier	Return Reference	Explanation
Form 990, Part VI, Questions 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

Identifier	Return Reference	Explanation
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 bylaw s - election and term of office of directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 11b		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 an officer or a member of management designated by an officer 6 The tax return is discussed with the full board of directors A copy of the return is provided to each board member in electronic format prior to filing



Identifier	Return Reference	Explanation
Form 990, Part VI, Questions 12c		<p>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</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 15a/b		<p>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 &amp; 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.</p>

Identifier	Return Reference	Explanation
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 and is available upon request To request copies contact VP - National Tax Compliance Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, 15L Oakland, CA 94612

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A, Column B		Individuals who are both officers and members of Boards of Directors work full time as employees as well as fulfill their board assignment. All officers work full time in their employee capacity. Full time work may require in excess of the traditional 40 hour week. Given the integrated nature of our organization, employees may provide support for various Kaiser Permanente companies. The average hours per week reported for the filing organization and related organizations was estimated.

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 5		CHANGE IN OTHER COMPREHENSIVE INCOME \$ (40,035,935) DISTRIBUTION TO PARENT (40,000,000) NET UNREALIZED GAIN ON INVESTMENT (6,332,067) Gain on sale of investments - book 9,470,437 Gain on sale of investments - tax (8,185,445) OTHER THAN TEMPORARY IMPAIRMENTS (1,877,849) TOTAL \$ (86,960,858)

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHRISTINE K CASSEL, MD TITLE DIRECTOR HOURS 7

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS W CHAPMAN, EDD TITLE DIRECTOR HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DANIEL P GARCIA TITLE SVP, Chief Compliance Officer HOURS 48



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM R GRABER TITLE DIRECTOR HOURS 7

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME J EUGENE GRIGSBY , III, PHD TITLE DIRECTOR HOURS 7

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GEORGE C HALVORSON TITLE Chairman, CEO, President HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JUDITH A JOHANSEN TITLE DIRECTOR HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KIM J KAISER TITLE DIRECTOR HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PHILIP A MARINEAU TITLE DIRECTOR HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JENNY J MING TITLE DIRECTOR HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDWARD PEI TITLE DIRECTOR HOURS 8



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME J NEAL PURCELL TITLE DIRECTOR HOURS 9

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CYNTHIA A TELLES, PHD TITLE DIRECTOR HOURS 7

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SANDRA P THOMPkins TITLE DIRECTOR HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JENNIFER M GARDNER TITLE Special Asst to BOD HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KATHRYN LANCASTER TITLE EVP & CFO HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANDREW R McCULLOCH TITLE REGIONAL PRESIDENT - NW HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS R MEIER TITLE SVP & TREASURER HOURS 47

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DONALD ORNDOFF TITLE SVP, NFS HOURS 45



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ARTHUR M SOUTHAM, MD TITLE EVP - HEALTH PLAN OPERATIONS HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DEBORAH STOKES TITLE SVP, CORPORATE CONTROLLER, CAO HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BERNARD J TYSON TITLE President & COO HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM N WIECHMANN TITLE VP, REGIONAL COUNSEL - NW HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEVEN ZATKIN TITLE SVP, General Counsel & Secreta HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VICTORIA ZATKIN TITLE VP, Off of Brd & Corp Gov Svcs HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK ZEMELMAN TITLE SVP, General Counsel & Secreta HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK CHARPENTIER TITLE VP, Mktg, Sls & Bus Devel HOURS 20



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK ENGER TITLE VP, Chief Operations Officer HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SUSAN HENNESSY TITLE VP HEALTH PLAN SERVICES HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SUSAN MULLANEY TITLE HOSPITAL ADMINISTRATOR HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KAREN SCHATMAN TITLE VP & CFO - NW HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK BURMESTER TITLE VP STRATEGIC PLANNING & COMM HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARY DURHAM TITLE VP, The Center Health Research HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL THOMAS GRANT TITLE VP HEALTH PLAN SERVICES ADMIN HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL KINARD TITLE Ambulatory Care Svc Leader HOURS 20



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHIE SMITH TITLE VP, HR - NW HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHRISTINE MALCOLM TITLE FORMER SVP HOURS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
KAISER FOUNDATION HEALTH PLAN  
OF THE NORTHWEST

Employer identification number  
  
93-0798039

Part I

Identification of Disregarded Entities (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
(1) Kaiser Permanente Oregon Plus LLC ONE KAISER PLAZA 15L OAKLAND, CA 94612 20-2396517	HEALTH CARE	OR	17,564,069	752,963	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Health Care Management Solutions LLC  ONE KAISER PLAZA 15L OAKLAND, CA94607 20-3924985	CONSULTING	CA	NA	NONE	0	0		No	0		No	0 %

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
(1) Archimedes Inc ONE KAISER PLAZA 15L OAKLAND, CA94612 20-3774729	CONSULTING	CA	NA	C CORP	0	0	0 %
(2) Kaiser Permanente International ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0	0 %
(3) Kaiser Permanente Insurance Company ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3203402	INSURANCE	CA	NA	C CORP	0	0	0 %
(4) Kaiser Properties Services Inc ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3259432	REAL ESTATE	CA	NA	C CORP	0	0	0 %
(5) Oak Tree Assurance Ltd ONE KAISER PLAZA 15L OAKLAND, CA94612 03-0329760	INSURANCE	VT	NA	C CORP	0	0	0 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

Yes

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

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

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

[illegible]

**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Kaiser Foundation Health Plan Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-1340523	HEALTH CARE	CA	501(C)(3)	9	NA		
Kaiser Foundation Health Plan of CO Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 84-0591617	HEALTH CARE	CO	501(C)(3)	9	KFHP INC		
Kaiser Foundation Health Plan of GA Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 58-1592076	HEALTH CARE	GA	501(C)(3)	9	KFHP INC		
Kaiser Foundation Health Plan of the MAS  ONE KAISER PLAZA 15L OAKLAND, CA94612 52-0954463	HEALTH CARE	MD	501(C)(3)	9	KFHP INC		
Kaiser Foundation Health Plan of OH Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 34-0922268	HEALTH CARE	OH	501(C)(3)	9	KFHP INC		
Kaiser Foundation Hospitals  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-1105628	HEALTH CARE	CA	501(C)(3)	3	KFHP INC		
Camp Bowie Service Center  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3299123	ADMIN	CA	501(C)(3)	11	KFHP INC		
Kaiser Health Alternatives  ONE KAISER PLAZA 15L OAKLAND, CA94612 93-0954562	HEALTH CARE	OR	501(C)(3)	9	KFHP INC		
Kaiser Hospital Asset Management Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3299125	ASSET MGMT	CA	501(C)(3)	11	KFH		
Kaiser Health Plan Asset Management Inc  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3299124	ASSET MGMT	CA	501(C)(3)	11	KFHP INC		
Lokahi Assurance Ltd  ONE KAISER PLAZA 15L OAKLAND, CA94612 91-2171891	risk mgmt	HI	501(C)(3)	11	KFHP INC		
OHP  ONE KAISER PLAZA 15L OAKLAND, CA94612 93-0480268	LEASING	WA	501(C)(3)	11	KFHP INC		



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
1800 Harrison Foundation  ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3317484	FINANCING	CA	501(C)(3)	11	KFHP INC		
KAISER HOSPITAL ASSISTANCE CORPORATION  ONE KAISER PLAZA 15L OAKLAND, CA94612 31-1779500	FINANCING	CA	501(C)(3)	11	KFH		

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	KAISER FOUNDATION HOSPITALS	D	2,212,212,095	
(2)	KAISER FOUNDATION HOSPITALS	E	1,309,297,671	
(3)	KAISER FOUNDATION HOSPITALS	H	4,107,224	
(4)	KAISER FOUNDATION HEALTH PLAN INC	K	6,624,163	
(5)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	K	192,711	
(6)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	K	7,173	
(7)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	K	3,586	
(8)	KAISER FOUNDATION HEALTH PLAN OF OHIO	K	4,430	
(9)	KAISER PERMANENTE INSURANCE COMPANY	K	842,798	
(10)	KAISER FOUNDATION HEALTH PLAN INC	L	60,215,183	
(11)	KAISER FOUNDATION HOSPITALS	L	621,769,177	
(12)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	L	242,078	
(13)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	L	118,598	
(14)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	L	212,197	
(15)	KAISER FOUNDATION HEALTH PLAN of OHIO	L	29,179	
(16)	CAMP BOWIE SERVICE CENTER	L	8,057,222	
(17)	LOKAHI ASSURANCE LTD	L	24,657,882	
(18)	KAISER FOUNDATION HEALTH PLAN INC	N	5,084	
(19)	KAISER FOUNDATION HEALTH PLAN INC	O	22,950,243	
(20)	KAISER FOUNDATION HOSPITALS	O	486,683,237	
(21)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	O	228,106	
(22)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	O	4,774	
(23)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	O	15,038	
(24)	KAISER FOUNDATION HEALTH PLAN OF OHIO	O	472	
(25)	CAMP BOWIE SERVICE CENTER	O	237,086	
(26)	KAISER FOUNDATION HEALTH PLAN INC	P	12,307,267	
(27)	KAISER FOUNDATION HOSPITALS	P	570,882,845	
(28)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	P	2,296,139	
(29)	KAISER FOUNDATION HEALTH PLAN OF GEORGIA	P	1,162	
(30)	KAISER FOUNDATION HEALTH PLAN OF THE MAS	P	6,233	
(31)	KAISER FOUNDATION HEALTH PLAN OF OHIO	P	1,675	
(32)	LOKAHI ASSURANCE LTD	P	3,782,163	
(33)	KAISER FOUNDATION HEALTH PLAN INC	Q	40,002,199	
(34)	KAISER FOUNDATION HOSPITALS	Q	402,977,828	
(35)	KAISER FOUNDATION HEALTH PLAN INC	R	14,195	
(36)	KAISER FOUNDATION HOSPITALS	R	369,689,347	
(37)	KAISER FOUNDATION HOSPITALS	R	184,928,003	

Form

4797

Sales of Business Property

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

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

OMB No 1545-0184

2010

Attachment Sequence No 27

Department of the Treasury

Internal Revenue Service (99)

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

Identifying number  
93-0798039

1

Enter the gross proceeds from sales or exchanges reported to you for 2010 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 42 . . . . .						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	
	<b>Partnerships (except electing large partnerships) and S corporations.</b> 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							
	<b>Individuals, partners, S corporation shareholders, and all others.</b> 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 34 and 41a . . . . .	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	-215,663
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 38, 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 36 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)
LAND	01-01-2001	03-31-2010	773,026	0	773,026	
LAND IMPROVEMENT	01-01-2001	03-31-2010	0	411,476	411,476	
BUILDING	01-01-2001	03-31-2010	1,755,549	3,400,353	5,155,902	
EQUIPMENT	01-01-2001	12-31-2010	191,538	2,310,992	2,667,246	164,716
VEHICLES	01-01-2001	12-31-2010	12,999	318,066	318,066	
FURNITURES & FIXTURE	01-01-2001	12-31-2010	1,813	182,575	188,643	4,255
OTHER	01-01-2001	12-31-2010	100	3,632	63,423	59,691

Additional Data

Software ID:

Software Version:

EIN: 93-0798039

Name: KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

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	5	X						0	172,625	0
THOMAS W CHAPMAN EDD DIRECTOR	10	X						0	185,427	59,810
DANIEL P GARCIA SVP, Chief Compliance Officer	20	X						0	1,280,238	73,787
WILLIAM R GRABER DIRECTOR	10	X						0	232,123	0
J EUGENE GRIGSBY III PHD DIRECTOR	10	X						0	193,743	0
GEORGE C HALVORSON Chairman, CEO, President	50	X		X				0	7,667,335	76,092
JUDITH A JOHANSEN DIRECTOR	5	X						0	184,560	0
KIM J KAISER DIRECTOR	5	X						0	122,875	0
PHILIP A MARINEAU DIRECTOR	5	X						0	193,623	0
JENNY J MING DIRECTOR	3	X						0	182,748	0
EDWARD PEI DIRECTOR	5	X						0	168,250	16,500
J NEAL PURCELL DIRECTOR	5	X						0	219,738	0
CYNTHIA A TELLES PHD DIRECTOR	5	X						0	182,647	0
SANDRA P THOMPkins DIRECTOR	5	X						0	166,951	0
JENNIFER M GARDNER Special Asst to BOD	40			X				0	103,247	54,938
KATHRYN LANCASTER EVP & CFO	40			X				0	1,558,076	296,474
ANDREW R McCULLOCH REGIONAL PRESIDENT - NW	250			X				0	813,153	207,622
THOMAS R MEIER SVP & TREASURER	30			X				0	647,785	107,439
DONALD ORNDOFF SVP, NFS	50			X				0	508,058	70,932
ARTHUR M SOUTHAM MD EVP - HEALTH PLAN OPERATIONS	50			X				0	2,020,299	353,928
DEBORAH STOKES SVP, CORPORATE CONTROLLER, CAO	40			X				0	622,642	123,860
BERNARD J TYSON President & COO	50			X				0	1,942,514	359,961
WILLIAM N WIECHMANN VP, REGIONAL COUNSEL - NW	500			X				0	365,887	75,641
STEVEN ZATKIN SVP, General Counsel & Secreta	50			X				0	1,247,253	97,716
VICTORIA ZATKIN VP, Off of Brd & Corp Gov Svcs	40			X				0	311,369	83,647

**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			
MARK ZEMELMAN SVP, General Counsel & Secreta	4 0			X				0	806,199	150,636
MARK CHARPENTIER VP, Mktg, Sls & Bus Devel	30 0				X			0	377,568	77,720
MARK ENGER VP, Chief Operations Officer	30 0				X			0	533,013	103,085
SUSAN HENNESSY VP HEALTH PLAN SERVICES	30 0				X			0	648,615	294,661
SUSAN MULLANEY HOSPITAL ADMINISTRATOR	30 0				X			0	329,000	29,037
KAREN SCHARTMAN VP & CFO - NW	30 0				X			0	402,595	86,708
MARK BURMESTER VP STRATEGIC PLANNING & COMM	30 0					X		0	363,986	65,405
MARY DURHAM VP, The Center Health Research	30 0					X		0	336,692	102,067
MICHAEL THOMAS GRANT VP HEALTH PLAN SERVICES ADMIN	30 0					X		0	318,518	68,593
MICHAEL KINARD Ambulatory Care Svc Leader	30 0					X		314,803	0	77,039
RICHIE SMITH VP, HR - NW	30 0					X		0	301,337	58,604
CHRISTINE MALCOLM FORMER SVP	0 0						X	0	568,721	12,021

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

4d. Other program services				
(Code	) (Expenses \$	1,287,708	including grants of \$	266,060 ) (Revenue \$
SEE SCHEDULE O COMMUNITY BENEFIT REPORT				