


Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KAISER FOUNDATION HEALTH PLAN INC		D Employer identification number 94-1340523
		Doing Business As		E Telephone number (510) 271-6611
		Number and street (or P O box if mail is not delivered to street address) ONE KAISER PLAZA SUITE 15L	Room/suite	G Gross receipts \$ 60,526,926,018
		City or town, state or country, and ZIP + 4 OAKLAND, CA 94612		
		F Name and address of principal officer GEORGE C HALVORSON ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1955	M State of legal domicile CA	





Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE	
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1
	5	Total number of employees (Part V, line 2a)	5 19,47
	6	Total number of volunteers (estimate if necessary)	6 4,01
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 8,829,72
	b Net unrelated business taxable income from Form 990-T, line 34	7b 3,481,82	

Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	3,625,000	3,840,322
	9	Program service revenue (Part VIII, line 2g)	31,484,090,631	33,172,293,899
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,709,163	-8,013,918
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	125,087,549	53,758,068
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,682,512,343	33,221,878,371
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,466,077	39,434,008
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,329,716,831	2,232,182,657
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) $\frac{0}{0}$		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	28,980,749,910	30,662,356,807
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	31,311,932,818	32,933,973,472
	19	Revenue less expenses Subtract line 18 from line 12	370,579,525	287,904,899
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	10,147,368,928	11,001,879,989
	21	Total liabilities (Part X, line 26)	8,608,253,691	9,517,654,067
	22	Net assets or fund balances Subtract line 21 from line 20	1,539,115,237	1,484,225,922

Part II	Signature Block
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<div> <div>Sign Here</div> </div>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	Signature of officer	2010-10-28 Date
	DEBORAH STOKES SVP, CC & CAO Type or print name and title	

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

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

Part III

Statement of Program Service Accomplishments

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 \$ 30,899,863,777 including grants of \$ 600,874) (Revenue \$ 32,840,379,588)

Member Health Care Services and Medical Training to Care Improvement Kaiser Foundation Health Plan Inc provides medical and surgical care, including urgent care services, extended care and home health care, for its members without regards to age, sex, race, religion or national origin or the ability to pay Kaiser Foundation Health Plan, Inc educates and trains medical students and other health care professionals and promotes scientific and nursing education in order to improve care Additional information about Kaiser Foundation Health Plan Inc's charitable activities can be found in Schedule O, Community Benefit Report

4b

(Code) (Expenses \$ 701,066,199 including grants of \$ 0) (Revenue \$ 291,630,366)

Medicaid and Other Government Sponsored Programs Health Plan is committed to improving the way Medicaid beneficiaries receive care, not only in our facilities, but also in the communities we serve In 2009, Health Plan participated in a number of government programs Medicaid Managed Care - providing comprehensive care for more than 150,000 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 133,000 patients Additional information about Kaiser Foundation Health Plan Inc's charitable activities can be found in Schedule O, Community Benefit Report

4c

(Code) (Expenses \$ 184,520,714 including grants of \$ 1,333,322) (Revenue \$ 31,682,428)

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 a Kaiser Permanente facility In 2009, this program assisted more than 21,800 applicants, providing more than 110,000 prescriptions and 41,000+ outpatient office visits CHC - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 85,000 patients received comprehensive care for up to four years through this program Additional information about Kaiser Foundation Health Plan Inc's charitable activities can be found in Schedule O, Community Benefit Report

4d

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

(Expenses \$ 37,499,812 including grants of \$ 37,499,812) (Revenue \$ 0)

4e

Total program service expenses

\$ 31,822,950,502

Form 990 (2009)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	Yes
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a26,965	1cYes	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a19,477	2bYes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3aYes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3bYes	
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)?		4aYes	
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	14	
b	Enter the number of voting members that are independent	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶CA , DC , HI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ NATIONAL DIRECTOR OF TAX ONE KAISER PLAZA STE 15L OAKLAND, CA 94612 (510) 271-6385

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

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

Form **990** (2009)

1b	Total	47,432,135	67,510	6,330,157
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶5,106

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 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
SOUTHERN CALIF PERMANENTE MEDICAL G 393 EAST WALNUT STREET PASADENA, CA 91188	MEDICAL SERVICES	5,473,425,691
THE PERMANENTE MEDICAL GROUP 1950 FRANKLIN STREET 18TH FLOOR OAKLAND, CA 94612	MEDICAL SERVICES	5,298,813,065
HAWAII PERMANENTE MEDICAL GROUP 3288 MOANALUA ROAD HONOLULU, HI 96819	MEDICAL SERVICES	133,472,531
EMPLOYERS MUTUAL INC 700 SOUTHEAST CENTRAL PARKWAY STUART, FL 34994	AMBULANCE SERVICES	338,211,250
KAISER FOUNDATION HOSPITALS ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612	MEDICAL SERVICES	12,914,275,331

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶2,198

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	569,000				
	e	Government grants (contributions)	1e	2,550,072				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	721,250				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			3,840,322			
Program Service Revenue			Business Code					
	2a	MEMBER HEALTH CARE	900,099	22,298,631,505	22,298,631,505			
	b	SUPPLEMENTAL REV	900,099	1,467,833,373	1,467,833,373			
	c	NON-PLAN & INDUSTR	900,099	337,194,616	328,959,326	8,235,290		
	d	OTHER PROGRAM SERV	900,099	328,585,415	328,219,188	366,227		
	e	MEDICARE	900,099	8,740,048,990	8,740,048,990			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			33,172,293,899			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			124,028,596		124,028,596	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties			0			
	6a	Gross Rents	(i) Real	(ii) Personal				
			9,879,404					
			9,879,404					
	d	Net rental income or (loss)			9,879,404		9,879,404	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			27,172,825,590	179,543				
			27,304,189,868	857,779				
			-131,364,278	-678,236				
	d	Net gain or (loss)			-132,042,514		-132,042,514	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
			a					
			b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events . . .			0			
	9a	Gross income from gaming activities See Part IV, line 19						
			a					
			b	Less direct expenses	b			
c	Net income or (loss) from gaming activities . . .			0				
10a	Gross sales of inventory, less returns and allowances							
		a						
		b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory . . .			0				
Miscellaneous Revenue		Business Code						
11a	PARKING GARAGES	812,930	5,111,617		228,211	4,883,406		
b	INT/EXT INT INCOME	900,003	38,767,047			38,767,047		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			43,878,664				
12	Total revenue. See Instructions			33,221,878,371	33,163,692,382	8,829,728	45,515,939	

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	39,434,008	39,434,008		
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	47,516,814		47,516,814	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,569,357,480	1,286,183,266	283,174,214	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	123,225,446	110,696,313	12,529,133	
9	Other employee benefits	274,828,808	265,608,953	9,219,855	
10	Payroll taxes	217,254,109	131,841,937	85,412,172	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	57,455,896		57,455,896	
c	Accounting	899,755		899,755	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	268,721,271	24,560,557	244,160,714	
13	Office expenses	39,084,468	23,179,042	15,905,426	
14	Information technology	2,769,426,282	2,704,081,387	65,344,895	
15	Royalties	0			
16	Occupancy	225,017,387	224,092,231	925,156	
17	Travel	31,772,250	24,986,029	6,786,221	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	9,811,268		9,811,268	
20	Interest	18,885,950	18,885,950		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	194,907,572	194,907,572		
23	Insurance	139,086,086	139,085,971	115	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BASIC CONTRACTUAL PAYMENTS	21,966,242,840	21,966,242,840		
b	SUPPLIES	1,810,941,422	1,775,311,302	35,630,120	
c	CLAIMS - IN & OUT OF AREA	1,264,531,884	1,264,531,884		
d	PURCHASED MEDICAL SERVICES	866,135,802	866,119,868	15,934	
e	NON-MEDICAL PURCHASED SERVICES	352,274,931	266,471,751	85,803,180	
f	All other expenses	647,161,743	496,729,641	150,432,102	
25	Total functional expenses. Add lines 1 through 24f	32,933,973,472	31,822,950,502	1,111,022,970	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			9,922,271	1	17,315,619
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,649,263,356	4	1,282,798,070
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			2,479,868	5	2,570,743
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			121,913,462	8	118,483,478
	9	Prepaid expenses and deferred charges			30,650,096	9	32,209,319
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,092,716,534			
	b	Less accumulated depreciation	10b	2,787,773,815	2,205,141,279	10c	2,304,942,719
	11	Investments—publicly traded securities			6,090,255,468	11	7,182,306,418
	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			37,743,128	15	61,253,623
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,147,368,928	16	11,001,879,989
Liabilities	17	Accounts payable and accrued expenses			2,590,720,646	17	2,398,572,988
	18	Grants payable				18	
	19	Deferred revenue			335,411,485	19	389,596,462
	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			5,682,121,560	25	6,729,484,617
	26	Total liabilities. Add lines 17 through 25			8,608,253,691	26	9,517,654,067
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				30	
	31	Paid-in or capital surplus, or land, building or equipment fund			-320,584,865	31	-342,754,778
	32	Retained earnings, endowment, accumulated income, or other funds			1,859,700,102	32	1,826,980,700
	33	Total net assets or fund balances			1,539,115,237	33	1,484,225,922
	34	Total liabilities and net assets/fund balances			10,147,368,928	34	11,001,879,989

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	Yes
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input 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?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	3b	Yes

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number
94-1340523

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

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

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,889,297	4,016,679	3,801,313	3,625,000	3,840,322	19,172,611
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24,027,319,413	26,586,574,774	29,294,585,979	31,484,090,631	33,172,293,899	144,564,864,696
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	24,031,208,710	26,590,591,453	29,298,387,292	31,487,715,631	33,176,134,221	144,584,037,307
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						144,584,037,307

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	24,031,208,710	26,590,591,453	29,298,387,292	31,487,715,631	33,176,134,221	144,584,037,307
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,510,670	193,875,112	244,851,055	138,909,868	172,675,047	837,821,752
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	87,510,670	193,875,112	244,851,055	138,909,868	172,675,047	837,821,752
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,051,949	4,235,624	3,838,878	4,367,896	5,111,617	21,605,964
13Total support (Add lines 9, 10c, 11 and 12)	24,122,771,329	26,788,702,189	29,547,077,225	31,630,993,395	33,353,920,885	145,443,465,023
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	99 409 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	99 490 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 576 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 500 %
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization KAISER FOUNDATION HEALTH PLAN INC	Employer identification number 94-1340523
---	--

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 ▶ \$ 250
- 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 ▶ \$ 25
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☒ Yes ☐ No
- 4a

Was a correction made? ☒ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		168,056
	e Publications, or published or broadcast statements?	Yes		14,360
	f Grants to other organizations for lobbying purposes?	Yes		6,231,598
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		3,100,605
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		148,011
	i Other activities? If "Yes," describe in Part IV	Yes		332,782
	j Total lines 1c through 1i			9,995,412
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
	b If "Yes," enter the amount of any tax incurred under section 4912			
	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

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	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2c	
	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?	3	
5	Taxable amount of lobbying and political expenditures (see instructions)	4	
		5	

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE C, PART IV - SUPPLEMENTAL INFORMATION		SCHEDULE C, PART II-B, LINE 1A THROUGH 1I The Organization is a member of the Kaiser Permanente Medical Care Program and participated and benefited from lobbying activities conducted at the regional and national level for the benefit of its enrolled members and for the health care industry as a whole. As an organization generally exempt from income tax under Internal Revenue Code Section 501(c)(3), Health Plan has a policy prohibiting internal involvement in any political campaigns. This policy is closely monitored for compliance. During the year this Organization may have made comments or statements concerning legislation which may affect the health care industry. Health Plan may have engaged in telephone conversations and/or written letters to various federal, state, and local officials regarding matters which affected the healthcare industry as a whole. The amount of time and money involved in the activities is detailed on lines a through i. Health Plan has several employees and/or may retain a professional consultant to represent Health Plan's interests in various legislative and regulatory bodies and from time-to-time to keep informed of Federal and State legislation having an impact on Health Plan's charitable activities as an exempt Health Maintenance Organization. These individuals attempt to ensure that proposed legislation and enacted laws are compatible with the Interest of Health Plan and its members by performing the following activities: - Collecting, analyzing and distributing within the Organization, public and private policy recommendations regarding proposed legislation that affect the operation of Health Plan and its ability to provide quality health and medical care services to its members in a cost effective environment. - Providing appropriate informational materials to legislators and to their staffs that pertain to matters of common interest in the health care community and in the not-for-profit community. - Also by preparing written and oral testimony, these individuals appear at legislative hearings, monitor legislative proceedings and meet with legislators and/or their staffs regarding issues pertinent to the mission of Health Plan. Those individuals appearing at such hearings and meetings for and on behalf of Health Plan often are representing the interests of common interest groups as well as the interests of the members of Health Plan. - Other employees and officers perform services by delivering speeches at various public and private functions and in serving as faculty in healthcare related educational programs throughout the community.
SCHEDULE C, PART I-A, LINE 1	DESCRIPTION OF DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	The disclosed political activity resulted from contribution being approved/paid.
SCHEDULE C, PART I-B, LINE 4B	CORRECTIVE ACTION	As a result of our internal investigation conducted in September of 2010, Kaiser Foundation Health Plan, Inc ("Kaiser") discovered that improper expenditures have been paid to Political Action Committees (PAC) during 2009 and 2010. Such payments are contrary to our long-standing written policy on political campaign involvement. We have requested and received a full refund of the payments or contributions from the recipients. We have discussed the political campaign policy with the individuals involved and re-emphasized the prohibition in communication to all staff at Kaiser. In addition, we have sent out a memorandum to all employees with responsibility for processing payments.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number
94-1340523

Part I

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

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

Part II

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

1b

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

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		459,381,027		459,381,027
b Buildings		2,709,316,631	1,218,600,527	1,490,716,104
c Leasehold improvements		705,169,937	505,636,710	199,533,227
d Equipment		629,672,739	584,018,007	45,654,732
e Other		589,176,200	479,518,571	109,657,629
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,304,942,719

Schedule D (Form 990) 2009

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

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

Identif ier	Return Reference	Explanation
SCHEDULE D, PART X	FIN 48 FOOTNOTE	NOT REQUIRED
NOTE 1		In 2008, we reported \$52,241,434 gain from sales of securities We used the best estimate of tax basis gain available at that time We now have final tax basis numbers showing \$50,251,993 loss from sales of securities for 2008

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number
94-1340523

1	For grantmakers. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States		
3	Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

1

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number
94-1340523

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

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

2

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

28

3

Enter total number of other organizations

0

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number
94-1340523

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 checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>		
	<div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div>		
	<div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
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 checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div>		
	<div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" 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?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 4-A	SEVERANCE PAYMENTS	ANNE CADWELL \$ 300,323 OLIVIA KIRK \$ 186,000 KEITH LEE \$ 176,346 CHRISTINE MALCOLM \$1,492,105 DANIEL MAZANY \$ 395,000 LAURENCE O'NEIL \$ 896,784 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, PART I, LINE 4-B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS	GREGORY ADAMS \$ 157,935 CAROL ANTLE \$ 31,464 RAYMOND BAXTER \$ 389,386 ANNE CADWELL \$ 39,296 ALBERT CARVER \$ 117,760 ALIDE CHASE \$ 205,832 BENJAMIN CHU \$ 184,496 ROBERT CRANE \$ 37,259 THOMAS CURTIN JR \$ 111,506 GEORGE DISALVO \$ 80,467 DEAN EDWARDS \$ 40,673 PHILIP FASANO \$ 190,962 JERRY FLEMING \$ 193,132 DIANE LOFGREN \$ 76,825 DANIEL GARCIA \$ 285,048 SANDRA GOLZE \$ 30,273 MITCHELL GOODSTEIN \$ 83,084 GEORGE HALVORSON \$1,237,500 MICHAEL HUACO \$ 36,810 RONALD KNOX \$ 168,052 KATHY LANCASTER \$ 178,867 JANET LIANG \$ 101,966 LOUISE LIANG \$ 263,459 MICHAEL MCANDER \$ 39,463 JUDITH MEARS \$ 56,452 THOMAS MEIER \$ 43,474 CHRISTOPHER OHMAN \$ 30,381 WADE OVERGAARD \$ 54,275 CYNTHIA OVERMYER \$ 116,738 JULIE PETRINI \$ 315,003 PAUL RECORDS \$ 133,545 JAMES SIMPSON III \$ 37,489 SANDRA SMALL \$ 389,072 ARTHUR SOUTHAM \$ 236,262 JOHN STENSON \$ 40,380 DEBORAH STOKES \$ 94,289 WAYNE SWAFFORD \$ 4,332 BERNARD TYSON \$ 323,207 STANLEY WATSON \$ 26,145 HERMAN WEIL \$ 276,248 JED WEISSBERG \$ 59,671 LARRY WILSON \$ 56,250 CARLOS ZARAGOZA \$ 33,294 STEVEN ZATKIN \$ 468,045 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, PART I, LINE 7	NON-FIXED PAYMENTS	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. The plans' organizational performance goals included quality of care and service, membership growth, operating income, per member expense trend, and community benefit. Plan designs, performance, and payout levels, as well as individual payments to certain persons, were reviewed and approved by the Compensation Committee of the Board of Directors, comprised of independent directors.
SCHEDULE J, PART I, LINE 1		FIRST CLASS TRAVEL. ALL BOARD OF DIRECTORS, CHIEF EXECUTIVE OFFICER, SENIOR VICE PRESIDENTS AND OTHER SENIOR MANAGERS AS APPROVED BY THE COMPENSATION COMMITTEE. TRAVEL FOR COMPANIONS AS APPROVED BY SENIOR MANAGERS. INFREQUENTLY PERSONAL SERVICES. Car service is approved for senior management in connection with business related travel. CEO's nonbusiness transportation is Board approved and included in compensation. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS LIMITED TO PARTIAL TAX GROSS-UP UNDER RELOCATION POLICY, CEO TRANSPORTATION, AND INFREQUENTLY AS APPROVED BY SENIOR MANAGEMENT. HOUSING ALLOWANCE PROVIDED ON A LIMITED BASIS FOR RELOCATION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN INC

Employer identification number
94-1340523

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION B, LINE 11A	1 Key information necessary for the preparation of the tax return is obtained and/or confirmed with internal sources including regional finance, executive compensation, community benefits, treasury, government relations, and legal 2 Community benefits details are presented to the community benefit committee of the board for review 3 Executive compensation details are presented to the compensation committee of the board for review 4 The complete tax return is reviewed and signed by a KPMG tax advisor 5 The complete tax return is reviewed and signed by the Senior vice president, Corporate Controller and chief accounting officer 6 The tax return is discussed with the full board of directors A copy of the return is provided to each board member in electronic format prior to filing
COMPLIANCE ENFORCEMENT	PART VI, SECTION B, LINE 12C	Regularly and Consistently Monitors Compliance with the Conflicts of Interest Policy Kaiser Permanente regularly monitors compliance with the Conflicts of Interest Policy in 3 key ways 1 The Kaiser Permanente Compliance Hotline is available to all employees and vendors to report actual or potential conflicts of interest All calls are answered by a third party and provided to Kaiser Permanente's National Compliance office for review and appropriate action Employees can report anonymously and without fear of retaliation Reports of actual or potential Conflicts of Interest are generated and investigations are conducted as required and information is tracked and trended to determine if additional guidance is required to avoid conflicts of interest Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually 2 The Senior Vice President & Chief Compliance Officer and the Vice President of Internal Audit Services annually review the directors', officers', key employees', and executives' Annual Conflicts of Interest Questionnaire disclosures and provide direction on any investigations required Investigations are documented, tracked and trended to determine if additional controls or education is required, In addition, Conflicts of Interest Questionnaire Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually, and 3 Annually, as a component of the external audit, KPMG reviews the Annual Conflicts of Interest Questionnaires completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/ Hospitals Audit and Compliance Committee Regularly and Consistently Enforces Compliance with the Conflicts of Interest Policy To ensure consistency in the enforcement of the policy Kaiser Permanente uses the following steps as a general guideline A Represented employees are subject to any corrective/disciplinary action provisions described in specific regional/national collective bargaining agreements and/or organizational policies and practices B Kaiser Permanente notifies employees of the National Human Resources Policy No 14 Corrective/Disciplinary Action Policy during new employee orientation and in annual compliance training C In the event that it is necessary to discipline any employee because of, but not limited to, failure to comply with applicable legal/regulatory requirements, Kaiser Permanente policies and procedures, or the Principles of Responsibility, or for unsatisfactory performance or misconduct, coaching/counseling and/or corrective/disciplinary action may include, but is not limited to - Oral discussion and/or warning by the employee's immediate supervisor or higher level manager to correct the problem- Written notice, with or without final warning - Paid or unpaid suspension, with or without final warning - Termination of employment
COMPENSATION DETERMINATION	PART VI, SECTION B, LINE 15	The executive compensation program is designed to recruit, retain and motivate qualified senior management personnel Senior management personnel have a significant impact on the strategic and policy direction and results of the organization Therefore, the executive compensation program is, to a significant degree, performance-based The compensation program is reviewed annually by the Compensation Committee of the Board of Directors which evaluates and approves prior to payment all programs and payments to CEO, Executive Director and top management officials (executives) Base pay for executive positions is established at a level comparable to the relevant market In addition, other components of the compensation program bear 'at-risk' features designed to focus on strategically important performance goals and to assist in attracting and retaining top performers The executive compensation program is targeted at the median of the comparable external market in which the organization competes for executive leadership Evaluation of comparable pay data is performed by an Independent Compensation, Benefit & Human Resource Consulting firm The compensation program focuses on objectives in the areas of quality of member care and service, financial soundness, and the community and social mission of the organization
PUBLIC INSPECTION	PART VI, SECTION C, LINE 19	Governing documents - are available as provided to the State Regulatory Agency and maintained on state agency website or upon request Conflict of Interest is available on KP website under vendor Principles of Responsibility or upon request Financial Statements are on file with the state regulatory agency Combined data is published for Kaiser Foundation Health Plan Inc and subsidiaries and Kaiser Foundation Hospitals and Subsidiaries with audit opinion by KPMG To request copies contact Tax Director Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Ste 15L Oakland, CA 94612
FAMILY AFFILIATIONS	PART VI, SECTION A, LINE 2	NAME steven r zatkín FAMILY MEMBER AFFILIATION Spouse officer of kfhp inc , kfh and subsidiaries NAME victoria zatkín FAMILY MEMBER AFFILIATION Spouse senior vp, general counsel and officer of kfh, kfhp inc and regional health plans NAME GEORGE DISALVO FAMILY MEMBER AFFILIATION DOMESTIC PARTNER, PHYSICIAN SOUTHERN CALIFORNIA MEDICAL GROUP NAME PHILIP FASANO FAMILY MEMBER AFFILIATION CHILD, SUMMER INTERN, FINANCE
NAMES OF FOREIGN COUNTRY	PART V, LINE 4B	BERMUDA, BRAZIL, CZECH, DENMARK, GREECE, INDIA, INDONESIA, ISRAEL, KOREA, MALAYSIA, PAKISTAN, PHILLIPINES, POLAND, TAIWAN, THAILAND AND TURKEY
PAGE 1, PART I, LINE 19		REVENUE LESS EXPENSE DISCLOSURE CURRENT YEAR REVENUE LESS EXPENSES \$287,904,899 OTTI (NOTE 1) <116,105,583> GAIN/LOSS ON INVESTMENTS - BOOK 242,684,311 GAIN/LOSS ON INVESTMENTS - TAX 131,364,278 DIVIDEND RECEIVED <37,000,000> _____ UNAUDITED STANDALONE GAAP REVENUE LESS EXPENSES \$508,847,905 NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT (OTTI) OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	PART III, LINE 4A-D	2009 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN, INC Kaiser Foundation Health Plan, Inc (KFHP), with its five principal operating tax-exempt subsidiary health plans - Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan of Georgia, Inc , Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc , Kaiser Foundation Health Plan of the Northwest, and Kaiser Foundation Health Plan of Ohio as well as Kaiser Foundation Hospitals (KFH), are nonprofit corporations that are part of the integrated health care delivery system known as the Kaiser Permanente Medical Care Program or "Kaiser Permanente", which provides a program of Healthcare and medical services as a prepaid direct care group practice health Maintenance organization 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 Persons enroll in Kaiser Permanente through KFHP or one of the Health Plan subsidiaries ("Health Plan") Health Plan provides and arranges comprehensive health care services for members on a predominantly prepaid basis and fulfills its contractual obligations to group and individual members by contracting with KFH and a Permanente Medical Group to provide the required health care services Members receive services from various Permanente Medical Groups in the respective Kaiser Permanente regions The Permanente Medical Groups accept responsibility for professional care of Health Plan members and are responsible for their own physician recruitment, selection and staffing, they are legally separate entities independent from Health Plan, KFH and each other The Permanente Medical Groups generally treat members in facilities owned, leased or contracted by KFHP or KFH KFHP and KFH are separate corporations governed by identical boards of directors KFH accepts responsibility to provide or arrange necessary hospital services and facilities for Health Plan members KFH owns and operates 38 licensed hospitals, including five licensed hospitals with multiple campuses in California, Hawaii and Oregon, which provide emergency and inpatient services to all persons in the community Staff privileges are available on a nondiscriminatory basis to physicians in the communities served KFH also contracts with other community hospitals to provide hospital services to members for specialized care and other services In California, KFH medical centers are located in the cities of Anaheim, Antioch, Baldwin Park, Bellflower, Fontana, Fremont, Fresno, Harbor City, Hayward, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Rafael, San Jose, San Leandro, Santa Clara, Santa Rosa, Santa Teresa, South Sacramento, South San Francisco, Vallejo, Vacaville, Walnut Creek, West Los Angeles, and Woodland Hills In Hawaii, the Moanalua Medical Center is located in the City of Honolulu on the island of Oahu Services provided by KFH and membership in Health Plan are 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 Through the Kaiser Permanente mission, the organization contributes to the health of communities in two related ways First, Kaiser Permanente strives for excellence in serving its 8.6 million members through market-leading performance in quality, service and affordability By doing so, Kaiser Permanente provides a discipline in the marketplace by demonstrating meaningful value and affordability, and generating resources to reinvest in the community's health Second, Kaiser Permanente directly invests in improvements to community health by working to increase access for the underserved, disseminating care improvements, altering the social determinants of health, educating health care workers and consumers, and informing public policy This latter approach, which Kaiser Permanente calls 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 Educational Theatre Programs, Safety Net Partnerships, Community Health Initiatives, and Charitable Health Coverage Programs In 2001, the Board reaffirmed DCBI as a national program and set the following four goals - Address critical questions in American health care that the Program's history, culture and competencies position it uniquely to examine - Build the reputation of Kaiser Permanente for its leadership in helping to solve major health challenges - Create a program that engages the creativity and spirit of the people of Kaiser Permanente at all levels - Meet the requirements placed on KFH, KFHP, and its subsidiary health plans as tax-exempt organizations that return value to the communities served beyond the provision of health care to members

Identifier	Return Reference	Explanation
		<p>The Board directed that this new DCBI program be guided by a national strategy, with continued local flexibility and implementation. The program is supported by national and regional funding pools, and built on the organization's integrated health care system. In 2007, the KFHP/H Board of Directors refined the focus of the organization's Community Benefit Program and established the following four priority areas, which have come to be known as "streams of work" - Care and Coverage for Low-Income People - Creates and supports programs that lower the financial barriers for the under- and uninsured - Community Health Initiatives - Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods - Safety Net Partnerships - Builds partnerships with community clinics, local health departments, and public hospitals. Provides funding, technical assistance, dissemination of care management and quality improvements technology to help improve care and expand treatment capacity for vulnerable populations - Developing and Disseminating Knowledge - Improves health care by sharing our knowledge, educating practitioners, advancing research, empowering consumers, and informing policymakers about the evidence base for care and health. The Board elaborated that at least 75% of total community benefit funding will be directed to program priorities within the four streams of work and the remaining 25% of funding will be directed by local regions to respond to local community benefit needs and opportunities that may or may not be within the four priority areas. The KFHP/H Board has a standing Community Benefit Committee of the Board of Directors to oversee the program-wide Community Benefit program. Kaiser Permanente also has a national executive of KFHP and KFH to lead Kaiser Permanente's Community Benefit Program as a full-time assignment. Raymond J. Baxter, PhD is the Senior Vice President for Community Benefit, Research and Health Care Policy, reporting to the CEO and Chairman of the Board.</p> <p>COMMUNITY BENEFIT PROVIDED BY KAISER FOUNDATION HEALTH PLAN, INC</p> <p>KFHP provides comprehensive health care services on a primarily prepaid basis through an integrated health care delivery system, available to the community as a whole. Because the Health Plan is a nonprofit organization, revenues that exceed the cost of operations and provision of care are reinvested in the program to improve facilities and services, increase benefits, fulfill our charitable mission, and provide affordable rates rather than to pay dividends to stockholders. KFHP provides care that emphasizes prevention, minimizes medical indigence, and contributes to improving the quality of life in the communities we serve. To serve the community by providing affordable, comprehensive health care and to support its social mission, KFHP is organized and operated as a fully integrated delivery system - Integrated Services and Facilities - KFHP has organized and integrated the professional and physical resources required to provide comprehensive health care. In hospital-based Kaiser Permanente regions, this care primarily occurs at major medical centers, as well as at nearby outpatient medical offices owned by KFH and at medical office buildings owned or leased by KFHP. Members typically have all the services and professional care they require in one place, which facilitates a coordinated approach to care - Group Practice - The contracting Permanente Medical Groups are large multi-specialty group practices that take responsibility for providing comprehensive care to a defined population in facilities owned or leased by KFH or KFHP. The income that Permanente Medical Groups and their physicians receive is in consideration of their professional, medical, and related services. The amounts paid to the Permanente Medical Groups are negotiated annually. Through such fixed payment arrangements (as distinguished from fee-for-service payment), KFHP removes incentives to perform unneeded services and encourages use of the most appropriate medical care. Group practice enhances quality and appropriateness of care for members and for the community by facilitating the development and sharing of "best clinical practices" - Prepayment - Generally, KFHP pays the Permanente Medical Groups a per-member payment on a budgeted prepaid basis that does not vary with the amount of service provided. Permanente Medical Group physicians are generally not compensated on a fee-for-service basis - Benefit Plans - KFHP offers a variety of coverage options that provide for unlimited hospital days, physician visits, preventive services, immunizations, well-baby care, and prenatal care. In order to maximize affordability and encourage people at different income levels to purchase coverage, KFHP offers a variety of cost-sharing options. Comprehensive, prepaid coverage with differing levels of premium and cost-sharing minimizes financial barriers to care, promoting early consultation, detection and treatment of disease. KFHP actively encourages members to maintain their health through regular preventive self-care - No Pre-Existing Condition Exclusions - Pre-existing condition exclusions allow carriers to exclude from coverage care for a condition that existed before enrollment with the carrier. KFHP imposes no pre-existing condition exclusions for group members and thereby provides substantial protection for new members who are ill at the time of enrollment. KFHP offered health benefits coverage in all its markets without any pre-existing condition exclusions for many years prior to recently enacted federal and state statutes prohibiting pre-existing condition exclusions in certain markets. By ensuring that all our enrollees are covered for all their medical needs, we reduce the amount of uncompensated care, promote the health of our members, and prevent medical indigence - Participation in Medicare - KFHP has participated in Medicare since it was first implemented in 1965. In 2009, KFHP and its subsidiaries enrolled approximately 944,000 Medicare beneficiaries, providing Medicare Part A and Part B services, plus additional drug, optical, and inpatient coverage - Participation in Medicaid - KFHP began enrolling Medicaid beneficiaries in the mid-1960s. Currently, KFHP and certain subsidiaries provide care to more than 188,000 Medicaid managed care members and in addition serve a large number of Medicare and Medicaid patients on a fee-for-service basis. KFHP also participates in the State Children's Health Insurance Program (CHIP), serving an additional 171,903 children in 2009.</p> <p>THE COMMUNITY BENEFIT PROGRAMS IN CALIFORNIA AND HAWAII</p> <p>In 2009, Kaiser Permanente spent approximately \$1.7 billion or approximately 4% of revenue to support the Community Benefit Program. In California and Hawaii, KFHP spent approximately \$615 million. A breakdown of the 2009 Community Benefit dollars attributable to KFHP in California and Hawaii are described in Attachment A. The following identifies many of the signature community benefit programs and services, grouped according to the national streams of work, funded by KFHP in California and Hawaii.</p> <p>CARE AND COVERAGE FOR LOW-INCOME PEOPLE</p> <p>There are roughly 46 million Americans without access to health care or coverage. Uninsured, low-income individuals and families who are not eligible for public programs often have to rely on traditional charity care. Frequently, individuals in this situation may wait to seek medical care until their conditions become critical, and end up in hospital emergency rooms for treatment of conditions that are preventable or easily treated in earlier stages. In 2009, KFHP expended approximately \$567 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. Following are highlights of the programs and services provided to vulnerable populations in California and Hawaii. A more complete description of the DCBI attributable to KFHP regionally is described below.</p>

Identifier	Return Reference	Explanation
		<p>Charitable Care (Medical Financial Assistance and Charitable Health Coverage) KFHP provides charity care to low - income vulnerable populations through the Medical Financial Assistance and Charitable Health Coverage programs In 2009, KFHP ensured access to care for approximately 66,055 charity care applicants and more than 91,193 charitable coverage members KFHP contributed \$151 million to help these patients pay for care provided in Kaiser Permanente facilities in California and Hawaii Medical Financial Assistance (MFA) Each hospital-based region offers financial assistance to help families and individuals who are unable to meet all or part of the cost of medical care on an immediate and nonrecurring basis Kaiser Permanente expanded its charity care program to include discounted charges for uninsured patients below 400% of the federal poverty guidelines and aligned contracted collection agency practices with Kaiser Permanente social values The amount reported under this category is only part of the funds spent by KFHP for the poor and uninsured The organization's commitment to charitable care is also reflected in a variety of other programs and initiatives such as the Charitable Coverage Program, and grants and donations to community clinics and other safety net providers The MFA program in California strives to assist families and individuals who are unable to meet all or part of the cost of medical care on an immediate and nonrecurring basis The program is designed to assist as many patients as reasonably possible and is generally available to people in greatest financial need, including those experiencing unusual or unfortunate circumstances In California, the MFA program's eligibility criteria allow s patients, below 350% of the federal poverty guidelines (FPG), to receive full write off, uninsured patients who do not qualify for MFA but make less than the 400% FPG will receive up to a 70% discount on charges and any patient experiencing financial hardship due to unreasonable medical expenses relative to their income may qualify for the program under "special circumstances" In 2009, the program served 65,424 applicants In Hawaii, the MFA program helps people with very limited or no financial resources to obtain medically necessary care The program is open to members and nonmembers who can not pay for all or part of the cost of health care services and supplies Individuals applying for the program have to exhaust any private or public sources of support and must meet the financial eligibility criteria In 2009, the MFA program in Hawaii served 631 patients</p> <p>Charitable Health Coverage Program Charitable Health Coverage (CHC) is a unique approach to caring for low -income uninsured people in the community Participants receive a regular Kaiser Permanente membership card and access to the full range of our services and providers-a much better alternative to brief and costly emergency room visits or hospitalization This allows us to invest in the longer term health of patients and the community Since the early 1980s, CHC programs have made a real difference in the lives of low -income people who were not eligible for other public or privately sponsored coverage In 2009, approximately 91,193 low -income adults and children received health care coverage through Kaiser Permanente's Charitable Health Coverage Programs in California and Hawaii KFHP expended \$152 million to provide subsidized care for these underserved populations in 2009 The Steps Plan and Kaiser Permanente Child Health Plan are the specific products that form the Charitable Health Coverage Program in California Kaiser Permanente Steps Plan - The Steps Plan provided 26,792 members the opportunity to continue their health care coverage at reduced cost when experiencing financial difficulty due to job loss, involuntary reduction in work hours, legal separation, divorce, or death of a spouse Typically, participants are not eligible for any public or private group health insurance plan, and have family income between 100% and 300% of the federal income guidelines The plan is available to parents of children enrolled in AIM, Healthy Families, or Kaiser Permanente Child Health Plan as well as to individuals participating in vocational training programs offered through government, private industry councils, and social agencies The Steps Plan premium is subsidized at four levels or steps 20%, 40%, 60%, and 80% Participants are placed in an initial premium step based on their current family income They remain at the initial step for one year and are then moved to the next higher step Kaiser Permanente Child Health Plan (KPCHP) - The Child Health Plan provides medical and dental coverage to eligible children (birth through 18) in families with income up to 300% of the federal poverty guidelines who do not have access to employer-subsidized coverage and do not qualify for public programs because of family income or immigration status Child Health Plan provides comprehensive benefits including preventive care, inpatient and outpatient services, prescription drugs, and vision and dental care Premiums are \$8 or \$15 per child per month, depending on family income, for a maximum of three children (additional children are covered free of charge) In 2009, approximately 86,392 children received care and coverage through this program</p> <p>Participation in Medicaid and Other Government-Sponsored Programs KFH and KFHP have a long history of participating in publicly financed health programs In 2009, \$646 million was expended (in excess of reimbursement) and more than 345,000 people were served in government-sponsored programs for low - income people in California and Hawaii Approximately \$333 million is attributed to services provided by KFHP Kaiser Permanente Medi-Cal Managed Care, Medi-Cal Fee-for-Service, and Healthy Families are specific government-sponsored health care coverage programs in California Medi-Cal - KFHP enrolled 157,495 Medi-Cal (Medicaid) managed care members in California KFHP subcontracts with local initiatives in Alameda, Contra Costa, Los Angeles, Riverside, San Bernardino, San Francisco, and Santa Clara counties, with county-organized health systems in Napa, Solano, and Orange counties KFHP also contracts directly with the state of California through the Geographic Managed Care Plan for Sacramento and San Diego counties, and through the Prepaid Health Plan for Marin and Sonoma counties Medi-Cal Fee-for-Service - KFHP and KFH in California provided \$167 million in subsidized care to more than 69,000 Medi-Cal Fee-for-Service patients Of this amount, approximately \$16 million is attributed to services provided by KFH Healthy Families - KFHP enrolled more than 157,000 children in this federal-and-state-funded insurance program that provides low - and moderate-income families with health insurance for their children under 19 years of age The program provides comprehensive health benefits, including dental and vision care To qualify, families must have a total income between 100% and 250% of the federal income guidelines and the children must be ineligible for Medi-Cal coverage In Hawaii, KFH and KFHP served both Medicaid members and Medicaid Fee-for-Service beneficiaries and participated in the State Children's Health Insurance Program Quest and Medicaid Fee-for-Service - QUEST is a Medicaid managed care program run by Hawaii's Department of Human Services The state administers the QUEST program and pays Health Plan to provide coverage of medical and mental health services KFHP and KFH participate in the QUEST programs on the islands of Oahu and Maui KFHP and KFH provided care to 20,444 individuals enrolled in Quest and expended approximately \$18 million on subsidized medical care services The Hawaii Region also contributed an additional \$44 million on subsidized care for Medicaid Fee-for-Service patients CHIP - This government program provides children with family income up to twice the federal poverty guideline for Hawaii, health care coverage under Title XXI of the Social Security Act CHIP is one of several aid categories under the QUEST program More than 3,500 children enrolled in this program were cared for by KFHP and KFH in Hawaii</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 Our community Health Initiatives (CHI) started with a focus on nutrition and physical activity Our work has since expanded to address community economic development, environmental sustainability, and neighborhood safety - additional factors that are key to promoting health communities In 2009, KFHP expended approximately \$24 million to support CHI work</p>

Identifier	Return Reference	Explanation																																								
		<p>Health Eating Active Living (HEAL) Programs The HEAL program combats obesity by promoting place-based healthy eating and active living programs and interventions in the community. The program supports community health initiatives and coalitions that bring community-level medical, environmental, and social changes such as empowering community residents to eat healthy foods, changing physical and social environments to promote physical activity, and supporting policy changes to reduce racial and ethnic health disparities, particularly those related to poor nutrition and inactivity. In 2009, the initiative was singled out at the Centers for Disease Control and Prevention 2009 Weight of the Nation conference, where it was honored with the Pioneering Innovation Award for outstanding obesity prevention and control.</p> <p>- Healthy Eating in Hard Times - In 2009, hunger in America reached its highest level in 14 years as the recession drove record numbers of families to apply for food stamps and request help from food banks and soup kitchens. Kaiser Permanente responded by quadrupling the grants we give to food banks, food pantries, and soup kitchens, and to organizations working to increase enrollment in food stamps and federal nutrition programs. Working with our partners in the Healthy Eating Active Living Convergence Partnerships, Kaiser Permanente also supported the development of other National Healthy Food Financing Initiatives. Research, policy development, and advocacy efforts supported by the Convergence Partnership led to the introduction of national healthy food financing legislation that enjoys bipartisan support and more than \$400 million in proposed funding in the 2011 federal budget proposal.</p> <p>Grants and Donations for Community Health Initiatives KFHP made a substantial contribution to the Denver Foundation Donor Advised Fund to sustain a number of multiyear strategies in the Colorado region. Types of activities include a social marketing campaign, funding for major public health initiatives and responsive grant making to support innovative solutions to address public health and access issues.</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 safety net providers improve care and expand treatment capacity for the communities and vulnerable people they serve. In 2009, KFHP expended \$13 million.</p> <p>Grants and Donations for Safety Net Partnerships KFHP made a substantial contribution to the Denver Foundation Donor Advised Fund to support a number of multiyear strategies in the Colorado region. Types of activities include primary funding for a safety net strategic plan, expansion of safety net services in Pueblo, CO and funding for rural health initiatives.</p> <p>DEVELOPING AND DISSEMINATING KNOWLEDGE Kaiser Permanente improves health care by sharing its knowledge, educating practitioners, advancing research, empowering consumers, and informing policymakers about the evidence base for medical care and health. KFHP spent approximately \$6 million to support programs and services for the development and dissemination of knowledge and provided grants and donations to a number of nonprofit organizations. Since 1946, Kaiser Permanente researchers have made thousands of medical discoveries, including studies in 2009 showing that electronic health records played key roles in clinical innovations that dramatically reduced cardiac death rates and increased breast cancer screening rates. Other important studies examined the links between alcohol consumption and breast cancer reoccurrence and how refusal to permit immunization of children raises the risk of pertussis infection.</p> <p>Educational Theatre Programs (ETP) For 20 years, Educational Theatre Programs has used live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. These educational programs were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. All performances are delivered by professional actors who are also trained as peer health educators, and performed free of charge for the community. ETP also provides schools and organizations with supplementary educational materials, such as workbooks, parent and teacher guides, and student wallet cards to reinforce the messages presented on stage. KFHP in California spent \$9.6 million to provide more than 609,537 children and adults the opportunity to view one of ETP's 2,972 performances during 2009.</p> <p>Public Policy Through the Kaiser Permanente Institute for Health Policy, we help shape national health care policies and practices. We draw on expert knowledge from a variety of backgrounds - physicians and other health care providers, clinical and health services researchers, public health professionals, economist, policy analysts, and communications experts. The public policy strategy includes building public/private partnerships to advance population health, supporting legislation that advances expanded access, health promotion and disease prevention, and convening policy makers and researchers to develop knowledge-based public policy. The mission of KFHP's Institute for Health Policy (IHP) is to advance the understanding of key health policy issues and to support, in collaboration with others, health policy that will improve health and the manner in which health care and financing systems serve the members of our communities. In 2009, IHP sponsored conferences, policy roundtables, and briefing papers on a range of subjects that leverage Kaiser Permanente's expertise, experience, and interests, including:</p> <ul style="list-style-type: none">- Hospital/Physician Collaboration - Reforming the health care delivery systems with teams- Medicare's role in delivery system reform- Measuring integrated patient care- Comparative effectiveness research- Health Insurance exchanges- Food systems and public health- Insights about payment mechanisms from other countries <p>OTHER COMMUNITY BENEFITS In 2009, KFHP expended approximately \$5 million to support community benefit activities and programs beyond the national streams of work.</p> <p>National Community Benefit Operations KFHP has a dedicated Community Benefit Department with 20 full-time employees to coordinate CB initiatives across the program and to support both national and regional community benefit programs and services.</p> <p>ATTACHMENT A DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM 2009 KFHP COMMUNITY BENEFIT FINANCIALS The following chart summarizes 2009 Community Benefit investments by KFHP for California and Hawaii. The community investments reflected in the chart are unaudited.</p> <p>HEALTH PLAN TOTAL CARE AND COVERAGE</p> <table><tr><td>Charitable Care and Coverage Programs</td><td>\$151,504,962</td></tr><tr><td>Government-Sponsored Programs</td><td>409,435,833</td></tr><tr><td>Grants & Donations for Care and Coverage</td><td>1,333,322</td></tr><tr><td>CB Operations for Care and Coverage</td><td>4,938,535</td></tr><tr><td>Subtotal</td><td>\$567,212,652</td></tr></table> <p>COMMUNITY HEALTH INITIATIVES</p> <table><tr><td>Community Health Initiatives Programs and Services</td><td>\$13,483</td></tr><tr><td>Grants & Donations for Community Health Initiatives</td><td>24,180,312</td></tr><tr><td>Subtotal</td><td>\$24,193,795</td></tr></table> <p>SAFETY NET PARTNERSHIPS</p> <table><tr><td>Grants & Donations for Safety Net Partnerships</td><td>13,125,000</td></tr><tr><td>CB Operations for Safety Net</td><td>250</td></tr><tr><td>Subtotal</td><td>\$13,125,250</td></tr></table> <p>KNOWLEDGE DISSEMINATION</p> <table><tr><td>Medical Research</td><td>\$2,488,681</td></tr><tr><td>Health Care Public Policy</td><td>1,883,027</td></tr><tr><td>Educational Theatre Programs</td><td>876,795</td></tr><tr><td>Health Care Training and Education Programs</td><td>391,945</td></tr><tr><td>Grants & Donations for Knowledge Dissemination</td><td>110,000</td></tr><tr><td>Subtotal</td><td>\$5,750,448</td></tr></table> <p>OTHER COMMUNITY BENEFITS</p> <table><tr><td>Other CB Grants & Donations</td><td>84,500</td></tr><tr><td>CB Operations</td><td>4,711,115</td></tr><tr><td>Subtotal</td><td>\$4,795,615</td></tr></table> <p>TOTAL \$615,077,760</p>	Charitable Care and Coverage Programs	\$151,504,962	Government-Sponsored Programs	409,435,833	Grants & Donations for Care and Coverage	1,333,322	CB Operations for Care and Coverage	4,938,535	Subtotal	\$567,212,652	Community Health Initiatives Programs and Services	\$13,483	Grants & Donations for Community Health Initiatives	24,180,312	Subtotal	\$24,193,795	Grants & Donations for Safety Net Partnerships	13,125,000	CB Operations for Safety Net	250	Subtotal	\$13,125,250	Medical Research	\$2,488,681	Health Care Public Policy	1,883,027	Educational Theatre Programs	876,795	Health Care Training and Education Programs	391,945	Grants & Donations for Knowledge Dissemination	110,000	Subtotal	\$5,750,448	Other CB Grants & Donations	84,500	CB Operations	4,711,115	Subtotal	\$4,795,615
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SCHEDULE R (Form 990)	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
		2009
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization KAISER FOUNDATION HEALTH PLAN INC	Employer identification number 94-1340523
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Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KP CAL LLC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 20-2712661	HEALTH CARE	CA	76,858,519	1,299,481	NA
ORDWAY INTERNATIONAL LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612	HOLDING CO	BD	0	123,620	NA
ORDWAY INDEMNITY LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 90-0031974	INSURANCE	BD	6,730,019	15,360,221	ORDWAY INT'L

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
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See Additional Data Table

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
HCMS LLC											
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3924985	CASE MANAGEMENT	CA	NA								

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ARCHIMEDES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3774729	CONSULTING	CA	NA	C CORP	0	0	0 %
KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0	0 %
KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3203402	INSURANCE	CA	NA	C CORP	217,559,935	118,592,818	100 000 %
KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3259432	REAL ESTATE	CA	NA	C CORP	1,904,330	1,656,945	100 000 %
OAK TREE ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 03-0329760	INSURANCE	VT	NA	C CORP	11,871,332	42,886,330	100 000 %

Part V

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

1b Yes

1c Yes

1d Yes

1e

1f Yes

1g Yes

1h Yes

1i Yes

1j Yes

1k Yes

1l Yes

1m Yes

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
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

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

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

Software ID:

Software Version:

EIN: 94-1340523

Name: KAISER FOUNDATION HEALTH PLAN INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
KAISER FDN HEALTH PLAN OF COLORADO ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 84-0591617	HEALTH CARE	CO	501(c)(3)	9	NA
KAISER FDN HEALTH PLAN OF GEORGIA INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 58-1592076	HEALTH CARE	GA	501(c)(3)	9	NA
KFHP OF THE MID-ATLANTIC STATES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 52-0954463	HEALTH CARE	MD	501(c)(3)	9	NA
KAISER FDN HEALTH PLAN OF THE NORTHWEST ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0798039	HEALTH CARE	OR	501(c)(3)	9	NA
KAISER FDN HEALTH PLAN OF OHIO ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 34-0922268	HEALTH CARE	OH	501(c)(3)	9	NA
KAISER FOUNDATION HOSPITALS ONA KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-1105628	HEALTH CARE	CA	501(c)(3)	3	NA
CAMP BOWIE SERVICE CENTER ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299123	ADMIN	CA	501(c)(3)	11	NA
KAISER HOSPITAL ASSET MANAGEMENT INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299125	ASSET MGT	CA	501(c)(3)	11	NA
KAISER HEALTH PLAN ASSET MANAGEMENT INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299124	ASSET MGT	CA	501(c)(3)	11	NA
LOKAHI ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 91-2171891	RISK MGMT	HI	501(c)(3)	11	NA
KAISER HEALTH ALTERNATIVES ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0954562	HEALTH CARE	OR	501(c)(3)	9	NA
OHP ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0480268	LEASING	WA	501(c)(3)	11	NA
1800 HARRISON FOUNDATION ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3317484	FINANCING	CA	501(c)(3)	11	NA

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	KAISER FOUNDATION HOSPITALS	A	18,766,319
(2)	KAISER FOUNDATION HOSPITALS	C	569,000
(3)	KAISER FOUNDATION HOSPITALS	D	9,954,466
(4)	KAISER FOUNDATION HOSPITALS	F	1,481,285
(5)	KAISER FOUNDATION HOSPITALS	I	2,545,669
(6)	KAISER FOUNDATION HOSPITALS	K	4,144,423,939
(7)	KAISER FOUNDATION HOSPITALS	L	13,702,977,845
(8)	KAISER FOUNDATION HOSPITALS	M	29,332,011,137
(9)	KAISER FOUNDATION HOSPITALS	N	45,647,307
(10)	KAISER FOUNDATION HOSPITALS	O	3,224,797,165
(11)	KAISER FOUNDATION HOSPITALS	P	11,942,909,377
(12)	KAISER FOUNDATION HOSPITALS	Q	17,705,859,483
(13)	KAISER FOUNDATION HOSPITALS	R	12,307,165,694
(14)	KAISER FDN HEALTH PLAN OF COLORADO	K	46,464,695
(15)	KAISER FDN HEALTH PLAN OF COLORADO	L	11,459,955
(16)	KAISER FDN HEALTH PLAN OF COLORADO	M	7,658
(17)	KAISER FDN HEALTH PLAN OF COLORADO	N	989,597
(18)	KAISER FDN HEALTH PLAN OF COLORADO	O	10,462,904
(19)	KAISER FDN HEALTH PLAN OF COLORADO	P	48,737,439
(20)	KAISER FDN HEALTH PLAN OF COLORADO	Q	28,799,635
(21)	KAISER FDN HEALTH PLAN OF COLORADO	R	37,000,000
(22)	KAISER FDN HEALTH PLAN OF GEORGIA INC	A	330,515
(23)	KAISER FDN HEALTH PLAN OF GEORGIA INC	G	284,738
(24)	KAISER FDN HEALTH PLAN OF GEORGIA INC	H	799,599
(25)	KAISER FDN HEALTH PLAN OF GEORGIA INC	K	27,515,845
(26)	KAISER FDN HEALTH PLAN OF GEORGIA INC	L	2,505,199
(27)	KAISER FDN HEALTH PLAN OF GEORGIA INC	M	363
(28)	KAISER FDN HEALTH PLAN OF GEORGIA INC	N	195,497
(29)	KAISER FDN HEALTH PLAN OF GEORGIA INC	O	6,564,205
(30)	KAISER FDN HEALTH PLAN OF GEORGIA INC	P	6,253,191
(31)	KAISER FDN HEALTH PLAN OF GEORGIA INC	Q	9,470,692
(32)	KFHP OF THE MID-ATLANTIC STATES INC	K	46,073,396
(33)	KFHP OF THE MID-ATLANTIC STATES INC	L	3,936,116
(34)	KFHP OF THE MID-ATLANTIC STATES INC	M	2,395
(35)	KFHP OF THE MID-ATLANTIC STATES INC	N	567,382
(36)	KFHP OF THE MID-ATLANTIC STATES INC	O	10,484,782
(37)	KFHP OF THE MID-ATLANTIC STATES INC	P	17,010,425
(38)	KFHP OF THE MID-ATLANTIC STATES INC	Q	26,589,765
(39)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	K	45,513,167
(40)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	L	9,070,185
(41)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	M	195,075
(42)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	N	905,056
(43)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	O	38,694,993
(44)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	P	30,330,231
(45)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	Q	51,348,099
(46)	KAISER FOUNDATION HEALTH PLAN OF OHIO	B	4,883,536
(47)	KAISER FOUNDATION HEALTH PLAN OF OHIO	K	16,413,935
(48)	KAISER FOUNDATION HEALTH PLAN OF OHIO	L	1,056,207
(49)	KAISER FOUNDATION HEALTH PLAN OF OHIO	M	11,619
(50)	KAISER FOUNDATION HEALTH PLAN OF OHIO	N	76,026
(51)	KAISER FOUNDATION HEALTH PLAN OF OHIO	O	6,519,923
(52)	KAISER FOUNDATION HEALTH PLAN OF OHIO	P	8,168,535
(53)	KAISER FOUNDATION HEALTH PLAN OF OHIO	Q	8,398,281
(54)	1800 HARRISON FOUNDATION	A	3,323,252
(55)	1800 HARRISON FOUNDATION	C	3,659,161
(56)	1800 HARRISON FOUNDATION	O	250,947
(57)	1800 HARRISON FOUNDATION	P	271,349
(58)	1800 HARRISON FOUNDATION	Q	11,527
(59)	CAMP BOWIE SERVICE CENTER	K	19,630
(60)	CAMP BOWIE SERVICE CENTER	L	2,956,545
(61)	CAMP BOWIE SERVICE CENTER	O	6,237,897
(62)	CAMP BOWIE SERVICE CENTER	P	26,902,181
(63)	CAMP BOWIE SERVICE CENTER	Q	4,280,400
(64)	KAISER HEALTH PLAN ASSET MANAGEMENT INC	G	1,226,508
(65)	KAISER HEALTH PLAN ASSET MANAGEMENT INC	J	17,656,089
(66)	KAISER HEALTH PLAN ASSET MANAGEMENT INC	O	657,466
(67)	KAISER HEALTH PLAN ASSET MANAGEMENT INC	P	223,416
(68)	KAISER HEALTH PLAN ASSET MANAGEMENT INC	R	72,844
(69)	OAK TREE ASSURANCE LTD	K	225,000
(70)	OAK TREE ASSURANCE LTD	L	2,963,806
(71)	OAK TREE ASSURANCE LTD	O	61,284
(72)	OAK TREE ASSURANCE LTD	P	735,508
(73)	HEALTH CARE MANAGEMENT SOLUTIONS LLC	O	16,800
(74)	HEALTH CARE MANAGEMENT SOLUTIONS LLC	P	16,800
(75)	KAISER HOSPITAL ASSET MANAGEMENT INC	G	781,038
(76)	KAISER HOSPITAL ASSET MANAGEMENT INC	J	23,881,010
(77)	KAISER HOSPITAL ASSET MANAGEMENT INC	M	345,090
(78)	KAISER HOSPITAL ASSET MANAGEMENT INC	O	158,722
(79)	KAISER PROPERTY SERVICES INC	O	822,070
(80)	KAISER PROPERTY SERVICES INC	P	970,039
(81)	KAISER PROPERTY SERVICES INC	Q	712,266
(82)	KAISER PROPERTY SERVICES INC	R	865,889
(83)	KAISER PERMANENTE INTERNATIONAL INC	O	15,610
(84)	KAISER PERMANENTE INTERNATIONAL INC	P	1,220
(85)	KAISER PERMANENTE INTERNATIONAL INC	Q	14,390
(86)	KAISER PERMANENTE INSURANCE COMPANY	D	1,421,637
(87)	KAISER PERMANENTE INSURANCE COMPANY	G	2,692,155
(88)	KAISER PERMANENTE INSURANCE COMPANY	H	2,536,863
(89)	KAISER PERMANENTE INSURANCE COMPANY	K	221,318
(90)	KAISER PERMANENTE INSURANCE COMPANY	L	6,319,087
(91)	KAISER PERMANENTE INSURANCE COMPANY	O	42,194,008
(92)	KAISER PERMANENTE INSURANCE COMPANY	P	14,604,652
(93)	KAISER PERMANENTE INSURANCE COMPANY	Q	871,302
(94)	LOKAHI ASSURANCE LTD	K	10,098,646
(95)	LOKAHI ASSURANCE LTD	L	28,020,000
(96)	LOKAHI ASSURANCE LTD	O	28,111
(97)	LOKAHI ASSURANCE LTD	P	51,317,826
(98)	LOKAHI ASSURANCE LTD	R	15,759,251
(99)	KP ONCALL LLC	O	12,646
(100)	KP ONCALL LLC	P	1,993,099
(101)	KP ONCALL LLC	Q	1,311,780
(102)	KP ONCALL LLC	R	2,218

Additional Data

Software ID:
Software Version:
EIN: 94-1340523
Name: KAISER FOUNDATION HEALTH PLAN INC

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

4d. Other program services			
(Code) (Expenses \$	including grants of \$) (Revenue \$
Sch O , Community Benefit Report			

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE K CASSEL DIRECTOR	7 0	X						162,050	0	0
THOMAS W CHAPMAN DIRECTOR	8 0	X						120,297	12,600	70,000
Daniel P Garcia SVP, Chief Compliance Officer	40 0	X		X				1,013,385	0	217,414
WILLIAM R GRABER DIRECTOR	7 0	X						204,679	0	0
J EUGENE GRIGSBY III DIRECTOR	6 0	X						180,500	17,353	0
George C Halvorson Chairman and CEO	40 0	X		X				6,592,049	0	75,622
JUDITH JOHANSEN DIRECTOR	6 0	X						186,886	0	0
KIM J KAISER DIRECTOR	7 0	X						118,000	0	0
PHILIP MARINEAU DIRECTOR	6 0	X						193,179	0	0
JENNY J MING DIRECTOR	6 0	X						173,679	0	0
EDWARD PEI DIRECTOR	6 0	X						166,000	0	0
J NEAL PURCELL DIRECTOR	8 0	X						202,400	25,957	0
CYNTHIA TELLES DIRECTOR	6 0	X						179,441	11,600	0
SANDRA THOMPkins DIRECTOR	6 0	X						174,604	0	0
Gregory A Adams Regional President, NCAL	40 0			X				930,211	0	211,162
Raymond J Baxter SVP, Community Benefit	40 0			X				1,520,472	0	273,783
Benjamin K Chu Regional President, SCAL	40 0			X				1,206,181	0	239,169
Steven Doshay Senior Counsel	40 0			X				233,261	0	48,160
Philip Fasano SVP & CIO	40 0			X				1,120,015	0	234,160
Jerry C Fleming SVP, Health Plan Manager	40 0			X				936,569	0	170,154
Diane E Gage Lofgren SVP, Brand Mgmt & Comm	40 0			X				684,933	0	124,774
Jennifer Gardner Assistant Secretary	40 0			X				102,413	0	29,581
Sandra A Golze VP, Regional Counsel - NCAL	40 0			X				338,556	0	79,210
Mitchell J Goodstein SVP, Actuarial, U/W & Pricing	40 0			X				796,275	0	145,166
Kathy Lancaster EVP - Chief Financial Officer	40 0			X				1,250,710	0	232,251

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			
Keith A Lee VP, Legal Services - HI	40 0			X				340,802	0	11,921
Janet A Liang Regional President, Hawaii	40 0			X				569,194	0	134,182
Louise Liang SVP, Quality and Clinical Sys	40 0			X				1,789,775	0	7,679
Christine L Malcolm SVP, Hosp Str & Natl Facility	40 0			X				2,043,046	0	56,601
Judith M Mears VP & Asst Gen Counsel	40 0			X				414,835	0	102,420
Thomas R Meier SVP & Treasurer	40 0			X				567,836	0	88,700
Indrajit Obeysekere Assistant Secretary	40 0			X				277,285	0	45,834
Paul B Records SVP, Human Resources	40 0			X				858,176	0	175,912
Frank P Richardson VP, Regional Counsel Hawaii	40 0			X				236,068	0	42,413
Arthur M Southam EVP - Health Plan Operations	40 0			X				1,687,491	0	287,687
Deborah Stokes VP, Controller and CAO	40 0			X				561,622	0	117,856
Mary Ann Thode SVP - Office of LMP	40 0			X				836,831	0	22,694
Bernard J Tyson EVP - HP & Hospital Operations	40 0			X				1,729,972	0	276,285
Herman M Weil SVP, Federal & State Programs	40 0			X				734,849	0	198,159
Jed Weissberg SVP, Quality & Care Delivery	40 0			X				306,451	0	120,270
Carlos Zaragoza VP, Practice Leader	40 0			X				375,311	0	128,340
Steven R Zarkin SVP, General Counsel & Secr	40 0			X				1,670,716	0	102,743
Victoria B Zarkin Dir BOD Svcs & Asst Secy	40 0			X				266,449	0	47,289
Carol Antle Interim SVP, NFS	40 0				X			399,685	0	117,504
Anne V Cadwell SVP, CFO Planning & Consulting	40 0				X			677,517	0	26,729
Albert L Carver VP, Pharmacy - CA	40 0				X			597,061	0	95,712
George A Di Salvo SVP-CFO, SCAL Region	40 0				X			673,558	0	125,640
Dean J Edwards VP, Chief Procurement Officer	40 0				X			490,786	0	79,867
Michael J Huaco VP, Real Estate, Entitlements	40 0				X			453,098	0	87,873
Michael McAnder SVP, Finance Operations	40 0				X			535,109	0	66,530

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			
Christopher Ohman SVP, HP-MSSA-RO C	40 0				X			312,692	0	65,575
Wade Overgaard SVP, Sales & Mktg - CA	40 0				X			724,243	0	109,194
Cynthia Powers Overmyer VP, Internal Audit	40 0				X			459,007	0	122,603
James Henry Simpson III VP, Finance - BU & ROC	40 0				X			444,114	0	81,676
Sandra Small SVP, Hospital & Area Ops	40 0				X			760,838	0	333,096
John M Stenson SVP, Chief Actuary	40 0				X			481,905	0	70,497
Wayne Swafford VP, Project Operations - ROC	40 0				X			319,089	0	40,924
Stanley B Watson VP, Director of KFRI	40 0				X			309,987	0	103,221
Larry Wilson SVP, Finance	40 0				X			311,958	0	118,475
Alide L Chase VP, Quality & Safety	40 0					X		685,859	0	188,087
Thomas A Curtin Jr VP, Natl Sales & Account Mgmt	40 0					X		626,733	0	92,009
Olivia A Kirk VP, National Revenue & SOX	40 0					X		582,772	0	57,598
Ronald Knox SVP Diversity Stratgy & Policy	40 0					X		640,366	0	96,189
Julie Anne Petrini SVP, Chief Administrative Ofcr	40 0					X		849,029	0	109,272
Robert M Crane SVP & Director - Health Policy							X	751,248	0	10,505
Laurence O'Neil SVP, Human Resources							X	897,027	0	13,790
Daniel K Mazany VP Project Operations - NFS							X	395,000	0	0

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
MEMBER HEALTH CARE	900,099	22,298,631,505	22,298,631,505		
SUPPLEMENTAL REV	900,099	1,467,833,373	1,467,833,373		
NON-PLAN & INDUSTR	900,099	337,194,616	328,959,326	8,235,290	
OTHER PROGRAM SERV	900,099	328,585,415	328,219,188	366,227	
MEDICARE	900,099	8,740,048,990	8,740,048,990		

Additional Data

Software ID:

Software Version:

EIN: 94-1340523

Name: KAISER FOUNDATION HEALTH PLAN INC

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	RESERVE - PHYSICIAN RETIREMENT	2,919,380,000
	RESERVE FOR AUTO & UNEMPLOY	322,536
	RESERVE FOR PROF & PUBLIC LIAB	357,847,505
	RESERVE FOR WORKERS COMP RISKS	73,355,053
	LONG TERM EXTERNAL LIABILITIES	548,338
	POST RETIREMENT BENEFIT LIAB	1,035,478,512
	OTHER CURRENT LIABILITIES	182,075,073
	OTHER CURRENT INSTALLMENTS	43,261
	OTHER LONG-TERM LIABILITIES	345,149,438
	SECURITIES LENDING PAYABLE	1,111,307,307
	OTHER RETIREMENT LIABILITIES	691,387,038
	DUE TO AFFILIATED ORGANIZATION	12,590,556

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BASIC CONTRACTUAL PAYMENTS	21,966,242,840	21,966,242,840		
SUPPLIES	1,810,941,422	1,775,311,302	35,630,120	
CLAIMS - IN & OUT OF AREA	1,264,531,884	1,264,531,884		
PURCHASED MEDICAL SERVICES	866,135,802	866,119,868	15,934	
NON-MEDICAL PURCHASED SERVICES	352,274,931	266,471,751	85,803,180	

Software ID:

Software Version:

EIN: 94-1340523

Name: KAISER FOUNDATION HEALTH PLAN INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Access Institute for Psychological Services110 Gough St 301 San Francisco, CA 94102	01-0595862	501(c)(3)	9,750				Support for Spectrum Art Auction event
Aids Nutrition Services Alliance1015 18th Street NW Washington, DC 20036	95-4636640	501(c)(3)	9,750				Support for 16th Annual Conference
Aloha United Way Inc200 N Vineyard Blvd 700 Honolulu, HI 96817	99-0073494	501(c)(3)	10,000				2009 Corp Campaign
American Cancer Society Inc 2370 Nuuanu Avenue Honolulu, HI 96817	99-0073489	501(c)(3)	9,000				Program support
Bay Clinic Inc224 Haili Street Hilo, HI 96720	99-0222784	501(c)(3)	10,000				Finance a portion of the ultra-sound unit
Childbirth Connection Foundation281 Park Ave S 5th Fl New York, NY 10010	13-3513551	501(c)(3)	10,000				Support for 90th Anniversary National Policy
Community Food Security Coalition Inc3830 SE Division Street Portland, OR 97202	06-1495135	501(c)(3)	10,000				Support for Community Food Security Coalition
Denver Foundation55 Madison St 8th Floor Denver, CO 80206	84-6048381	501(c)(3)	37,000,000				Donation to Donor Advise Fund
Family Violence Prevention Fund383 Rhode Island St Suite 304 San Francisco, CA 94103	94-3110973	501(c)(3)	10,000				Support for National Conference on Health Care and
Grantmakers In Health1100 Connecticut Ave NW Suite 1200 Washington, DC 20036	13-3206571	501(c)(3)	10,000				Corporate Donation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Health Care Without Harm 1901 N Moore St 509 Arlington, VA 22209	52-2358837	501(c)(3)	50,000				Program support
Institute of Medicine As A Profession630 W 168th St P S Box 11 New York, NY 10032	33-1033330	501(c)(3)	10,000				Program Support
Kapiolani Health Foundation 55 Merchant St 26th Fl Honolulu, HI 96813	99-0246364	501(c)(3)	35,000				Hanuola ECMO Program - Transport Sled
Maui Food Bank Inc760 Kolu Street Wailuku, HI 96793	99-0315110	501(c)(3)	50,000				Fresh-4-All
National Association of Free Clinics1140 19th St NW 900 Washington, DC 20036	56-2273242	501(c)(3)	10,000				Support for Annual Summit
University of Hawaii2530 Dole St Sakamaki D-200 Honolulu, HI 96822	99-6000354	Government	100,000				The Implementation and Evaluation of a Comprehensi
University of Hawaii Foundation2444 Dole St Bachman Hall 105 Honolulu, HI 96822	99-0085260	501(c)(3)	50,000				UH Manoa School of Nursing and Dental Hygiene - Ha
Youth ALIVE3300 Elm Street Oakland, CA 94609	94-3143254	501(c)(3)	20,000				Youth Violence Project
AMERICARES INC88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501(C)(3)		490,830	NBV	Med Supplies	CB program support
Direct Relief International27 S L Patera Land Santa Barbara, CA 93117	95-1831116	501(C)(3)		763,054	NBV	Med Supplies	CB Program support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Operation USA3617 Hayden Ave A Culver City, CA 90232	95-3504080	501(c)(3)		64,437	NBV	Med Supplies	CB Program Support
Relief International5455 Wilshire Blvd Los Angeles, CA 90036	95-4300662	501(c)(3)	200,000				Haiti EQ Relief
Operation USA3617 Hayden Ave Culver City, CA 90232	95-3504080	501(c)(3)	50,000				Haiti EQ Relief
MedShare International Inc2937 Alvarado St San Leandro, CA 94577	58-2433968	501(c)(3)	50,000				Haiti EQ Relief
Doctors Without Borders USA Inc333 7th Ave 2nd Floor New York, NY 10001	13-3433452	501(c)(3)	200,000				Haiti EQ Relief
Association for Theatre in Higher EducationPO Box 1290 Boulder, CO 80306	73-1303686	501(c)(3)	10,000				Community ATHE Conference
Community Health Leadership Network Inc1910 E 4th Ave PMB 212 Olympia, WA 98506	52-2305386	501(c)(3)	20,000				Annual Conference
University of San Francisco2130 Fulton St San Francisco, CA 94117	94-1156628	501(c)(3)	9,000				Program support
JW House3850 Homestead Rd Santa Clara, CA 95051	20-2034560	501(c)(3)	50,000				Program Support

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				
Gregory A Adams	(i) 576,378 (ii) 0	309,513 0	44,320 0	198,035 0	13,127 0	1,141,373 0	0 0
Carol Antle	(i) 285,321 (ii) 0	72,139 0	42,225 0	103,714 0	13,790 0	517,189 0	0 0
Raymond J Baxter	(i) 503,598 (ii) 0	410,102 0	606,772 0	259,993 0	13,790 0	1,794,255 0	542,597 0
Anne V Cadwell	(i) 113,815 (ii) 0	199,677 0	364,025 0	15,790 0	10,939 0	704,246 0	0 0
Albert L Carver	(i) 278,983 (ii) 0	149,825 0	168,253 0	83,750 0	11,962 0	692,773 0	114,079 0
CHRISTINE K CASSEL	(i) 162,000 (ii) 0	0 0	50 0	0 0	0 0	162,050 0	0 0
THOMAS W CHAPMAN	(i) 103,000 (ii) 12,600	0 0	17,297 0	70,000 0	0 0	190,297 12,600	0 0
Alide L Chase	(i) 350,092 (ii) 0	117,931 0	217,836 0	174,297 0	13,790 0	873,946 0	102,601 0
Benjamin K Chu	(i) 577,790 (ii) 0	565,759 0	62,632 0	227,307 0	11,862 0	1,445,350 0	0 0
Robert M Crane	(i) 0 (ii) 0	131,987 0	619,261 0	0 0	10,505 0	761,753 0	0 0
Thomas A Curtin Jr	(i) 361,522 (ii) 0	185,484 0	79,727 0	78,376 0	13,633 0	718,742 0	0 0
George A Di Salvo	(i) 345,796 (ii) 0	274,836 0	52,926 0	113,778 0	11,862 0	799,198 0	0 0
Steven Doshay	(i) 184,188 (ii) 0	43,546 0	5,527 0	36,298 0	11,862 0	281,421 0	0 0
Dean J Edwards	(i) 295,347 (ii) 0	146,061 0	49,378 0	66,077 0	13,790 0	570,653 0	0 0
Philip Fasano	(i) 618,819 (ii) 0	354,812 0	146,384 0	220,527 0	13,633 0	1,354,175 0	0 0
Jerry C Fleming	(i) 392,469 (ii) 0	355,968 0	188,132 0	156,364 0	13,790 0	1,106,723 0	100,748 0
Diane E Gage Lofgren	(i) 336,098 (ii) 0	287,953 0	60,882 0	111,972 0	12,802 0	809,707 0	0 0
Daniel P Garcia	(i) 387,526 (ii) 0	432,362 0	193,497 0	205,344 0	12,070 0	1,230,799 0	146,693 0
Sandra A Golze	(i) 222,979 (ii) 0	76,804 0	38,773 0	65,420 0	13,790 0	417,766 0	0 0
Mitchell J Goodstein	(i) 405,397 (ii) 0	341,529 0	49,349 0	131,376 0	13,790 0	941,441 0	0 0
WILLIAM R GRABER	(i) 192,000 (ii) 0	0 0	12,679 0	0 0	0 0	204,679 0	0 0
J EUGENE GRIGSBY III	(i) 180,500 (ii) 12,600	0 0	0 4,753	0 0	0 0	180,500 17,353	0 0
George C Halvorson	(i) 1,188,160 (ii) 0	4,054,050 0	1,349,839 0	62,820 0	12,802 0	6,667,671 0	0 0
Michael J Huaco	(i) 278,481 (ii) 0	142,097 0	32,520 0	66,375 0	21,498 0	540,971 0	0 0
JUDITH JOHANSEN	(i) 175,500 (ii) 0	0 0	11,386 0	0 0	0 0	186,886 0	0 0
Olivia A Kirk	(i) 212,843 (ii) 0	145,018 0	224,911 0	34,796 0	22,802 0	640,370 0	0 0
Ronald Knox	(i) 267,114 (ii) 0	154,758 0	218,494 0	83,495 0	12,694 0	736,555 0	163,875 0
Kathy Lancaster	(i) 577,270 (ii) 0	612,074 0	61,366 0	218,461 0	13,790 0	1,482,961 0	0 0
Keith A Lee	(i) 10,221 (ii) 0	48,030 0	282,551 0	1,972 0	9,949 0	352,723 0	200,346 0
Janet A Liang	(i) 353,924 (ii) 0	149,330 0	65,940 0	124,229 0	9,953 0	703,376 0	0 0
Louise Liang	(i) 67,908 (ii) 0	977,968 0	743,899 0	6,530 0	1,149 0	1,797,454 0	263,459 0
Christine L Malcolm	(i) 221,193 (ii) 0	277,885 0	1,543,968 0	42,811 0	13,790 0	2,099,647 0	561,776 0
PHILIP MARINEAU	(i) 180,500 (ii) 0	0 0	12,679 0	0 0	0 0	193,179 0	0 0
Daniel K Mazany	(i) 0 (ii) 0	0 0	395,000 0	0 0	0 0	395,000 0	395,000 0
Michael McAnder	(i) 386,168 (ii) 0	50,000 0	98,941 0	52,449 0	14,081 0	601,639 0	0 0
Judith M Mears	(i) 216,814 (ii) 0	94,122 0	103,899 0	89,618 0	12,802 0	517,255 0	52,824 0
Thomas R Meier	(i) 284,736 (ii) 0	224,422 0	58,678 0	75,573 0	13,127 0	656,536 0	0 0
JENNY J MING	(i) 161,000 (ii) 0	0 0	12,679 0	0 0	0 0	173,679 0	0 0
Indrajit Obeysekere	(i) 203,955 (ii) 0	57,560 0	15,770 0	33,032 0	12,802 0	323,119 0	0 0
Christopher Ohman	(i) 281,753 (ii) 0	0 0	30,939 0	52,811 0	12,764 0	378,267 0	0 0
Laurence O'Neil	(i) 0 (ii) 0	0 0	897,027 0	0 0	13,790 0	910,817 0	896,784 0
Wade Overgaard	(i) 369,888 (ii) 0	266,234 0	88,121 0	96,067 0	13,127 0	833,437 0	0 0
Cynthia Powers Overmyer	(i) 243,865 (ii) 0	88,636 0	126,506 0	109,476 0	13,127 0	581,610 0	64,161 0
EDWARD PEI	(i) 166,000 (ii) 0	0 0	0 0	0 0	0 0	166,000 0	0 0
Julie Anne Petrini	(i) 350,021 (ii) 0	184,257 0	314,751 0	95,482 0	13,790 0	958,301 0	88,673 0
J NEAL PURCELL	(i) 202,000 (ii) 15,200	0 0	400 10,757	0 0	0 0	202,400 25,957	0 0
Paul B Records	(i) 438,890 (ii) 0	312,756 0	106,530 0	163,110 0	12,802 0	1,034,088 0	0 0
Frank P Richardson	(i) 181,977 (ii) 0	37,601 0	16,490 0	32,460 0	9,953 0	278,481 0	0 0
James Henry Simpson III	(i) 300,998 (ii) 0	110,169 0	32,947 0	67,886 0	13,790 0	525,790 0	0 0
Sandra Small	(i) 405,972 (ii) 0	149,096 0	205,770 0	330,798 0	2,298 0	1,093,934 0	133,784 0
Arthur M Southam	(i) 713,074 (ii) 0	908,866 0	65,551 0	276,362 0	11,325 0	1,975,178 0	0 0
John M Stenson	(i) 387,026 (ii) 0	53,800 0	41,079 0	57,695 0	12,802 0	552,402 0	0 0
Deborah Stokes	(i) 291,085 (ii) 0	175,811 0	94,726 0	104,729 0	13,127 0	679,478 0	53,951 0
Wayne Swafford	(i) 237,020 (ii) 0	23,552 0	58,517 0	26,762 0	14,162 0	360,013 0	0 0
CYNTHIA TELLES	(i) 173,000 (ii) 11,600	0 0	6,441 0	0 0	0 0	179,441 11,600	0 0
Mary Ann Thode	(i) 36,879 (ii) 0	793,990 0	5,962 0	11,010 0	11,684 0	859,525 0	0 0
SANDRA THOMPKINS	(i) 160,000 (ii) 0	0 0	14,604 0	0 0	0 0	174,604 0	0 0
Bernard J Tyson	(i) 680,034 (ii) 0	901,070 0	148,868 0	262,495 0	13,790 0	2,006,257 0	0 0
Stanley B Watson	(i) 197,863 (ii) 0	51,567 0	60,557 0	89,431 0	13,790 0	413,208 0	0 0
Herman M Weil	(i) 313,250 (ii) 0	186,483 0	235,116 0	185,708 0	12,451 0	933,008 0	124,485 0
Jed Weissberg	(i) 264,245 (ii) 0	0 0	42,206 0	106,480 0	13,790 0	426,721 0	0 0
Larry Wilson	(i) 295,777 (ii) 0	0 0	16,181 0	105,673 0	12,802 0	430,433 0	0 0
Carlos Zaragoza	(i) 233,745 (ii) 0	93,503 0	48,063 0	116,478 0	11,862 0	503,651 0	5,843 0
Steven R Zatzkin	(i) 545,314 (ii) 0	579,050 0	546,352 0	90,250 0	12,493 0	1,773,459 0	462,144 0
Victoria B Zatzkin	(i) 181,000 (ii) 0	38,584 0	46,865 0	44,991 0	2,298 0	313,738 0	0 0

Additional Data

Software ID:

Software Version:

EIN: 94-1340523

Name: KAISER FOUNDATION HEALTH PLAN INC

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(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
JOAN DANIELEY EMPLOYEE RELOCATION		X	150,000	150,000		No	Yes		Yes	
RICHARD DANIELS EMPLOYEE RELOCATION		X	300,000	300,000		No	Yes		Yes	
DAVID DELANEY EMPLOYEE RELOCATION		X	25,000	25,000		No	Yes		Yes	
PHILIP FASANO EMPLOYEE RELOCATION		X	500,000	500,000		No	Yes		Yes	
MICHELE FLANAGIN EMPLOYEE RELOCATION		X	20,000	20,000		No	Yes		Yes	
MARLENE FOSTER EMPLOYEE RELOCATION		X	75,000	37,500		No	Yes		Yes	
JOSE GUTIERREZ EMPLOYEE RELOCATION		X	50,000	50,000		No	Yes		Yes	
JAMES MARCOTTE EMPLOYEE RELOCATION		X	30,000	17,153		No	Yes		Yes	
JAMES MARCOTTE EMPLOYEE RELOCATION		X	40,000	40,000		No	Yes		Yes	
FRANK MILLER EMPLOYEE RELOCATION		X	40,000	40,000		No	Yes		Yes	
CHADWICK NESTMAN EMPLOYEE RELOCATION		X	200,000	200,000		No	Yes		Yes	
DAVID NYBURG EMPLOYEE RELOCATION		X	100,000	53,590		No	Yes		Yes	
PAUL RECORDS EMPLOYEE RELOCATION		X	100,000	50,000		No	Yes		Yes	
PAUL RECORDS EMPLOYEE RELOCAITON		X	200,000	200,000		No	Yes		Yes	
RONALD SMITH EMPLOYEE RELOCATION		X	75,000	37,500		No	Yes		Yes	
VIJAY VENKATESAN EMPLOYEE RELOCATION		X	60,000	60,000		No	Yes		Yes	
HAROLD WOLF EMPLOYEE RELOCATION		X	200,000	200,000		No	Yes		Yes	
CARRIE JENNISON EMPLOYEE RELOCATION		X	100,000	100,000		No	Yes		Yes	
MICHAEL MCANDER EMPLOYEE RELOCATION		X	150,000	150,000		No	Yes		Yes	
GERARD PAUL EMPLOYEE RELOCATION		X	100,000	100,000		No	Yes		Yes	
THOMAS RISSE EMPLOYEE RELOCATION		X	100,000	100,000		No	Yes		Yes	
C WAYNE SWAFFORD EMPLOYEE RELOCATION		X	60,000	60,000		No	Yes		Yes	
D THOMAS WITMER EMPLOYEE RELOCATION		X	80,000	80,000		No	Yes		Yes	