Form 990

DLN: 93490319011416

# **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)

2005
Open to Public

Department of the ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Treasurv Inspection Internal Revenue Service A For the 2005 calendar year, or tax year beginning 01-01-2005 and ending 12-31-2005 D Employer identification number B Check if applicable Please KAISER FOUNDATION HEALTH PLAN OF OHIO use IRS Address change label or Number and street (or P O box if mail is not delivered to street address) Room/suite print or Name change ONE KAISER PLAZA SUITE 1550L type. See Initial return Specific E Telephone number City or town, state or country, and ZIP + 4 Instruc-(510) 271-6611 Final return OAKLAND, CA 94612 tions. Amended return F Accounting method Cash Accrual Other (specify) Application pending H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **H(a)** Is this a group return for affiliates? 
☐ Yes 
☐ No **H(b)** If "Yes" enter number of affiliates ▶ G Web site: ► N/A **H(c)** Are all affiliates included? (If "No," attach a list See instructions) Organization type (check only one) ► 🔽 🥶 501(c) (3) ◀ (Insert no ) ☐ 4947(a)(1) or ☐ 527  $\mathbf{H}(\mathbf{d})$  Is this a separate return filed by an organization Check here ► ☐ If the organization's gross receipts are normally not more than \$25,000. The covered by a group ruling? organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return. Group Exemption Number М Check ► f if the organization is **not** required to Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 534,835,732 attach Sch B (Form 990, 990-EZ, or 990-PF) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received 71,954 Indirect public support . . . . . . b 1b 300,510 Government contributions (grants) . 372,464 **Total** (add lines 1a through 1c) (cash \$  $\frac{372,464}{}$ **1**d d noncash \$ Program service revenue including government fees and contracts (from Part VII, line 93) . 2 526.295.282 2 3 3 Membership dues and assessments . . . . . 4 Interest on savings and temporary cash investments 8,049,202 5 Dividends and interest from securities . 6a 6a 111,483 Net rental income or (loss) (subtract line 6b from line 6a)  $\,$  . c 111,483 7 Other investment income (describe > ) . 8a Gross amount from sales of assets (A) Securities (B) Other other than inventory . . . . 8a 7,301 407,156 Less cost or other basis and sales expenses 8b -399,855 Gain or (loss) (attach schedule) . Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . . . . -399,855 9 Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ┌ Gross revenue (not including \$ contributions reported on line 1a) . Less direct expenses other than fundraising expenses . b Net income or (loss) from special events (subtract line 9b from line 9a) 9с c 10a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold . . . . . . . . . . . . . Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c c 11 Other revenue (from Part VII, line 103) . . . . . . . 11 12 **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 534,428,576 13 Program services (from line 44, column (B)) . . . 13 523,208,473 14 Management and general (from line 44, column (C)) . . . . 43,430,000 15 Fundraising (from line 44, column (D)) . 15 16 16 Payments to affiliates (attach schedule) . . .

Total expenses (add lines 16 and 44, column (A)) . . . . . .

Net assets or fund balances at beginning of year (from line 73, column (A))  $\cdot$  . .

Other changes in net assets or fund balances (attach explanation) f z . . . .

Net assets or fund balances at end of year (combine lines 18, 19, and 20) .

Excess or (deficit) for the year (subtract line 17 from line 12) .

17

18

19

20

21

Assets

굘

18

19

566,638,473

-32,209,897

85,151,692

52,523,980

-417,815

# Part II Statement of Functional Expenses

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

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B</b> ) Program services	(C) Management and general	( <b>D)</b> Fundraising
22	Grants and allocations (attach schedule) (cash $$174,513$ noncash $$0$ )  If this amount includes foreign grants, check here	22	174,513	174,513		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	0			
26	Other salaries and wages	26	81,967,651	81,967,651		
27	Pension plan contributions	27	9,763,816	9,763,816		
28	Other employee benefits	28	23,098,124	23,098,124		
29	Payroll taxes	29	6,704,349	6,704,349		
30	Professional fundraising fees	30				
31	Accounting fees	31	260,464	260,464		
32	Legal fees	32	38,369	38,369		
33	Supplies	33	16,552,679	16,552,679		
34	Telephone	34	168,286	168,286		
35	Postage and shipping	35	1,202,565	1,202,565		
36	Occupancy	36	7,356,137	7,356,137		
37	Equipment rental and maintenance	37	1,686,682	1,686,682		
38	Printing and publications	38	788,630	788,630		
39	Travel	39	1,476,232	1,476,232		
40	Conferences, conventions, and meetings	40				
41	Interest	41	6,141,846	6,141,846		
42	Depreciation, depletion, etc (attach schedule)	42	5,018,581	5,018,581		
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	566,638,473	523,208,473	43,430,000	0

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 

If "Yes," enter (i) the aggregate amount of these joint costs \$\_\_\_\_\_\_, (ii) the amount allocated to Program services \$\_\_\_\_\_\_, (iii) the amount allocated to Management and general \$\_\_\_\_\_\_, and (iv) the amount allocated to Fundraising \$\_\_\_\_\_\_,

Form 990 (2005)

Part III	<b>Statement of Program Service Accomplishments</b>	(See the instructions.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

ORGANIZED FOR THE PUBLIC BENEFIT AND GREVENUE CODE SECTION 501(C)(3), AND COHEALTH CARE AND MEDICAL SERVICES AS A MAINTENANCE ORGANIZATION HEALTH PLAINC AN ORGANIZATION ALSO EXEMPT FROM HEALTH PLAN CONTRACTED WITH KAISER FOR PERMANENTE MEDICAL GROUP, (MEDICAL GROUP, (MEDICAL GROUP, CONTREPRESENTED A SUBSTANTIAL PORTION OF REPORTED IN PRIOR REPORTING PERIODS POMMUNITY BENEFIT REPORT FOR KAISER FOR All organizations must describe their exempt purpose achieves	TH PLEENER MPAR PREPNIS TAX OUNDOTHER ELEAS OUNDOTHER ELEAS DOUND	AN"), AN OHIO NOT-FOR-PROFIT CORPORATION ALLY EXEMPT FROM INCOME TAX UNDER INTERNAL ABLE STATE STATUTE, IS TO PROVIDE A PROGRAM OF AID DIRECT CARE GROUP PRACTICE HEALTH A SUBSIDIARY OF KAISER FOUNDATION HEALTH PLAN, UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) ATION HOSPITALS (HOSPITALS) AND OHIO OTO PROVIDE OR ARRANGE FOR HOSPITAL AND F PAYMENTS TO HOSPITALS AND MEDICAL GROUP EXPENSES FOR MEDICAL AND HOSPITAL SERVICES E SEE THE ATTACHED "KAISER PERMANENTE ATI  IN a clear and concise manner State the number of clients served, ble (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(c)(3) ai (4) orgs , and 4947(a)(1 trusts, but optional for others)
a SEE STATEMENT 3	io catioi	is to others y	
(Grants and allocations \$ 174,513)		If this amount includes foreign grants, check here 🕨 🦵	523,208,47
b			
(Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
с			
(Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
d			
(Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
e Other program services (attach schedule) (Grants and allocations \$	)	If this amount includes foreign grants, check here	
· · ·	ual lir	e 44, column (B), Program services)	523,208,47

Pā	rt IV	Balance Sheets (See the instruction	ons.)				
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		thin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			1,080,175	45	10,650,958
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a	109,675,224			
	ь	Less allowance for doubtful accounts	47b		142,865,818	47c	109,675,224
	48a	Pledges receivable	48a				
	ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, truster (attach schedule)		key employees		50	
	51a	Other notes and loans receivable (attach					
y)		schedule)	51a				
ssets		Less allowance for doubtful accounts	51b			51c	
₹	52	Inventories for sale or use			5,494,619		5,130,691
	53	Prepaid expenses and deferred charges .			688,587	53	942,686
	54	Investments—securities (attach schedule)	•	► Cost FMV	402,777	54	401,340
	55a	Investments—land, buildings, and equipment basis	55a				
	ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) .				56	
		Land, buildings, and equipment basis	57a	152,809,500			
	b	Less accumulated depreciation (attach schedule)	57b	88,308,176	61,523,602	57c	64,501,324
	58	Other assets (describe -		)	12,117,318	58	8,537,627
	59	Total assets (must equal line 74) Add lines			224,172,896	59	199,839,850
	60	Accounts payable and accrued expenses	64,859,419	60	64,699,343		
	61	Grants payable			4.4.5.45.007	61	45.070.077
	62	Deferred revenue	14,545,087	62	15,079,077		
(A)	63	Loans from officers, directors, trustees, and schedule)		63			
ķ;	64a	Tax-exempt bond liabilities (attach schedu	le) .	[		64a	
	Ь	Mortgages and other notes payable (attach	sched	ule)		64b	
	65	Other liablilities (describe 🛌		)	59,616,698	65	67,537,450
	66	Total liabilities Add lines 60 through 65 .			139,021,204	66	147,315,870
		nizations that follow SFAS 117, check here			, ,		, ,
		67 through 69 and lines 73 and 74	'	·			
ë V	67	Unrestricted		[		67	
Ä	68	Temporarily restricted				68	
<u>7</u>	69	Permanently restricted				69	
Fund Balances	Orga	inizations that do not follow SFAS 117, chec complete lines 70 through 74					
_ 5	70	Capital stock, trust principal, or current fun	nds .	[	5,000	70	3,264
	71	Paid-in or capital surplus, or land, building,		71			
Assets	72	Retained earnings, endowment, accumulate	d incor	me, or other funds .	85,146,692	72	52,520,716
Z S	73	<b>Total net assets or fund balances</b> (add lines 70 through 72,	s 67 th	rough 69 <b>or</b> lines			
		column (A) <b>must</b> equal line 19, column (B)	must e	qual line 21)	85,151,692	73	52,523,980

Total liabilities and net assets / fund balances Add lines 66 and 73 . .

199,839,850

224,172,896

74

Part	the instructions.)	nue per Audited Finar	ncial Sta	tements V	Vith Reven	ue pe	r Return (See
<u>а</u>	Total revenue, gains, and other supp	ort per audited financial stat	tements			а	533,467,249
b	A mounts included on line <b>a</b> but not o	n line 12					
1	Net unrealized gains on investments		b1	1			
2	Donated services and use of facilitie		b2				
3	Recoveries of prior year grants .		b3				
4	_		55				
-	Other (specify)		b4		1,368,483		
	Add lines <b>b1</b> through <b>b4</b>		·			ь	-1,368,483
c	Subtract line <b>b</b> from line <b>a</b>					С	534,835,732
d	A mounts included on line 12, but not	on line <b>a</b>					
1	Investment expenses not included o	n line 6b	d1				
2	Other (specify)						
			d2		-407,156		
	Add lines <b>d1</b> and <b>d2</b>					d	-1,368,483
e	Total revenue (line 12) Add lines ca	ind <b>d</b>			. •	e	534,428,576
Part	IV-B Reconciliation of Expe	nses per Audited Fina	ncial St	atements	With Expe	nses p	per Return
а	Total expenses and losses per audit	ed financial statements .				а	566,094,961
b	A mounts included on line <b>a</b> but not o	n line 17					
1	Donated services and use of facilitie	s	b1				
2	Prior year adjustments reported on li	ne 20	b2				
3	Losses reported on line 20		b3				
4	Other (specify)						
			b4		407,156		
	Add lines <b>b1</b> through <b>b4</b> .					ь	407,156
c	Subtract line <b>b</b> from line <b>a</b>					С	565,687,805
d	A mounts included on line 17, but not	on line <b>a:</b>					
1	Investment expenses not included o	n line 6b	d1				
2	Other (specify)						
			d2		950,668		
	Add lines ${f d1}$ and ${f d2}$					d	950,668
e	Total expenses (line 17) Add lines c	and <b>d</b>			•	e	566,638,473
Part	V-A Current Officers, Direct director, trustee, or key er						
	instructions.)	iipioyee at arry time dur	ing the y	ear even n	uley were i	iot con	iperisated.) (See the
	,				(D) Contrib		(E) Expense
	(A) Name and address	(B) Title and average hours per week devoted to position		mpensation id, enter -0)	employee bene deferred com	efit plans pensatior	account and other
			· ·		plan		' allowances
	STATEMENT ISER PLAZA SUITE 1550L	SEE STATEMENT		0			0 0
	AND, CA 94612	1		· ·			
SEES	STATEMENT 16A	SEE STATEMENT 16A					
	ISER PLAZA SUITE 1550L	1		0			0
UAKI	_AND,CA 94612						

art V-A Current Officers, Director	s, Trustees, and Key	<b>Employees</b> (conti	inued)		Yes	No
Enter the total number of officers, directo	rs, and trustees permitted	to vote on organizatioi	n business at board			
meetings		<u>▶</u> 12				
<b>b</b> Are any officers, directors, trustees, or ke	ey employees listed in For	m 990, Part V-A, or hig	ghest compensated			
employees listed in Schedule A , Part I , or	r highest compensated pro	fessional and other ind	lependent			
contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business						
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) $$ .					Yes	
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated						
employees listed in Schedule A, Part I, or highest compensated professional and other independent						
contractors listed in Schedule A, Part II-	organizations, whether					
tax exempt or taxable, that are related to	this organization through	common supervision o	r common control?	75c	Yes	
Note. Related organizations include secti	on 509(a)(3) supporting o	rganizations				
If "Yes," attach a statement that identifie	s the individuals, explains	the relationship betwe	en this			
organization and the other organization(s		·				
including amounts paid to each individual	-	_	,			
d Does the organization have a written conf				75d	Yes	
art V-B Former Officers, Director	· · · · · · · · · · · · · · · · · · ·					)ther
Benefits (If any former offi (described below) during the benefits in the appropriate c	cer, director, trustee, o e year, list that person	or key employee red below and enter the	ceived compensation amount of compens	or oth	her ber	nefits
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans		pense acc ner allowa	
EE STATEMENT 16A	_	_	_			_
KAISER PLAZA SUITE 1550L AKLAND,CA 94612	0	0	0			0
MILITIAL STOLL						-
					-	
				<u> </u>		
					<del></del>	
				<u> </u>		
art VI Other Information (See the	instructions.)				Yes	No
Did the organization engage in any activity not pre	viously reported to the IRS? If "	Yes," attach a detailed desc	nption of each activity	76		Νo
7 Were any changes made in the organizing	or governing documents b	out not reported to the	IRS?	77		Νo
If "Yes," attach a conformed copy of the o	hanges					
Ba Did the organization have unrelated business gross	income of \$1,000 or more duri	ng the year covered by this	return?	78a	Yes	
<b>b</b> If "Yes," has it filed a tax return on <b>Form</b>	990-T for this year?			78b	Yes	
Was there a liquidation, dissolution, termination, or	r substantial contraction during t	he year? If "Yes," attach a s	tatement	79		Νo
<b>Da</b> Is the organization related (other than by association	on with a statewide or nationwic	de organization) through cor	nmon membership,			
governing bodies, trustees, officers, etc , to any ot	her exempt or nonexempt orga	nızatıon <sup>7</sup>		80a	Yes	
<b>b</b> If "Yes," enter the name of the organization	on ► SEE STATEMENT					
-		ether it is 🔽 exempt 🕻	T noneyamnt			
La Enter direct or indirect political expenditu		1 1	or I nonexempt O			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for		55 / I I GIA	0	81h		No
יים עו נווע טועמוווצמנוטוו וווע <b>רטוווו בבצע־PUL</b> וו	JI LIIID VEGI'			OTU		INU

•	230 (2000)			rage 2
Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
Ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Νο
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	. 85a		
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to it reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	8 <b>5h</b>		
36	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a	0		
b	Gross receipts, included on line 12, for public use of club facilities 86b	0		
37	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a	0		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	0		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		No
39a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ►	О		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed FOH			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions )			1,764
)1a	The books are in care of NATIONAL DIRECTOR OF TAX  Telephone no (510)	))271-6	385	
	ONE KAISER PLAZA STE 1550L  Located at DOAKLAND, CA  ZIP + 4 DOAKLAND, CA			
b	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)?	91b	Yes	N o
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
	If "Yes," enter the name of the foreign country 🕨			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			<b>►</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year   92			

	oss amounts unless ot	ne-Producing Activ		ted business income	1	ction 512, 513, or 514	(E)
note: Emer gr	oss amounts amoss of	ne, wise mareacear	(A) Business code	(B) Amount	(C) Exclusion code	( <b>D)</b> Amount	Related or exempt function income
93 Progran	n service revenue						
a MMBRS	HLTH CARE PR						402,074,806
b SUPP C	CHARGES/PHARM		446110	20,062			25,198,202
c NON-P	LAN & IND REV						777,936
d OTHRE	PROG SERV REV						2,394,407
	re/Medicaid payments	3					95,829,869
<b>g</b> Feesan	nd contracts from gove	ernment agencies					
94 Member	rship dues and asses:	sments					
95 Interest of	on savings and temporary	cash investments			14	8,049,202	
<b>96</b> Dividen	ds and interest from s	securities					
97 Netren	tal income or (loss) fr	om real estate					
<b>a</b> debt-fin	nanced property .						
<b>b</b> non deb	t-financed property				16	111,483	
	I income or (loss) from pe				1	,	
	nvestment income						
	loss) from sales of assets				18	-399,855	
•	ome or (loss) from sp	•				,	
	profit or (loss) from sa			1			
•	evenue <b>a</b>	·			+ +		
<b>b</b>					+ +		
					+ +		
·					+		
d					+ +		
e							
	ıl (add columns (B), ([	.,		20,062		7,760,830	526,275,220
<b>105</b> Total (ac	dd line 104, columns (	(B), (D), and (E))				· · · • <u>-                                     </u>	534,056,112
93 SEE	STATEMENT						
Part IX I	Information Rega	arding Taxable Sul	bsidiarie:		led Entities	,	ctions.) (E)
	ress, and EIN of corporatio hip, or disregarded entity		t %	(C) Nature of activities		( <b>D</b> ) Total income	End-of-year assets
			%				
			%				
D- 13/ 5			%	d 100 B	D 61 C -	-11 - /6 11-	! -! X
Part X I	intormation Rega	ording Transfers A	ssociate	a with Personal	Benefit Co	ntracts (See th	
(b) Did the o	organization, during th	r, receive any funds, directly ne year, pay premiums, 70 <b>and</b> Form 4720 (see i	dırectly orı	ndirectly, on a perso			「Yes √No 「Yes √No
Ur an	nder penalties of perjury, I	declare that I have examine and complete Declaration of	ed this return,	including accompanying			
Please Sign	Signature of officer				2006-1 Date	11-13	
dere	-				Date		
IN	DEBORAH STOKES VP & Type or print name and t						
<u> </u>	Type of print hame and t	litie				1	
	Preparer's		Da	ate	Check If	Preparer's SSN or P	TIN (See Gen Inst W
Paid	signature				self- empolyed •	.	
	· ·		l		F-17 00 F		
Preparer's							
Use	Firm's name (or yours if self-employed),	KPMG LLP				EIN Þ	
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4					EIN ►	
Use	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 55 SECOND STREET SAN FRANCISCO, CA. 94105	I			EIN Phone no	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93490319011416

**SCHEDULE A** (Form 990 or 990EZ) 牣

Department of the Treasury Internal Revenue Service

# **Organization Exempt Under Section 501(c)(3)**

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

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

2005

OMB No 1545-0047

Name of the organization		Employer identification number			
KAISER FOUNDATION HEALTH PLAN OF OHIO			34-0922268		
Part I Compensation of the Five (See page 1 of the instruction			cers, Directors, a	nd Trustees	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
SEE STATEMENT 16  1 KAISER PLAZA SUITE 1550L  OAKLAND, CA 94612	SEE STATEMENT 40	0	0	C	
Total number of other employees paid over	492				
	 Five Highest Paid Indepe  ctions. List each one (wheth				
(a) Name and address of each independent of	ontractor paid more than \$50,00	00 <b>(b)</b> Typ	e of service	(c) Compensation	
OHIO PERMANENTE MEDICAL GROUP  1001 LAKESIDE DRIVE SUITE 1200  CLEVELAND, OH 44114		MEDICAL SERV	ICES	99,960,537	
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVLAND, OH 44195		HOSPITAL SER	VICES	23,107,753	
SUMMA HEALTH SYSTEM PO BOX 714097 COLUMBAS, OH 43271		HOSPITAL SER	VICE	8,333,049	
METROHEALTH MEDICAL CENTER 2500 METROHEALTH DRIVE CLEVLAND, OH 44109		HOSPITAL SER	VICE	7,024,565	
KAISER FOUNDATION HOSPITALS					

#### Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ELK AND ELK		
6110 PARKLAND	LEGAL SERVICES	1,450,000
MAYFIELD HEIGHTS, OH 44124		
ALPHA BENEFITS		
4200 ROCKSIDE ROAD SUITE 300	BROKERS FEE	738,791
CLEVELAND, OH 44131		
SPECTRA UHIC		
LOCKBOX 6062 PO BOX 7247	MEDICAL/VISION SVCS	955,431
PHILADEPHIA, PA 19170		
	1	
Total number of other contractors receiving over		•

\$50,000 for other services

Total number of others receiving over \$50,000 for

1001 LAKESIDE AVENUE CLEVLAND, OH 44114

professional services

111

95

HOSPITAL SERVICES

66,046,580

	Statements About Activities (See page 2 or the instructions.)		Yes	l
	During the year, has the organization attempted to influence national, state, or local legislation, i	nclude any attempt		
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expens	es paid or incurred in		
	connection with the lobbying activities ▶\$ 90,324 (Must equal amounts on line 38	8, Part VI-A, or line		
	ı of Part VI-B )	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Pa	art VI-A Other		
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detaile	d description of the		
	lobbying activities			
	During the year, has the organization, either directly or indirectly, engaged in any of the following	acts with any		
	substantial contributors, trustees, directors, officers, creators, key employees, or members of th	eır famılıes, or with		
	any taxable organization with which any such person is affiliated as an officer, director, trustee, n	najority owner, or		
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining	the transactions.) 📆		
1	Sale, exchange, or leasing property?	2a	Yes	
)	Lending of money or other extension of credit?	2b	Yes	
:	Furnishing of goods, services, or facilities?	2c	Yes	
ı	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
:	Transfer of any part of its income or assets?	2e		N ·
l	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explar	nation of how you		
	determine that recipients qualify to receive payments )	3a	İ	N-
)	Do you have a section 403(b) annuity plan for your employees?	3b	Yes	
	During the year, did the organization receive a contribution of qualified real property interest und	er section 170(h)? 3c		N
	Did you maintain any separate account for participating donors where donors have the right to pr	ovide advice		
	on the use or distribution of funds?	4a	İ	N
,	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		N
) =	Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 o	f the instructions.)		
0	organization is not a private foundation because it is (Please check only <b>ONE</b> applicable box )			
	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
	A school Section 170(b)(1)(A)(ii) (Also complete Part V )			
	A school Section 170(b)(1)(A)(II) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(III)			
	A school Section 170(b)(1)(A)(II) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(III)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(V)	N(A)(w) Enter the bosnital	e nama	a cit
	A school Section 170(b)(1)(A)(II) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(III)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(V)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)	)(A)(III) Enter the hospital	s name	e, cit
	A school Section 170(b)(1)(A)(ii) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)  and state		s name	e, cit
	A school Section 170(b)(1)(A)(II) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(III)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(V)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)  and state  An organization operated for the benefit of a college or university owned or operated by a g		s name	e, cit
	A school Section 170(b)(1)(A)(ii) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1) and state  An organization operated for the benefit of a college or university owned or operated by a g Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)	overnmental unit		e, cit
1	A school Section 170(b)(1)(A)(ii) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)  and state  An organization operated for the benefit of a college or university owned or operated by a g  Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a governmental	overnmental unit		e, cit
	A school Section 170(b)(1)(A)(ii) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)  and state   An organization operated for the benefit of a college or university owned or operated by a g  Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a governments Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	overnmental unit al unit or from the general p		e, cit
	A school Section 170(b)(1)(A)(ii) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)  and state  An organization operated for the benefit of a college or university owned or operated by a g  Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a governmental Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	overnmental unit al unit or from the general p	ublic	
	A school Section 170(b)(1)(A)(ii) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)  and state  An organization operated for the benefit of a college or university owned or operated by a g  Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a governmental Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	overnmental unit al unit or from the general p IV-A) itions, membership fees, ar	ublic d gros:	s
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	A school Section 170(b)(1)(A)(ii) (Also complete Part V )  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1) and state  An organization operated for the benefit of a college or university owned or operated by a g Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a government Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives (1) more than 331/3% of its support from contribute receipts from activities related to its charitable, etc., functions—subject to certain excepting	overnmental unit  al unit or from the general p  IV-A)  itions, membership fees, ar  ons, and (2) no more than  ction 511 tax) from busine	ublic d gros: <b>331/3</b> 9 sses	s <b>⁄o</b> of
	A school Section 170(b)(1)(A)(ii) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)  and state  An organization operated for the benefit of a college or university owned or operated by a g  Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a government:  Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part  An organization that normally receives (1) more than 331/3% of its support from contribute receipts from activities related to its charitable, etc., functions—subject to certain excepting its support from gross investment income and unrelated business taxable income (less sections)	overnmental unit  al unit or from the general p  IV-A)  Itions, membership fees, ar  ons, and (2) no more than  ction 511 tax) from busines  the Support Schedule in Par	ublic d gross <b>331/3</b> 9 sses t IV-A	s <b>%</b> of
	A school Section 170(b)(1)(A)(ii) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)  and state  An organization operated for the benefit of a college or university owned or operated by a g  Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a governments Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives (1) more than 331/3% of its support from contribute receipts from activities related to its charitable, etc., functions—subject to certain excepting its support from gross investment income and unrelated business taxable income (less section 109(a)(2) (Also complete the support Schedule in Part IV-A)	overnmental unit  al unit or from the general p  IV-A)  Itions, membership fees, ar  ons, and (2) no more than  ction 511 tax) from busines  the Support Schedule in Par  anagers) and supports orga	ublic d gross <b>331/3</b> 9 ses t IV-A nizatio	s <b>%</b> of
	A school Section 170(b)(1)(A)(ii) (Also complete Part V )  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1) and state  An organization operated for the benefit of a college or university owned or operated by a g Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a government Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives (1) more than 331/3% of its support from contributive receipts from activities related to its charitable, etc., functions—subject to certain excepting its support from gross investment income and unrelated business taxable income (less section 509(a)(2) (Also complete the An organization that is not controlled by any disqualified persons (other than foundation material and the section of th	overnmental unit  IV-A)  Itions, membership fees, ar  ons, and (2) no more than  ction 511 tax) from busines  the Support Schedule in Par  anagers) and supports orga- leet the test of section 509	ublic d gross <b>331/3</b> 9 ses t IV-A nizatio	s <b>%</b> of
3	A school Section 170(b)(1)(A)(ii) (Also complete Part V )  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)  and state.  An organization operated for the benefit of a college or university owned or operated by a g. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a government. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)  An organization that normally receives. (1) more than 331/3% of its support from contribute receipts from activities related to its charitable, etc., functions—subject to certain excepting its support from gross investment income and unrelated business taxable income. (less see acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the An organization that is not controlled by any disqualified persons (other than foundation madescribed in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they made in the propert of the properties	overnmental unit  IV-A)  Itions, membership fees, ar ons, and (2) no more than ction 511 tax) from busines the Support Schedule in Paranagers) and supports organieet the test of section 509 (pe 2 Type 3	ublic d gross <b>331/3</b> 9 ses t IV-A nizatio	s <b>%</b> of
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	A school Section 170(b)(1)(A)(ii) (Also complete Part V)  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)  and state ▶  An organization operated for the benefit of a college or university owned or operated by a g Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a government Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives (1) more than 331/3% of its support from contributive receipts from activities related to its charitable, etc., functions—subject to certain excepting its support from gross investment income and unrelated business taxable income (less sea acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the An organization that is not controlled by any disqualified persons (other than foundation madescribed in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they muse the box that describes the type of supporting organization ▶ □ Type 1	overnmental unit  al unit or from the general p  IV-A) utions, membership fees, ar ons, and (2) no more than ction 511 tax) from busines the Support Schedule in Par anagers) and supports orga eet the test of section 509 ype 2	d gros: 331/39 ses t IV-A nizatio (a)(2)	s <b>/</b> o of ) ns
	A school Section 170(b)(1)(A)(ii) (Also complete Part V )  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)  and state ▶  An organization operated for the benefit of a college or university owned or operated by a g Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives a substantial part of its support from a government Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)  An organization that normally receives (1) more than 331/3% of its support from contributing receipts from activities related to its charitable, etc., functions—subject to certain excepting its support from gross investment income and unrelated business taxable income (less section 509(a)(2)) (Also complete the An organization that is not controlled by any disqualified persons (other than foundation madescribed in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they me Check the box that describes the type of supporting organization ▶ Type 1 Type 1  Provide the following information about the supported organizations (see page	overnmental unit  al unit or from the general p  IV-A) utions, membership fees, ar ons, and (2) no more than ction 511 tax) from busines the Support Schedule in Par anagers) and supports orga eet the test of section 509 ype 2	d gross 331/39 ses t IV-A nizatio (a)(2)	s <b>/o</b> of ) ns

Schedule A (For	m 990 or 990-EZ) 2005	Page <b>3</b>
Part IV-A	Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash in	nethod of accounting.
Note: You may u	se the worksheet in the instructions for converting from the accrual to the cash method of accounting.	

Cale	endar year (or fiscal year beginning in)			(d) 2001	(e) Total	
15	Gifts, grants, and contributions received (Do not	338,524	389,758	31,689	126,677	886,648
16	include unusual grants See line 28 )  Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of	E06 400 016	471 001 125	E20 214 771	407 790 E67	2,004,486,389
	facilities in any activity that is related to the	506,490,916	471,991,135	528,214,771	497,789,567	2,004,466,369
	organization's charitable, etc , purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans					
	(section 512(a)(5)), rents, royalties, and	6 520 051	F 000 036	6 657 072	207.404	10 501 040
	unrelated business taxable income (less section	6,538,851	5,098,836	6,657,072	287,181	18,581,940
	511 taxes) from businesses acquired by the					
19	organization after June 30, 1975  Net income from unrelated business activities					
19	not included in line 18					C
20	Tax revenues levied for the organization's benefit					
	and either paid to it or expended on its					C
	behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without					
	charge Do not include the value of services or					C
	facilities generally furnished to the public without					
	charge					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					C
23	Total of lines 15 through 22	513,368,291	477,479,729	534,903,532	498,203,425	2,023,954,977
24	Line 23 minus line 17	6,877,375	5,488,594	6,688,761	413,858	19,468,588
25	Enter 1% of line 23	5,133,683	4,774,797	5,349,035		25,100,000
26	Organizations described on lines 10 or 11: a Er		, , ,		▶ 26a	
	• Prepare a list for your records to show the name of				a .	
•	governmental unit or publicly supported organizati					
	the amount shown in line 26a <b>Do not file this list</b> v				eu	
	amounts	with your retain.	Linter the total of	an these excess	▶ 26b	
_	: Total support for section 509(a)(1) test Enter line	24 column (e)			▶ 26c	
	Add Amounts from column (e) for lines 18	. 2 1, colaiiii (c)	19		200	
•	22		- 19 <u></u> 26b		 ▶   26d	
	Public support (line 26c minus line 26d total)				26d	
		:idad b lina 26a	(-1		· !	
	Public support percentage (line 26e (numerator) d				► 26f	1.5.1
27	_				•	• •
	prepare a list for your records to show the name of			n year from, eacr	i "aisquaiifiea per:	son "
	Do not file this list with your return. Enter the sun	n or such amounts			/2001\0	
_	(2004) 0 (2003) 0	- d £ l	(2002)0		(2001)0	. f
t	For any amount included in line 17 that was receiv					
	records to show the name of, and amount received	•				•
	or (2) \$5,000 (Include in the list organizations de					
	return. After computing the difference between the		and the larger an	nount described ii	n (1) or (2), enter	tne sum or
	these differences (the excess amounts) for each y	ear	(2002) 0		(2001)0	
	(2004) 0 (2003) 0		(2002)0		(2001)0	
	Add Amounts from column (a) for lines 15	996	,648 16	0		
•	Add Amounts from column (e) for lines 15				- l l	
	17 2,004,486,389 20		<u> </u>	0	▶ 27c	2,005,373,037
	Add Line 27a total 0	and line 27b tot	aı		▶ 27d	(
•	Public support (line 27c total minus line 27d total)				► 27e	2,005,373,037
f	Total support for section 509(a)(2) test Enter am		• •	<b>27f</b> 2,02	3,954,977	
g	Public support percentage (line 27e (numerator) d				► 27g	99 08 %
ŀ	Investment income percentage (line 18, column (e	) (numerator) div	vided by line 27f (	denominator))	► 27h	0 92 %
28	Unusual Grants: For an organization described in li	ne 10, 11, or 12 t	hat received any	unusual grants d	urıng 2001 throug	jh 2004,
	prepare a list for your records to show, for each ye	ar, the name of th	e contributor, the	date and amount	of the grant, and	a brief

Part	Private School Questionnaire (See page 7 of the instructions.)			
<b>29</b> D	(To be completed ONLY by schools that checked the box on line 6 in Part IV)  oes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	ther governing instrument, or in a resolution of its governing body?	29		
	oes the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	rochures, catalogues, and other written communications with the public dealing with student admissions,			
	rograms, and scholarships?	30		
-	as the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	<del></del>		
	ne period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
		31		
	nat makes the policy known to all parts of the general community it serves? f "Yes," please describe, if "No," please explain  (If you need more space, attach a separate statement )	31		
11	tes, please describe, it into, please explain (if you need more space, attach a separate statement)			
_		4		
_		4		
_		4		
_		4		
	oes the organization maintain the following			
a R	ecords indicating the racial composition of the student body, faculty, and administrative staff?	32a		
bR	ecords documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
b	asıs?	32b	İ	
<b>c</b> C	opies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	ith student admissions, programs, and scholarships?	32c	i	
	opies of all material used by the organization or on its behalf to solicit contributions?	32d		
u -				
T f	fyou answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
11	you answered two to any of the above, please explain (II you need more space, attach a separate statement)			
_		4		
33 <u>-</u>		4		
<b>33</b> D	oes the organization discriminate by race in any way with respect to			
_				
a S	tudents' rights or privileges?	33a		
ЬΑ	dmissions policies?	33Ь		
c E	mployment of faculty or administrative staff?	33c		
d S	cholarships or other financial assistance?	33d		
e E	ducational policies?	33e		
_				
اء	se of facilities?	33f		
, ,	50 of facilities	33.		
^	thletic programs?	33g		
g A	thetic programs.	33g		
_				
h O	ther extracurricular activities?	33h		
Ιf	fyou answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
_				
_		_		
_				
_				
<b>34a</b> D	oes the organization receive any financial aid or assistance from a governmental agency?	34a		
ьΗ	as the organization's right to such aid ever been revoked or suspended?	34b		
Ιf	fyou answered "Yes" to either 34a or b, please explain using an attached statement			
<b>35</b> D	oes the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	f Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule A (Form 9			200=

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check > a | If the organization belongs to an affiliated group | Check > b | If you checked "a" and "limited control" provisions apply

		obbying Expenditures s" means amounts paid or incurred )			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)		36		
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		37		
38	Total lobbying expenditures (add line	es 36 and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures	(add lines 38 and 39)		40		0
41	Lobbying nontaxable amount Enter t	the amount from the following table—				
	If the amount on line 40 is—	The lobbying nontaxable amount is—				
	Not over \$500,000	20% of the amount on line 40	ነ			
	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	}	41		
	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	J			
42	Grassroots nontaxable amount (ente	r 25% of line 41)		42		
43	Subtract line 42 from line 36 Enter	-0- ıf lıne 42 ıs more than lıne 36		43		0
44	Subtract line 41 from line 38 Enter	-0- ıf lıne 41 ıs more than lıne 38		44		0
	Caution: If there is an amount on eith	er line 43 or line 44, you must file Form 4720.				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section  $501(\bar{h})$  election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

		Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in) 🕨	(a) 2005	( <b>b</b> ) 2004	(c) 2003	(d) 2002	<b>(e)</b> Total	
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For rep	porting o	nly by organ	izations that did	not complete Part VI-A	(See page 11	of the inst	tructions.) 📽
		<del></del>			<del></del>		

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- ${f b}$  Paid staff or management (Include compensation in expenses reported on lines  ${f c}$  through  ${f h.}$ )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

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

_	<u> </u>					
	Yes	No	A mount			
		Νo				
	Yes					
		Νo				
		Νo				
		Νo				
		Νo				
	Yes		73,80			
	Yes		16,52			
		•	90,32			

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section

			) organizations) or in section 527 ncharitable exempt organization o		_	Yes	Na
	Cash	g organization to a no	inchantable exempt organization (	. <del>-</del>	51a(i)		No No
	O ther assets			H	a(ii)	$\dashv$	No
	transactions			<u> </u>		$\dashv$	
_		of assets with a nonc	harıtable exempt organızatıon	i	b(i)	ł	No
	Purchases of assets			<u> </u>	b(ii)	$\dashv$	Νο
	Rental of facilities, ed			<u> </u>	b(iii)	$\overline{}$	Νο
	Reimbursement arrar			<b>⊢</b>	b(iv)	$\dashv$	Νο
	Loans or loan guaran				b(v)		Νο
(vi)	Performance of servi	ces or membership o	r fundraising solicitations		b(vi)	$\neg$	Νo
<b>c</b> Sharın	ng of facilities, equipm	ient, mailing lists, oth	ner assets, or paid employees		С		Νo
<b>d</b> If the	answer to any of the a	above is "Yes," comp	lete the following schedule Colum	ם nn (b) should always show the fair	market	value	e of th
goods	, other assets, or serv	vices given by the rej	oorting organization If the organiz	zation received less than fair marl	ket valu	eına	ny
			ımn (d) the value of the goods, oth				·
		<u>-</u>		(d)			
(a) Line no	(b) A mount involved	Name of nonch	(c) arıtable exempt organızatıon	Description of transfers, transa	actions,	and s	sharır
Line no	Amount mvorved	Walle of holicil	aritable exempt organization	arrangement	ts		
3- T- bb-			J				
			d with, or related to, one or more t		_ 、		-
	s," complete the follow		han section 501(c)(3)) or in secti	on 5277	Į Y	es (	10
<b>D</b> II Te:		wing schedule	T				
	(a) Name of organiza	ation	(b) Type of organization	<b>(c)</b> Description of relati	ionshin		
	Warne or organize		Type of organization	Description of relati			
·							
			į l				

## **Additional Data**

Software ID:

Software Version:

EIN: 34-0922268

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Software ID: Software Version:

**EIN:** 34-0922268

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a BANK FEES	43a	393,672	393,672		
<b>b</b> EMPLOYEE DEVELOPMENT	43b	267,718	267,718		
c EMPLOYEE RELATED EXPENSES	43c	1,045,782	1,045,782		
d EMPLOYEE RELOCATION	43d	16,089	16,089		
e COMPANY PAID PARKING	43e	282,424	282,424		
f DUES & SUBSCRIPTIONS	43f	230,118	230,118		
g PROF & PUBLIC LIABILITY INS	43g	18,018,238	18,018,238		
h OTHERINSURANCE	43h	321,991	321,991		
i BAD DEBT	43i	950,668	950,668		
j BUSINESS LICENSES & TAXES	43j	3,540,819	3,540,819		
k PROPERTY TAXES	43k	1,426,441	1,426,441		
I PURCHASED MEDICAL SERVICES-BCP	431	166,007,118	166,007,118		
m PURCHASED MEDICAL SERVICES-OUT	43m	95,516,764	95,516,764		
n PURCHASED SERVICES OTHER	43n	15,448,544	15,448,544		
• ADVERTISING & MARKETING	43o	3,995,634	3,995,634		
p PURCHASED SERVICES INTERENTITY	43p	10,717,585	10,717,585		
q INFORMATION TECHNOLOGY SERVICE	43q	41,343,829	41,343,829		
r BACK OFFICE SERVCIES	43r	563,866	563,866		
s MISCELLANEOUS	43s	722,249	722,249		
t ALLOCATED ADMIN EXPENSE	43t	43,430,000		43,430,000	

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 34-0922268

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93490319011416

## **TY 2005 Cash Grants Paid Schedule**

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO



## **TY 2005 Investments - Securities Schedule**

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Book Value	Cost/FMV
MARKETABLE SECURITIES	401,340	F

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93490319011416

# **TY 2005 Other Assets Schedule**

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Beginning of Year Amount	End of Year Amount
INTANGIBLE PENSION ASSETS	12,114,708	8,518,021
DEPOSITS	2,610	19,606



# **TY 2005 Other Changes in Net Assets Schedule**

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Amount
PRINCIPLE	417,815

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# **TY 2005 Other Expenses Included Schedule**

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Amount
LOSS ON DISP OF ASSETS-RECLASS	407,156



# **TY 2005 Other Expenses Not Included Schedule**

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Amount
BAD DEBT EXPENSE-RECLASS	950,668

## **TY 2005 Other Liabilities Schedule**

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Beginning of Year Amount	End of Year Amount
RESERVE FOR SELF INSURED RISK	1,880,755	3,873,000
RESERVE FOR PROPERTY & PUBLIC	12,034,133	12,924,038
RESERVE FOR WORKERS COMP RISK	696,495	815,984
POST RETIREMENT-LT PORTION	35,545,103	41,125,467
OTHER LIABILITIES	8,660,212	1,381,974
MEDICARE AUDIT RESERVE	0	6,410,987
POST RETIREMENT-CURRT PORTION	800,000	1,006,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490319011416

# **TY 2005 Other Revenues Included Schedule**

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Amount
ACCOUNTING PRINCIPLE	-417,815
BAD DEBT EXPENSE-RECLASS	-950,668



# **TY 2005 Other Revenues Not Included Schedule**

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Amount
LOSS ON DISP OF ASSETS-RECLASS	-407,156

# **TY 2005 Non Electing Public Charities Statement**

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

**EIN:** 34-0922268

**Statement:** 

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

# **TY 2005 Supplemental Support Schedule**

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005	338,524		506,490,916	6,538,851					513,368,291
2004	389,758		471,991,135	5,098,836					477,479,729
2003	31,689		528,214,771	6,657,072					534,903,532
2002	126,677		497,789,567	287,181					498,203,425

### Form 8868

(Rev December 2004)

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

OMB No. 1545-1709

Department of the Tinternal Revenue Se			► File a	separate application for	each return.		}		
		n Automatic 3-	Month Extension,	complete only Part	and check this	box			. <b>▶</b> X
• If you are fil	ling for ar	n Additional (n	ot automatic) 3-M	onth Extension, con	plete only Part	II (on page	2 of this	form).	· —
Do not complet	te Part II u	niess you have	already been gra	nted an automatic 3-	month extension	n on a prev	iously file	d Form 8868	<u> </u>
Part I Auto	matic 3-	Month Exten	sion of Time - O	nly submit original	(no copies nee	ded)			
	•			nth extension - check					.▶ ∐
All other corpo Partnerships, F	rations (i REMICs,	ncluding Form and trusts mus	990-C filers) must st use Form 8736 t	use Form 7004 to re o request an extensi	quest an extension of time to file i	on of time t Fo <mark>rm 1065</mark> ,	o file incoi , 1066, or	me tax return 1041.	S.
returns noted I (not automatic	below (6 ) 3-mont electronic	months for co h extension, ir filing of this fo	orporate Form 990 nstead you must s orm, visit www.irs.go	onically if you want -T filers). However, submit the fully con ov/efile.	you cannot file	ıt electron	ically if yo	ou want the	additional
Type or	Name of	Exempt Organization	ation				Employe	r identification	ı number
print				PLAN OF OHIO			34-0	922268	
File by the	Number,	street, and roon	n or suite no If a P.O.	box, see instructions.					
due date for filing your			LAZA SUITE 15		<del></del>				
return. See instructions.	City, tow	n or post office,	state, and ZIP code. I	For a foreign address, se	ee instructions.				
		KLAND, CA							<del></del>
		o be filed (file a	$\overline{}$	tion for each return).			4700		
X Form 990			Form 990-T (c	•			m 4720		
Form 990			<del></del> 1	ec. 401(a) or 408(a) trus	it)		m:5227		
Form 990			Form 1041-A	rust other than above)		——————————————————————————————————————	m 6069 m 8870		
Form 990-	-PF		Porm 1041-A			For	m 007U		·
<ul> <li>If the organ</li> <li>If this is for</li> <li>for the whole one</li> <li>names and Ell</li> <li>1 I request</li> </ul>	nization do a <b>Group</b> group, che Ns of all n an autom exempt o calendar	Return, enter the eck this box nembers the expension artic 3-month (	n office or place of the organization's f If it is for xtension will cover. 6-months for a Fore turn for the organiz	business in the Unit our digit Group Exem part of the group, c m 990-T corporation ration named above.	nption Number (Check this box	this box SEN)	08/15		the 2006 ,
2 If this tax	year is fo	or less than 12	months, check reas	son: Initial reti	ırn 🔲 Final	return	] Change	e in accountii	ng period
nomrefund b If this ap made. Inc c Balance with FTC instructio	dable cre- plication clude any Due. Sub Coupor ons	dits See instru is for Form 990 prior year over tract line 3b fr or, if requir	actions  0-PF or 990-T, ent rpayment allowed a rom line 3a. Includ red, by using EF	0-T, 4720, or 6069	redits and estim	nated tax p of required ment Syste	ayments , deposit em). See	\$ \$ \$ m 8879-EO	
for paym ent in		=	····		· · · · · · · · · · · · · · · · · · ·				<del></del>
For Privacy A	ct and Pa	perwork Redu	ction Act Notice, s	ee instructions,				Form 8868 (R	ev 12-2004)

	40.0000	Page 7
• If you are	filing for an Additional (not automatic) 3-Month Extension, complete only	Page 2 Part II and check this box
•	complete Part II if you have already been granted an automatic 3-month ext	
• If you are	filing for an Automatic 3-Month Extension, complete only Part I (on page 1	).
	Additional (not automatic) 3-Month Extension of Time - Must	
	Name of Exempt Organization	Employer identification number
Type or print	KAISER FOUNDATION HEALTH PLAN OF OHIO	34-0922268
•	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
File by the extended	ONE KAISER PLAZA SUITE 1550L	
due date for filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
return. See instructions.	OAKLAND, CA 94612	
	a of return to be filed (File a separate application for each return):	
	n 990 Form 990-T(sec. 401(a) or 408(a) trust)	Form 5227
$\overline{}$	n 990-BL Form 990-T (trust other than above)	Form 6069
	n 990-EZ	Form 8870
	· · · · · · · · · · · · · · · · · · ·	1 01111 0070
	n 990-PF Form 4720 not complete Part II if you were not already granted an automatic 3-mon	th extension on a previously filed Form 8969
		th extension on a previously theu Form 8888.
	oks are in the care of NATIONAL DIRECTOR OF TAX	071 0611
•	one No. ► 510 271-6385 FAX No. ► 510	
_	anization does not have an office or place of business in the United States, cl	
	or a Group Return, enter the organization's four digit Group Exemption Number	· <del></del>
	ble group, check this box ▶ 🔝 . If it is for part of the group, check this box	
	EINs of all members the extension is for.	
•	lest an additional 3-month extension of time until11/15/2006	and adding
	alendar year 2005, or other tax year beginning	and ending Change in accounting period
	in detail why you need the extension	
	GRATED MANAGED HEALTH CARE DELIVERY PROGRAM AND REC	
	TO VERIFY THAT EACH MEMBER'S TAX RETURN DATA IS CO	
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	
lioi ije	fundable credits. See instructions	oradita and actimated
	ayments made. Include any prior year overpayment allowed as a credit	
•	A 10 F 0000	and any amount paid
	ously with Form 8868 ice Due. Subtract line 8b from line 8a Include your payment with this form,	or if required denocit
	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax F	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	signature and Verification	
Under penaltie	es of perjury, I declare that I have examined this form, including accompanying schedules an	
	ect, and complete, and that I am authorized to prepare this form	, , ,
Signature .	Delondo Stoken Title DVP & CO	NTROLLER Date ► 8-1-06
Signature -	Notice to Applicant - To Be Complete	MTROLLER Date - 6 1-0 G
14/1 /0/2		d by the IRS
	have approved this application. Please attach this form to the organization's return.  have not approved this application. However, we have granted a 10-day grace perio	nd from the later of the date shown helpy or the due
date	lpha of the organization's return (including any prior extensions). This grace period is co	ensidered to be a valid extension of time for elections
	erwise required to be made on a timely return. Please attach this form to the organization	
VVe	have not approved this application. After considering the reasons stated in item 7, view. We are not granting a 10-day grace period.	ve cannot grant your request for an extension of time
	cannot consider this application because it was filed after the extended due date of th	e return for which an extension was requested.
Othe	er	
	<b>N</b>	
Director	By:	
Alan - 4	Basiling Address - Cuter the address if you want the same of this its time	Date
Alterna te	Mailing Address - Enter the address if you want the copy of this application to an address different than the one entered above.	or an additional ENGLON APPROVED
returne d t	o an address different than the one entered above.  Name	
		AUG 2 2 2 0 0 6
Type or	Number and street (include suite, room, or apt. no.) or a P.O. box number	
print	Transportation and action (tributed eather footing of apic flory of a F.O., DOX (fulfill) of	LINDA WEISKOPF, FIELD DIRECTOR,
	City or town, province or state, and country (including postal or ZIP code)	SUBMISSION PROCESSING, OGDEN
	any and and product of the same and the same of the sa	,

JSA 5F8055 1 000 76273C 646A

# KAISER FOUNDATION HEALTH PLAN OF OHIO FORM 990 TAX YEAR 2005

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

DESCRIPTION AND TO WHOM SOLD	DATE & HOW ACQ'RD (NOTE #1)	DATE SOLD	SALES PRICE	COST/ EXPENSE OF SALE	ACCUM DEPREC	GAIN OR (LOSS)
SALE OF ASSETS:						
Miscellaneous Equipment	Various	Various	7,301	407,156	0	-399,855
						<del></del>
TOTAL SALES OF FIXED AS	SSETS		7,301	407,156	0	-399,855
RECAP OF NET GAIN/(LOS	<u>.</u> <u>s)</u>					
ORIGINAL COST AND EXPE	NSE OF SALE			407,156		
DEPRECIATION				0		
NET COST OR OTHER BASI	s			407,156		
LESS GROSS SALES PROC	EEDS			7,301		
NET GAIN/(LOSS)				-399,855		

NOTE #1: All of the foregoing fixed assets and equipment were acquired by purchase by the organization for use in its tax-exempt purpose of providing health care to its enrolled members of the community.

#### Kaiser Foundation Health Plan of Ohio Contributions, Gifts and Grants Paid

#### 34-0922268

Amount
of
Donation

Grantee	Address	of Donation	Purpose of Donation	Relationship	Status
American Heart Association	1689 E 115 Street Cleveland, OH 44106	67,550	Promote healthy hearts	N/A	509(A)(1)
American Diabetes Association	4500 Rockside Road Independence, OH 44131	5,000	Diabetes management	N/A	509(A)(1)
Big Brothers Big Sisters	1422 Euclid Ave Cleveland, OH 44115	10,000	Support children	N/A	509(A)(1)
Center for Families & Children	4500 Euclid Ave Cleveland, OH 44103	5,000	Support healthy families	N/A	509(A)(1)
Applewood Centers Inc.	10424 Detroit Ave. Cleveland, OH	5,000	Support Education	N/A	509(A)(1)
Cleveland Branch of NAACP	2131 Stokes Blvd Cleveland, OH 44106	5,000	Support the community	N/A	509(A)(1)
Cleveland Food Bank	1557 E 27th Street Cleveland, Oh 44114	10,250	Support the community	N/A	509(A)(1)
Cuyahoga Community College	700 Carnegie Ave Cleveland, OH 44115	10,000	Support education	N/A	509(A)(1)
Harves for Hunger	1557 E 27th Street Cleveland, OH 44114	5,891	Support the community	N/A	509(A)(1)
Kaleidoscope Magazine	PO Box 603310 Cleveland, OH 44103	6,000	Support diversity	N/A	509(A)(1)
MOTTEP of Cleveland	18720 Chagrin Blvd. Shaker Heights, OH 44122	11,000	Support education	N/A	509(A)(1)
United Way Services	1331 Euclid Ave. Cleveland, OH 44115	7,500	Support the community	N/A	509(A)(1)
YWCA of Greater Cleveland	4019 Prospect Ave. Cleveland, OH 44103	11,000	Support the community	N/A	509(A)(1)
Miscellaneous Contriburavailable upon request	tions - information	15,322			
	Total Grants Paid	174,513	- :		

### KAISER FOUNDATION HEALTH PLAN OF OHIO FORM 990 TAX YEAR 2005

#### SCHEDULE OF FIXED ASSETS AND DEPRECIATION

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

	COST		ACCUMULATED	2005	
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR	DEPN/AMORTN EXPENSE
LAND LAND IMPROVEMENTS BUILDINGS LEASEHOLD IMPROVEMENTS EQUIPMENT CAPITALIZED SOFTWARE CAPITALIZED LEASES	5,961,963 837,617 66,898,452 8,394,063 36,340,884 25,492,987	5,961,963 879,617 67,937,070 8,474,436 37,919,928 25,525,987 0	0 515,483 22,738,807 5,075,618 29,012,031 25,357,800 0	0 571,166 25,636,505 6,255,230 30,387,197 25,458,078 0	0 43,984 2,487,523 772,456 1,614,473 100,278
CONSTRUCTION IN PROGRESS	297,375	6,110,500	0	0	
OTHER AMORTIZATION - START UP	AND DEFERRED	COSTS -			0
TOTALS TO: PART IV, LINE 57(A) PART IV, LINE 57(B) PART IV, LINE 57(C) TOTAL DEPRECIATION AND AMO	144,223,341 61,523,602 PRTIZATION	152,809,500 64,501,32 <del>1</del>	82,699,739	88,308,176	5,018,714

#### KAISER FOUNDATION HEALTH PLAN OF OHIO 34-0922268 12/31/2005

#### STATEMENT FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

(A) NAME	(B) TITLE/ HOURS*WEEKLY		(C1) COMPENSATION PRE 2005	(C2) COMPENSATION 2005	(D1) BENEFIT 2005	(D2) BENEFIT PAID 2006	(E) EXP ACCT/ OTHER ALLOW.
see note 2	*see note 7		see notes 3 & 4	see notes 3 & 4	See Notes 3, 4 & 5	See Notes 3, 4 & 5	see notes 3, 4 & 6
DIRECTORS:							
George C Halvorson	Director & Chairman		0	0	0	0	0
Daniel P Garcia	Director		0	0	Ō	0	0
Barbara D Blum	Director to March 2005	5	0	0	Ō	0	0
Christine K Cassel	Director	11	0	0	Ō	Ō	0
Thomas W Chapman	Director	8	0	0	Ō	0	0
William R Graber	Director	6	0	0	Ō	0	0
J. Eugene Grigsby III	Director	8	0	0	Ō	0	0
Kım J Kaiser	Director	7	0	0	0	0	0
J Neal Purcell	Director	8	0	0	0	0	0
Philip A. Manneau	Director	5	0	0	0	0	0
Robert L Ridgley	Director retired December 2005	5	0	0	0	0	0
Cynthia Telles	Director	6	0	0	0	0	0
Hans Tjian	Director to August 2005	5	0	0	0	0	0
Sandra Thompkins	Director from June 2005	3					
OFFICERS AND KEY EMPLOYEES	:						
Patricia Kennedy-Scott	Regional President	40	0	0	0	0	0
Robert E Briggs	Senior Vice President to February 2005	40	0	0	0	0	0
Kathryn Lancaster	Senior Vice President	40	0	0	0	0	0
Arthur M Southam, MD	Senior Vice President	40	0	0	0	0	0
Steven R Zatkin	Senior Vice President	40	0	0	0	0	0
Thomas R Meier	Vice President/Treasurer	40	0	0	0	0	0
Deborah Stokes	Vice President/Controller	40	0	0	0	0	0
Dinah Seiver	Assistant Secretary	40	0	0	0	0	0
Victoria B Zatkin	Assistant Secretary	40	0	0	0	0	0

### KAISER FOUNDATION HEALTH PLAN OF OHIO 34-0922268 12/31/2005

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

(A) NAME	(C1) COMPENSATION PRE 2005	(C2) COMPENSATION 2005	(D1) BENEFIT 2005	(D2) BENEFIT PAID 2006	(E) EXP ACCT/ OTHER ALLOW.
see note 2	see notes 3 & 4	see notes 3 & 4	See Notes 3, 4 & 5	See Notes 3, 4 & 5	see notes 3, 4 & 6
George C Halvorson	2,605,083	2,817,749	1,592,563	1,570,000	0
Daniel P Garcia	564,016	632,352	423,952	261,962	10,891
Barbara D Blum	0	29,625	0	0	0
Christine K Cassel	0	133,000	0	0	0
Thomas W Chapman	0	161,173	14,000	0	0
William R. Graber	0	156,333	0	0	0
J. Eugene Grigsby III	0	159,975	0	0	0
Kim J. Kaiser	0	167,500	0	0	0
J. Neal Purcell	0	158,000	14,000	0	0
Philip A. Marineau	0	139,833	0	0	0
Robert L Ridgley	0	151,182	0	0	0
Cynthia Telles	0	162,475	0	0	0
Hans Tjian	0	86,222	0	22,000	0
Sandra Thompkins	0	91,917	0	0	0
Patricia Kennedy-Scott	498,003	538,297	184,806	124,108	0
Robert E Briggs *	3,798,344	3,893,545	114,996	3,334	0
Kathryn Lancaster	156,539	577,854	240,701	323,499	0
Arthur M Southam, MD	1,308,033	1,364,458	359,644	533,681	0
Steven R Zatkin	512,031	815,098	657,832	333,189	0
Thomas R Meier	166,555	330,101	123,589	154,818	0
Deborah Stokes	184,465	387,744	125,771	114,031	0
Dinah Seiver	194,419	343,292	107,080	77,624	0
Victoria B Zatkin	33,467	225,589	60,622	66,581	0
Jennifer Gardner	0	73,936	9,320	4,625	0

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

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

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

Kaiser Foundation Health Plan, Inc. Program Office Controller's Department One Kaiser Plaza, Suite 15L Ordway Oakland, CA 94612

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

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

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

Some of the amounts shown as Compensation were actually earned in years prior to 2005. This compensation is effectively reported in Part V twice – once in the year deferred and again in the year paid. However, the compensation is only paid once. The disclosure rules mandate that significant amounts of compensation are double-counted in both 2004 and 2005. For instance, column C1 includes amounts paid in 2005 for achievement of performance goals for prior years, and column D2 includes payments scheduled for 2006 for performance goals achieved in 2005.

Note #5 – The Organization offers various benefit plans, both qualified and non-qualified. Among the benefits offered to the officers listed on Form 990, Part V-A line 75 c are a qualified Defined Benefit Plan (Plan A), a qualified Defined Contribution Plan (Plan B), a Section 403(b) Tax Sheltered Annuity Plan (TSA), a Section 457(b) Deferred Compensation Plan (CAP), and health and welfare benefit plans. Included in Benefits reported for this purpose are the value of the annual contributions to Plan B, TSA, CAP and certain health and welfare benefit plans. Estimates for 2005 accruals for future benefits under Plan A are included in column D1.

For other benefit plans available to executives which provide future benefits earned during 2005 (where the specific amounts are available and determinable by the time this tax report is filed), the amount is included in the Benefits column D1 reported in this return. Amounts determinable at year-end under termination of employment arrangements calling for future payments in a subsequent year are included in the D1 Benefit Plans column for this purpose. Individuals noted with (\*) may have amounts included by reason of termination of employment and from benefit plan accounts that were previously earned.

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

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

Note #7 – The average weekly time spent on the organization's affairs during 2005 is reported based on individual records for Directors Kaiser, Ridgley, Graber, Cassel, Grigsby, Chapman, Thompkins, Purcell and Telles; for the other directors the time is estimated to be five hours. Actual time spent by Board member may vary based on different responsibilities during the year. Key employees, who work full-time, may work in excess of the standard 40-hour work week.

Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, Kaiser Foundation Health Plan of the Northwest, Kaiser Foundation Health Plan of Colorado, and Kaiser Foundation Health Plan of Ohio have the same Directors. The hours reported for outside Directors for Part V represent the total average weekly time spent by each Director on all of these organizations' affairs during 2005.

# KAISER FOUNDATION HEALTH PLAN OF OHIO 34-0922268 December 31, 2005

# STATEMENT FORM 990 PART V-B - LIST OF FORMER OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME see note 2	(B) LOANS AND ADVANCES	(C1) COMPENSATION PRE 2005 See Notes 3 & 4	(C2) COMPENSATION 2005 See Notes 3 & 4	(D1) BENEFIT 2005 See Notes 3, 4 & 5	(D2) BENEFIT PAID 2006 See Notes 3, 4 & 5	(E) EXP ACCT/ OTHER ALLOW. see notes 3, 4 & 6
ROBERT BAKER	0	0	0	8,616	0	0

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# NON-AFFILIATED TAXABLE ORGANIZATION RELATIONSHIPS

NAME	NON-AFFILIATED TAXABLE ORG	TRANSACTIONAL RELATIONSHIP
PHILIP A MARINEAU	LEVI STRAUS & CO	NONE
HANS TIJAN	WESTAMERICA BANCORPORATION	NONE
ROBERT RIDGLEY	NORTHWEST NATURAL GAS COMPANY	GAS SUPPLIER FOR NORTHWEST REGION

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# FAMILY AFFILIATIONS REPORTED

NAME	FAMILY MEMBER AFFILIATION
STEVE R ZATKIN	SPOUSE EMPLOYEE OF KFHP INC.
VICTORIA B ZATKIN	SPOUSE, SR. VP, GENERAL COUNSEL AND SECRETARY OF KFH, KFHP INC. AND REGIONAL HEALTH PLANS
CYNTHIA TELLES	COUSIN, PHYSICIAN SOUTHERN CALIFORNIA MEDICAL GROUP

TIN: 34-0922268 DECEMBER 31, 2005

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

#### LINE NUMBER 93:

# 93A MEMBERS HEALTH CARE PREMIUMS

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

# 93B SUPPLEMENTAL CHARGES / PHARMACY

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

# 93C NON-PLAN AND INDUSTRIAL REVENUE

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

#### 93D OTHER PROGRAM SERVICE REVENUE

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

#### 93F MEDICARE / MEDICAID PAYMENTS

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

# KAISER FOUNDATION HEALTH PLAN OHIO, INC EMPLOYEE COMPENSATION FOR FORM 990 REPORTING PURPOSES FOR TAX YEAR 2005

TOP FIVE EMPLO	YEES		

NAME	TITLE	HOURS see note 7	(C1) COMPENSATION PRE-2005 see notes 3 & 4	(C2) COMPENSATION 2005 see notes 3 & 4	(D1) BENEFITS 2005 see notes 3, 4 & 5	(D2) BENEFITS PAID 2006 see Notes 3, 4 & 5	(E) EXP ACCT/ OTHER ALLOW. see notes 3, 4 & 6
BELVA D TIBBS	VP	40	136,021	257,061	45,314	40,992	0
THOMAS R REAVIS	VP	40	103,104	235,237	88,454	38,804	0
TIMOTHY ALBERTS	VP	40	109,782	237,218	91,262	39,278	0
RUTH E LANGSTRAAT	VP	40	69,825	294,609	107,566	48,273	0
GREG MERCER	VP	40	118,039	285,900	59,649	45,843	0

NOTES: See Statement 16 for notes applicable to the above reporting.

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# Schedule A, Part III, Question 2a:

Kaiser Foundation Health Plan of Ohio (KFHP) is organized for the public benefit and provides health and medical care services for its members. KFHP and Kaiser Foundation Health Plan, Inc. (KFHP Inc.) and Kaiser Foundation Hospitals (KFH) have common Boards of Directors. KFHP, KFHP, Inc. and KFH are operated as separate charitable corporations. See **Statement 18** for a list of tax-exempt and non-exempt related entities.

Based on a review of KFHP records and Conflict of Interest (COI) statements for these directors, officers and key employees for 2005, KFHP did not engage in the sale, exchange, or leasing of property with any of the persons listed on Form 990, Part V.

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

In the normal course of business in carrying out its charitable purposes, KFHP may have entered into the sale, exchange, or leasing of property with some of the related entities described in **Statement 18**. KFHP relationships with such organizations are conducted at a price which is not less than cost or more fair market value.

# Schedule A, Part III, Question 2b:

**Statement 17, page 2** provides a list of the directors, officers and key employee family members with whom KFHP did business or who were employed by KFHP or any KFHP affiliate. KFHP does not have trustees, creators or substantial contributors.

Based on a review of KFHP records and COI statements for these directors, officers and key employees for 2005, KFHP did not engage in the lending of money or other extension of credit with any of these persons in 2005. KFHP, Inc. has a program that provides loans to relocate executives. The program was modified in August 2002 to take into consideration the Section 402 provisions of the Sarbanes Oxley Act, limiting certain employees' eligibility for loans. **Statement 16** provides information regarding officer and key employee loans made by KFHP, Inc. as disclosed in the KFHP, Inc. 2005 Form 990, Part IV and Schedule A, Part III, question 2b.

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Based on the COI questionnaires for 2005, **Statement 17, page 1** lists non-affiliated taxable organizations which did business with KFHP in 2005 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. KFHP relationships with such organizations are conducted on a fair market value basis and the KFHP officer director or key employee abstained from voting on any such matter.

# Schedule A, Part III, Question 2c:

Form 990, Part V lists the officers, directors and key employees of KFHP in 2005. Based on a review of COI statements for these directors, officers and key employees for 2005, **Statement 17, page 2** provides a list of their family members with whom KFHP did business or who were employed by KFHP or any KFHP affiliate. KFHP does not have trustees, creators or substantial contributors. Any such transactions are conducted on a fair market value basis.

Based on a review of KFHP records and COI statements for these directors, officers and key employees for 2005, KFHP did not engage in the furnishing of goods, services, or facilities with any of the persons in 2005.

In the normal course of business in carrying out its charitable purposes, KFHP may have entered into the furnishing of goods, services, or facilities with some of the related taxable entities. **Statement 23** generally describes the transactions between KFHP and those entities.

Based on the COI questionnaires for 2005, **Statement 17**, **page 1** lists non-affiliated taxable organizations, which did business with KFHP in 2005 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. **Statement 17**, **page 1** also provides a general summary of the transactional relationship (if any) between KFHP and such organizations. KFHP relationships with such organizations are conducted on a fair market value basis and the officer, director or key employee abstained from voting on any such transaction.

# KAISER FOUNDATION HEALTH PLAN OF OHIO TIN: 34-0922268 DECEMBER 31, 2005

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

The Organization is a member of the Kaiser Permanente Medical Care Program and participated and benefited from lobbying activities conducted at the national level by Kaiser Foundation Health Plan, Inc. for the benefit of its 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 did not participate in or conduct political campaigns.

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

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

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

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

# TAXABLE ENTITY RELATIONSHIPS KAISER FOUNDATION HOSPITALS AND HEALTH PLAN INC.

EMPLOYER TAX ID #	ENTITY NAME		Purpose of Entity
KAISER FOUNDATION HOSPITAL SUBSIDIARIES (TAXABLE):			
94-3245176	KAISER PERMANENTE INTERNATIONAL	Txbl	An International consulting company
94-3292262	KAISER PERMANENTE VENTURES	Txbl	Inactive.
68-0444615	CARETOUCH, INC.	Txbl	Retail health products (web based) enterprise Winding up its business affairs
91-2166347	KP ONCALL, LLC	LLC	Owns & operates nurse telemedicine services call center.
KAISER FOU	NDATION HEALTH PLAN INC. SUBSIDIARIES (TAXABLE):	<u> </u>	
94-3113684	KAISER PERMANENTE HEALTH ALTERNATIVES	Txbl	Provides dental plans and Point of Service medical plans in Washington state to groups/individuals.
94-3259432	KAISER PROPERTIES SERVICES, INC.	Txbl	Holds a CA real estate brokerage license
94-3203402	KAISER PERMANENTE INSURANCE COMPANY	Txbl	Insurance company offering indemnity benefit plans
03-0329760	OAK TREE ASSURANCE, LTD.	Txbl	Captive insurance company to insure workers compensation & auto insurance coverage
91-2171891	LOKAHI ASSURANCE LTD	Txbl	A captive insurance company to insure and secure reinsurance for property & casualty risks
	ORDWAY INTERNATIONAL, LTD.	Txbl	A holding company to provide offshore risk management tools.
	ORDWAY INDEMNITY, LTD.	Txbl	An offshore company used as a risk management tool
91-1814507	CHP COMPANIES, INC.	Txbl	Holding company, sole member of CHP. CHP is an inactive health plan in New York.

#### 2005 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF OHIO

Kaiser Foundation Health Plan of Ohio or "Ohio Health Plan" is a tax-exempt subsidiary health plan of Kaiser Foundation Health Plan, Inc. (KFHP). KFHP, with its five principal operating tax-exempt subsidiary health plans—Kaiser Foundation Health Plan of Colorado; Kaiser Foundation Health Plan of Georgia, Inc.; Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.; Kaiser Foundation Health Plan of 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."

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

In 2005, Kaiser Permanente served over 8.4 million people in nine states: California, Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia, Washington and the District of Columbia. The program is the largest private nonprofit health care program in the United States and has more than 140,000 employees and nearly 13,000 physicians and 120 dentists. In the Ohio region, Health Plan serves more than 145,962 members with 1,942 administrative, clerical and technical employees as well as 176 Permanente physicians.

In the Ohio Region, three separate legal organizations comprise Kaiser Permanente: Ohio Health Plan, an Ohio nonprofit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3); KFH, a California nonprofit public benefit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3); and the Ohio Permanente Medical Group, an independent multi-specialty group of physicians organized as a professional corporation.

Persons enroll in Kaiser Permanente through KFHP or one of the Health Plan subsidiaries or "Health Plan." Health Plan provides and arranges comprehensive health care services for members on a predominantly prepaid basis. Health Plan fulfills its contractual obligations to group and individual members by contracting with KFH and Ohio Permanente Physicians 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 Health Plan or KFH.

KFHP and KFH are separate corporations governed by identical boards of directors. KFH accepts responsibility to provide or arrange necessary hospital services and facilities for Health Plan members. In the Ohio Region, KFH contracts with community hospitals to provide hospital services to members for specialized care and other services.

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

#### KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY

Through the Kaiser Permanente mission, the organization contributes to the health of the communities in two related ways. First, Kaiser Permanente strives for excellence in serving its more than eight 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 healthcare workers and consumers, and informing public policy.

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

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

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 healthcare system. Community benefit investments are concentrated in four areas:

- Vulnerable Populations Address the financing and delivery problems of populations that are vulnerable due to socioeconomic status, illness, ethnicity, age, or other disabling factors
- Evidence-based Medicine Develop and communicate the evidence base to determine what form of
  medical care works, for which patients and populations, under what circumstances, at what cost and
  in which delivery settings
- Education Evaluate and demonstrate educational models for the health professions in integrated
  care systems and for health care consumers in managing their own health and obtaining health care
  services

 Public Policy – Develop and disseminate public policy information that reflects the interests of the nation as a whole

The Board elaborated that at least 75% of total community benefit funding will be directed to the Program priorities within the four focus areas and the remaining 25% of funding will be directed by local regions to respond to local community benefit needs and opportunities that may or may not be within the four key focus areas.

As part of the new approach, the Board approved the formation of a National Community Benefit Governance Council, and established a standing Community Benefit Committee of the Board of Directors to oversee the new program. The Board also designated 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, reporting to the CEO and Chairman of the Board.

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

KFHP provides comprehensive health care services on a 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 service, 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 quality of life in the communities we serve. To serve the community by providing affordable, comprehensive health care and support in its social mission, KFHP is organized and operated as a fully integrated delivery system.

- Integrated Services and Facilities KFHP has organized and integrated the professional and physical resources required to provide comprehensive health care. In hospital-based 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. Our members typically have all the services and professional care they require available in one place, which facilitates a coordinated approach to care. Equipment and supporting personnel are shared and high-technology services such as neurosurgery, open-heart surgery, and cancer treatment are also centralized to facilitate development and transfer of best clinical practices among all Permanente providers.
- Group Practice Contracting Permanente Medical Groups are organized into 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. By altering the direct
  relationship between service performed and income received, 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
  development and sharing of "best clinical practices" throughout the community and across the nation.
- 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.
- Benefits Plans KFHP offers a variety of coverage options 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 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.
   KFHP and its subsidiaries enrolled approximately 896,000 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 of its subsidiaries provide care to over 139,000 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 Child Health Insurance Program (SCHIP) and served an
  additional 91,000 children in 2005.

#### THE COMMUNITY BENEFIT PROGRAM IN THE OHIO REGION

In 2005, KFHP and KFH spent approximately \$668 million or approximately 2.2% of revenue to support Community Benefit Programs in the community. In Ohio, the Health Plan spent \$979,000 in community benefit activities. A breakdown of the 2005 DCBI dollars attributable to KFHP and KFH nationally is described in Attachment A and dollars attributable to the Ohio Health Plan are in Attachment B.

The following identifies many of the signature community benefit programs and services funded by Ohio Health Plan according to the national focus areas:

#### **VULNERABLE POPULATIONS**

In 2005, the Ohio Health Plan spent \$668,000 to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age or other factors in 2005. A complete description of the community benefits is described below.

#### **MEDICAL CARE SERVICES**

Kaiser Permanente provides medical care services for vulnerable populations in many ways. These include Charitable Care Programs, and participation in public programs for low-income individuals.

#### Charitable Care (Charitable Health Coverage)

In the Ohio Region, Health Plan provides charity care to low-income vulnerable populations through their Charitable Health Coverage Program. In 2005, the Ohio Health Plan spent \$217,000 on under- and uninsured Ohio residents.

• Transition Plan – This program allows members the opportunity to continue their health care coverage at reduced costs when they are experiencing financial difficulties due to job loss, involuntary reduction in work hours, death, divorce, or legal separation from a spouse. Typically, these individuals are not eligible for any other public or private sponsored health care coverage. Based on income, the plan subsidizes nearly all health care coverage costs. Transition Plan members minimally share in the cost of coverage and pay a premium of \$20 per month for individuals and \$40 per month for families. They receive comprehensive benefits, including prescription drug coverage and hospitalization.

#### Participation in Medicaid and Other Publicly Financed Programs

The Ohio Health Plan has a long history of participation in publicly financed health programs. In 2005, the Ohio Region provided medical coverage and services valued at approximately \$155,000 (in excess of reimbursement) for individuals participating in the following government sponsored program.

Medicare-Medicaid Premium Subsidy – In Ohio, state policy does not allow use of state dollars to
pay for Medicare monthly premiums, even for low-income persons. Health Plan paid the monthly
Medicare premium for approximately 525 dual-eligible Medicare/Medicaid members. This effort
supports low income persons and provides richer Medicare benefits than fee-for-service.

#### COMMUNITY-BASED PROGRAMS FOR VULNERABLE POPULATIONS

The Ohio Health Plan spent approximately \$92,000 to provide programs for nonmembers who live and work in the communities served by Health Plan. The following are examples of community-based programs funded in 2005:

#### **Youth and Other Employment Programs**

The Ohio Health Plan spent \$23,000 in support of four internships in 2005: three for Summer Youth and one for INROADS. The Summer Youth program offers economically disadvantaged high school students in Ohio with supportive and meaningful employment experiences in the health care field. Employment is during the summer months throughout the organization. INROADS focuses on developing minority college students for leadership roles in corporations and in the community. Student interns typically work two to five summers at Kaiser Permanente with the goal of permanent placement upon graduation from college.

#### **Grants and Donations for Community-Based Programs**

The Ohio Health Plan contributed over \$69,000 to 28 nonprofit community organizations in support of a variety of other programs and services for vulnerable populations. Highlights of programs and services funded in 2005 are below:

- Health Plan in Ohio provided a \$5,000 grant to the Center for Families and Children's Summer Enrichment program that provides a safe, nurturing, and enriching environment during the summer months for Greater Cleveland's low-income children. Summer Enrichment keeps children engaged in a stimulating environment that continues to promote language and literacy. The program is a valuable community resource for parents and guardians looking for quality childcare while they work or pursue job training and placement.
- A \$10,000 grant was given to the YWCA supported Parents' Night Out, a program that provides
  educational workshops for the parents. Workshops included informational discussions on
  childhood development, behavior challenges and discipline, and preparing nutritious, quick and
  cost-effective snacks and meals.
- Teens to Men Conference received a \$10,000 grant, which helped underwrite the costs of this
  structured day-long program created by Big Brothers Big Sisters of Greater Cleveland for boys
  ages 12 through 15. The participating boys had the opportunity to interact with positive adult role
  models whose interventions were focused around helping the boys discover their own individual
  strengths, talents and gifts.

# **EVIDENCE-BASED MEDICINE**

The Ohio Health Plan spent approximately \$91,000 to support clinical and health research activities. As a program, Kaiser Permanente conducts more research than any other non-academic institution in the United States.

#### **Health Sciences and Medical Libraries**

The Ohio Health Plan spent \$91,000 to support its medical library and other health resource and information dissemination services. The Parma Medical Library is available to the greater professional community to access health-related research conducted within and outside of Kaiser Permanente. In 2005, more than 500 information requests and research literary searches were completed.

#### **EDUCATION**

The Ohio Health Plan spent \$210,000 on programs to educate consumers during 2005. A complete description of these community benefit contributions is listed below.

#### **Community Health Education and Prevention Programs**

The Ohio Health Plan provides a variety of health education classes, events and programs to both members and the general public. During 2005, the Health Education Department organized numerous health fairs and screenings at Health Plan medical offices which were open to the general public. The following are three examples of these community activities:

- Ohio Health Plan is a Steps To A Healthier Cleveland partner, along with the Cleveland Department of Public Health and many other local community-based and health care organizations. The purpose of the partnership is to implement chronic disease prevention efforts focused on reducing the burden of diabetes, overweight, obesity and asthma, and addressing three related risk factors: physical inactivity, poor nutrition and tobacco use. In 2005, the Ohio Region helped support the creation of the Healthy Cleveland Business Council, a key Steps initiative. The Healthy Cleveland Business Council is a network of employers interested in connecting a healthy workforce and a healthy business plan. The Healthy Cleveland Business Council provides a forum for worksite wellness, engaging dialogue, and building new steps to personal, community and business development.
- At the 2005 African American Women's Wellness Walk hosted by the American Heart
  Association Ohio Health Plan provided free health screenings to all attendees. The event, which
  is not a fundraiser, attracts African American women and families from across Greater Cleveland
  and engages them in a day of physical activity, nutrition education and entertainment. Free
  health screenings included blood pressure, cholesterol, glucose, body mass index and stroke risk
  assessments, and several physicians were present to answer questions about individual risk
  factors.
- Healthy Eating/Active Living (HEAL) for Families is a four-session program featuring nutrition and
  physical activity for families developed by the Ohio Health Plan. The sessions offer resources,
  handouts and opportunities for participants to brainstorm ideas for living a healthier lifestyle.

#### **Educational Theatre Programs (ETP)**

In 2005, the Ohio Health Plan launched an Educational Theatre Program based upon a new model for promoting health through theatre. Under the new model, the Ohio Region collaborates with schools, community based organizations and other non-profits to create a program that uses theatre to train school-based youth actors as health education "ambassadors," as well as deliver health messages to large audiences. Youth actors learn and perform age-appropriate evidence-based productions developed by the Health Plan. The Cleveland Municipal School District is a key partner in the Educational Theatre Program.

The first production of the ETP in Ohio is the play *Secrets*, which educates students about the dangers of HIV/AIDS and other sexually transmitted diseases by providing them with a realistic look into the lives of people impacted by the HIV virus. As enlightening as it is entertaining, *Secrets* uses humor and drama to provide students with the facts about HIV/AIDS, and other sexually transmitted diseases.

#### Grants and Donations for Consumer Health Education

The Ohio Health Plan contributed approximately \$75,000 in community benefit funds to support one nonprofit organization providing consumer health education programs and services.

- Ohio Health Plan serves as the exclusive provider of heart healthy screenings at the American Heart Walks in Cleveland, Akron, Lake/Geauga County and Lorain County. These free screenings help attendees understand how they can work with their health care provider and make lifestyle changes to prevent chronic conditions such as heart disease and diabetes. The Ohio Region also supports the American Heart Association's Search Your Heart Program, a faithbased heart and stroke education program.
- In 2005, the Ohio Health Plan served as one of the sponsors at the American Heart Association's Go Red Breakfast. The event, designed to raise awareness of heart disease among women, targeted professional women in Greater Cleveland. Attendees heard from a panel of physicians, and Health Plan nurses conducted free health screenings and educated participants on individual risk factors.

#### OTHER COMMUNITY BENEFITS

The Ohio Health Plan spent approximately \$10,000 on other community benefits beyond the national areas of focus. The Ohio Region's Kaiser Permanente Community Care Fund is the employee's charitable giving campaign. This program is comprised of six federations that meet a variety of needs and address issues that are important to northeast Ohio communities: United Way Services (Greater Cleveland), United Way of Lake County, United Way of Lorain County, United Way of Summit County, Harvest for Hunger and Greater Cleveland Community Shares. Employees contribute to the federations' general funds or make designations through payroll deductions, direct gifts and special event fundraising.

# **ATTACHMENT A**

# 2005 NATIONAL DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM

The following charts summarize 2005 Community Benefit investments nationally for KFHP and for KFH. The investments in the community reflected in the charts are unaudited.

	NATIONAL	PENATION ALL	AZ NATIONAL
CE PRIORITY AREAS	ie Guod	WHOSHUENER OTAL	
VULNERABLE POPULATIONS		the state of the second	Marie Control of Contr
Medical Care Services	\$317,528,265	\$202,427,756	\$519,956,021
Community-Based Programs	930,380	13,391,455	14,321,835
Other Vulnerable Populations	20,957,834	6,663,432	27,621,266
Subtotal:	\$339,416,479	\$222,482,643	\$561,899,122
EVIDENCE-BASE			
Research	1,272,089	15,144,352	16,416,441
Medical Libraries	91,309	3,614,633	3,705,942
Other	309,976	1,833,846	2,143,822
Subtotal:	1,673,374	20,592,831	22,266,205
EDUCATION			
Consumer	3,516,584	8,082,297	11,598,881
Health Professionals	4,250,165	55,304,203	59,554,368
Subtotal:	7,766,749	63,386,500	71,153,249
PUBLIC POLICY			
Public Policy Grants/Expenses	1,314,750	1,066,257	2,381,007
Subtotal:	1,314,750	1,066,257	2,381,007
OTHER COMMUNITY BENEFITS			
Other CB Grants/Expense	3,142,977	6,371,103	9,514,080
Community Giving Campaign	215,468	560,304	775,772
Subtotal:	3,358,445	6,931,407	10,289,852
TOTAL	\$353,529,797	\$314,459,638	\$667,989,435

# **ATTACHMENT B**

# DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM 2005 OHIO REGIONAL COMMUNITY BENEFIT FINANCIALS

The following chart summarizes 2005 community benefit investments by the Ohio Health Plan. The investments in the community reflected in the chart are unaudited.

	रिवर्गागर ।	REGIONAL	REGIONAL
# OF PROPERTY ARE	(0) (0)	*******	D A I A
VULNERABLE POPULATIONS	Section for the same section with the same section and		
Medical Care Services	\$372,343	\$0	\$372,343
Community-based Programs	92,025	0	\$92,025
Other Vulnerable Populations	203,226	0	\$203,226
Subtotal:	667,594	0	667,594
EVIDENCE-BASED MEDICINE			
Research	0	0	0
Medical Libraries	91,309	0	91,309
Other	0	0	0
Subtotal:	91,309	0	91,309
EDUCATION			
Consumers	209,572	0	209,572
Health Professionals	0	0	0
Subtotal:	209,572	0	209,572
PUBLIC POLICY			
Public Policy Grants/Expenses	0	0	0
Subtotal:	0	0	0
OTHER COMMUNITY BENEFITS	1		
Other CB Grants/Expenses	0	0	0
Community Giving Campaign	10,256	0	10,256
Subtotal:	10,256	0	10,256
TOTAL	\$978,732	\$0	\$978,732