Form **990**

Department of the Treasury Internal Revenue

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)

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

2007
Open to Public

Inspection

<u>Sei</u>	rvice								
Ā	For the 2	2007 calendar	year, or tax year beginning	01-01-2007 and ending	12-31-2	007	D.E.	amla wan i	doublification number
В	Check ıf a	i icasc	I KASEK I GONDALION HEA	LTH PLAN OF OHIO			DEN	npioyer i	dentification number
Γ,	Address ch	nange use IRS	r					-09222 ephone	
\Box	Name cha		Number and street (or P C	box if mail is not delivered to 1550L	street ad	dress) Room	i/ suite	•	
Γ	Initial retu	rn Specifi	c					10) 271	
\Box	Fınal retur	Instructions.	C- City or town, state or cour OAKLAND, CA 94612	ntry, and ZIP + 4				_	nethod Cash Accrual
Γ	Amended	return					'	Other (sp	pecify) 🕨
\Box	Application	n pending							
			ion 501(c)(3) organizations a			ie			section 527 organizations
		trus	ts must attach a completed So	chedule A (Form 990 or 990)-EZ).	` '	•		or affiliates? Tyes V No
G	Web sit	e: ► N/A					If "Yes" enter		
_						' '	Are all affiliat		See instructions)
	Organiza	ation type (check o	only one) 🕨 🔽 🥵 501(c) (3) 🕈	(insert no) 4947(a)(1)	or 5				n filed by an organization
			nization is not a 509(a)(3) suppoi			ire	covered by a		·
		file a complete ret		The organization chooses to fi	c a return	'' I	Group Exe	mption N	 Number ⊨
_	_					м	Check 🕨	ıf the org	ganization is not required to
			es 6b, 8b, 9b, and 10b to lir					•	90, 990-EZ, or 990-PF)
L	art I		Expenses, and Change		Fund E	Balances	(See the	instru	uctions.)
	1_		gifts, grants, and similar an		ایا				
	a				1a 1b		84,189	-	
	b	•	upport (not included on line support (not included on lir	•			106,188	-	
	c d	·	ontributions (grants) (not in	·	1c 1d		100,100	4	
	"			•				1	190,377
	e		s 1a through 1d) (cash \$ <u>19</u>)	22)	1e 2	
	2	Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments							593,239,328
	3	·						3	161 770
	4		vings and temporary cash ir					5	161,778
	5 6a	Gross rents .	interest from securities .		6a		128,054		
	b		penses		6b		128,032	1	
	"	Net rental income or (loss) subtract line 6b from line 6a						- 6c	128,054
业	7	Other investment income (describe)					7	120,031	
Revenue	8a		from sales of assets	(A) Securities		(B)	O ther	+ -	
Œ			entory	0	8a	(-)	10,38	0	
	Ь	Less cost or other	r basis and sales expenses	18,703	8b		17,16	3	
	c	Gain or (loss) ((attach schedule)	-18,703	8c		-6,78	3	
	d	Net gain or (los	ss) Combine line 8c, columi	ns (A) and (B)				8d	-25,486
	9	Special events	and activities (attach sche	dule) If any amount is fro	om gami	ng , check	here ► 🦵		
	а	Gross revenue	(not including \$	of					
			eported on line 1b)		9a				
	ь	Less direct ex	penses other than fundrais	ng expenses	9b				
	С	Net income or	(loss) from special events S	Subtract line 9b from line	9a .			9с	
	10a	Gross sales of	inventory, less returns and	allowances	10a				
	ь	Less cost of g	oods sold		10b				
	С	Gross profit or (los	ss) from sales of inventory (attach	schedule) Subtract line 10b fr	om line 10	Da		10c	
	11		(from Part VII, line 103)					11	5,967,910
_	12		Add lines 1e, 2, 3, 4, 5, 6c,					12	599,661,961
	13		ces (from line 44, column (B					13	558,941,243
Expenses	14		nd general (from line 44, co					14 15	47,924,252
χρ	15	Fundraising (from line 44, column (D))							
ш	16		16	606.007.15-					
_	17		Add lines 16 and 44, colur					17	606,865,495
<u>2</u>	18		icit) for the year Subtract lir					18	-7,203,534
Net Asset	19		fund balances at beginning o in net assets or fund balan					19	-4,300,345
¥	20	Other changes Net assets or f		20	29,792,759				
	- 41	THELDSSELS OF T	upram es ar end or veat					. / 1	

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) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $\0 noncash $\0) If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule) \textcircled{a} (cash \$ $90,175$ noncash \$ 0) If this amount includes foreign grants, check here	22b	90,175	90,175		
23	Specific assistance to individuals (attach schedule)	23	,	,		
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees etc listed in Part V -B (attach schedule)	25b				
С	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	85,613,173	74,748,546	10,864,627	
27	Pension plan contributions not included on lines 25a, b and c	27	10,818,382	9,435,647	1,382,735	
28	Employee benefits not included on lines 25a - 27	28	27,455,998	25,234,468	2,221,530	
29	Payroll taxes	29	6,489,502	5,676,714	812,788	
30	Professional fundraising fees	30	, ,		,	
31	Accounting fees	31	785,643	0	785,643	
32	Legal fees	32	73,331	0	73,331	
33	Supplies	33	71,566,623	67,600,792	3,965,831	
34	Telephone	34	158,070	130,809	27,261	
35	Postage and shipping	35	1,159,462	726,676	432,786	
36	Occupancy	36	7,268,910	7,251,680	17,230	
37	Equipment rental and maintenance	37	2,407,272	2,373,358	33,914	
38	Printing and publications	38	850,653	505,306	345,347	
39	Travel	39	1,014,175	615,861	398,314	
40	Conferences, conventions, and meetings	40	108,557	0	108,557	
41	Interest	41	1,090,348	1,090,348	0	
42	Depreciation, depletion, etc (attach schedule)	42	6,049,861	6,049,861	0	
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
С		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15) Costs. Check	44	606,865,495	558,941,243	47,924,252	0

(Grants and allocations \$

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Pa	rt IIII Statement of Program Servi	ce Accomplishments (See the instructions.)	-
For org The	m 990 is available for public inspection and, fo anization How the public perceives an organiz	r some people, serves as the primary or sole source of information a ation in such cases may be determined by the information presented e and accurate and fully describes, in Part III, the organization's pro	on its return
All c pub cha	organizations must describe their exempt purpose achieve lications issued, etc. Discuss achievements that are not r ritable trusts must also enter the amount of grants and a	THE PRIMARY EXEMPT PURPOSE OF KAISER FOUNDATION HEALTH PLAN OF OHIO ("HEALTH PLAN"), AN OHIO NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PUBLIC BENEFIT AND GENERALLY EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), AND COMPARABLE STATE STATUTE, IS TO PROVIDE A PROGRAM OF HEALTH CARE AND MEDICAL SERVICES AS A PREPAID DIRECT CARE GROUP PRACTICE HEALTH MAINTENANCE ORGANIZATION HEALTH PLAN IS A SUBSIDIARY OF KAISER FOUNDATION HEALTH PLAN, INC AN ORGANIZATION ALSO EXEMPT FROM TAX UNDER INTERNAL REVENUE CODE SECTION 501 (C)(3) HEALTH PLAN CONTRACTED WITH KAISER FOUNDATION HOSPITALS (HOSPITALS) AND OHIO PERMANENTE MEDICAL GROUP, (MEDICAL GROUP) TO PROVIDE OR ARRANGE FOR HOSPITAL AND MEDICAL SERVICES FOR ITS MEMBERS CONTRACT PAYMENTS TO HOSPITALS AND MEDICAL GROUP REPRESENTED A SUBSTANTIAL PORTION OF THE EXPENSES FOR MEDICAL AND HOSPITAL SERVICES REPORTED IN PRIOR REPORTING PERIODS PLEASE SEE THE ATTACHED "KAISER PERMANENTE COMMUNITY BENEFIT REPORT FOR KAISER FOUNDATI ments in a clear and concise manner State the number of clients served, leasurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt locations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	SEE STATEMENT 5 & 24		
	(Grants and allocations \$ 90,175)	If this amount includes foreign grants, check here 🕨 🦵	558,941,243
b	(Grants and allocations \$) If this amount includes foreign grants, check here ► —	
c		,	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐	
_	(Grants and allocations \$ Other program services (attach schedule)) If this amount includes foreign grants, check here ► 厂	
_	other program services (attach schedule)		

) If this amount includes foreign grants, check here 🕨 🦵

Part IV	Balance	Sheets	(See	the	instructions.)	
			,		,	

Pā	rt IV	Balance Sheets (See the instru	ctions	:.)			
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts or	(A) Beginning of year		(B) End of year		
	45	Cash—non-interest-bearing			1,784,960	45	4,838,128
	46	Savings and temporary cash investments				46	88,896,140
	l		1				
	47a	Accounts receivable	47a	13,543,738			
	b	Less allowance for doubtful accounts	47b	3,272,000	11,546,000	47c	10,271,738
	48a	Pledges receivable	48a				
	ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable		[49	
	50a	Receivables from current and former office key employees (attach schedule)				50a	
	ь	Receivables from other disqualified person 4958(c)(3)(B) (attach schedule)	s (as de	efined under section		50b	
	51a	Other notes and loans receivable (attach schedule)	51a	I			
v)		Less allowance for doubtful accounts	51a			51c	
Assets	E2	Inventories for sale or use	210		5.867.982	510	5.231.589
4	52 53	Prepaid expenses and deferred charges .			339,664	53	426.603
		Investments—publicly-traded securities		· · · · · · · · · · · · · · · · · · ·	0	54a	0
		Investments—other securities (attach sch		' ' F		54b	
	55a	·	cuuicy			370	
	334	Investments—land, buildings, and equipment basis	55a				
	ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) .				56	
	57a	Land, buildings, and equipment basis	57a	161,811,356			
	Ь	Less accumulated depreciation (attach schedule)	57b	95,213,282	68,509,400	57c	66,598,074
	58	Other assets, including program-related in	vestme				
		(describe ►	91,762,353	58	6,088,844		
	59	Total assets (must equal line 74) Add line	s 45 th	rough 58	179.810.359	59	182,351,116
-	60	Accounts payable and accrued expenses			61,308,304	60	63,080,026
	61	Grants payable				61	
	62	Deferred revenue		F	7,417,685	62	9,407,347
e P	63	Loans from officers, directors, trustees, an		F			
ì		schedule)	•	· · · · I		63	
L :	64a	Tax-exempt bond liabilities (attach schedu		F		64a	
	ь	Mortgages and other notes payable (attach	nsched	ule)		64b	
	65	Other liablilities (describe ►			115,384,715	65	91,574,863
	66	Total liabilities Add lines 60 through 65			184,110,704	66	164,062,236
	-	anizations that follow SFAS 117, check here			,		
	0.9	67 through 69 and lines 73 and 74	. , ~	The desimple to limited			
Š.	67	Unrestricted		[67	
Ä	68	Temporarily restricted				68	
Balances	69	Permanently restricted		[69	
Fund	Orga	anizations that do not follow SFAS 117, chec	ck here	► ✓ and			
		complete lines 70 through 74		0.004		0.004	
Š	70	Capital stock, trust principal, or current fu	3,264	70	3,264		
Assets	71	Paid-in or capital surplus, or land, building	4.000.000	71	10.005.010		
	72	Retained earnings, endowment, accumulate	-4,303,609	72	18,285,616		
ž	73	Total net assets or fund balances Add line through 72 (Column (A) must equal line 19		<u> </u>			
		line 21)		ļ.	-4,300,345		18,288,880
	74	Total liabilities and net assets / fund balances	s Add line	es 66 and 73 I	179,810,359	74	182,351,116

Form 9	90 (200	7)						Page 5
Part	IV-A	Reconciliation of Reve the instructions.)	nue per Audited Finan	cial Sta	tements W	ith Reven	ue per l	Return (See
а	Total r	evenue, gains, and other supp	ort per audited financial stat	ements			а	627,570,564
b	A mour	nts included on line a but not o	on Part I, line 12					
1	Net un	realized gains on investments		b1		453,750]	
2	Donate	ed services and use of facilitie	s	b 2				
3	Recov	eries of prior year grants .		Ь3				
4	Other	(specify) 💆		b 4	2	7,439,051		
	A dd Iır	nes b1 through b4					1 ь	27,892,801
с	Subtra	ct line b from line a					с	599,677,763
d	A mour	nts included on Part I, line 12,	, but not on line a					
1		ment expenses not included o						
	6b .			d1			1	
2	Other	(specify) 🕮						
				d2		-15,802	1 1	
		nes d1 and d2					d	27,892,801
е		revenue (Part I, line 12) Add						599,661,961
Part	IV-B	Reconciliation of Expe		ncial Sta	atements \	With Fyne	e nses ne	r Return
а		expenses and losses per audit	•			With Lxpe	a a	604,981,041
b		nts included on line a but not o				•		
1		ed services and use of facilities		b1				
2		ear adjustments reported on F		D1			1	
2		ear adjustifients reported on r	art I, lille	b2				
3	Losses	s reported on Part I, line		b3				
4	Other	(specify) 📆					1	
		.		b 4		15,802		
	A dd Iır	nes b1 through b4					b	15,802
С	Subtra	ct line b from line a					С	604,965,239
d	A mour	nts included on Part I, line 17,	but not on line a:					
1	Invest	ment expenses not included o	on Part I, line					
	6b .		·	d1]	
2	Other	(specify)						
				d2		1,900,256	4	
		nes d1 and d2					d	1,900,256
е		expenses (Part I, line 17) Add					e	606,865,495
Part	V-A	Current Officers, Direct director, trustee, or key e instructions.)	tors, Trustees, and Ke				n who wa	
	(A)	Name and address	(B) Title and average hours per week devoted to position		mpensation id, enter -0)	employee ben deferred com plan	pensation	account and other allowances
ONE	STATEME KAISER .AND, CA	PLAZA SUITE 1550L	SEE STATEMENT 0		0			

01111	330 (2007)						raye
	t V-A Current Officers, Directors		· · · · · · · · · · · · · · · · · · ·	•		Yes	No
75a	Enter the total number of officers, director	s, and trustees permitted	l to vote on organization	n business at board			
	meetings		<u>►12</u>				
b	Are any officers, directors, trustees, or ke	y employees listed in For	m 990, Part V-A, or high	ghest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A , Part II-A	or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemen	t that identifies the indivi	duals and explains the	relationship(s) .	75b	Yes	
c	Do any officers, directors, trustees, or key	employees listed in Forr	n 990, Part V-A, or hig	hest compensated			
	employees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-A	A or II-B, receive compe	nsation from any other o	organizations, whether			
	tax exempt or taxable, that are related to organization"	the organization? See the	instructions for the de	finition of "related	75c	Yes	
	If "Yes," attach a statement that includes	the information described	d in the instructions				
d	Does the organization have a written confl				75d	Yes	
Par	Former Officers, Director Benefits (If any former office) (described below) during the benefits in the appropriate of	cer, director, trustee, e year, list that person	or key employee red below and enter the	eived compensation	or otl	her be	nefits
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans		oense aco ner allowa	count and ances
ONE	STATEMENT 16A KAISER PLAZA SUITE 1550L KAND,CA 94612	0	0				
Par	t VI Other Information (See the	instructions.)				Yes	No
76	Did the organization make a change in its activities	or methods of conducting activ	rities? If "Yes," attach a				
	detailed statement of each change				76		Νo
77	Were any changes made in the organizing	or governing documents	but not reported to the	IRS?	77		Νο
	If "Yes," attach a conformed copy of the c	hanges					
78a	Did the organization have unrelated business gross	ıncome of \$1,000 or more durı	ng the year covered by this	return?	78a	Yes	
ь	If "Yes," has it filed a tax return on Form 9	990-T for this year?			78b	Yes	
79	Was there a liquidation, dissolution, termination, or	·					
	a statement				79		No
80a	Is the organization related (other than by association			nmon membership,			
	governing bodies, trustees, officers, etc , to any oth				80a	Yes	
Ь	If "Yes," enter the name of the organization						
R1=	Enter direct or indirect political expenditu		etheritis 🔽 exempto ions) 81 a	or Inonexempt O			
	Did the organization file Form 1120-POL fo				81b		No
U	Dia the organization me i oim 1120-POL 10	i cina Aeat.			1 210		1,110

	220 (2007)			raye /
Par	t VI Other Information (continued)	ı	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
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)			
33a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
	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. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not 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			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	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 its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
		85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0	-		
	Gross receipts, included on line 12, for public use of club facilities 86b 0	-		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
88a	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	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
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
С	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			
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		N o
	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	69E		IN O
•	An organizations. Did the organization acquire direct of indirect interest in any applicable hisdiance contract.			
		89f		No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		No
90a	List the states with which a copy of this return is filed 🕨 OH			
	Number of employees employed in the pay period that includes March 12, 2007 (See 90b			1,961
	instructions)			
91a	The books are in care of ▶ NATIONAL DIRECTOR OF TAX Telephone no ▶ (510)	271-6	385	
	ONE KAISER PLAZA STE 1550L Located at DOKLAND, CA ZIP +4 DOM 94612			
ь	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		Yes	No
	account)?	91b		No
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Ρ	а	a	e	1
•	ч	9	_	

	any time during the calendar year					States? 9:		No
	"Yes," enter the name of the fore							
	ction 4947(a)(1) nonexempt charit	=						-
	d enter the amount of tax-exemp					. ▶ 92		
	M Analysis of Income-P			the instructioi business income		ction 512, 513, or 514	(F	
:: E	nter gross amounts unless otherw	ise indicated.	(A)		(C)	, ,	(E) Relate	
			Business code	(B) Amount	Exclusion code	(D) Amount	exempt f incor	
Þ	rogram service revenue	ŀ	code		code		111001	
	IBRS HLTH CARE PRM						467	7,453,82
_	UPP CHARGES/PHARM		621400	16,463				5,140,5
_	ON-PLAN & IND REV			,				872,54
_	THR PROG SERV REV							
 e								
_	ledicare/Medicaid payments .						9!	5,211,1!
	ees and contracts from governm	-						• •
_	lembership dues and assessmen	<u> </u>			 			
	nterest on savings and temporary cash ii	ŀ			14	161,778		
D	Dividends and interest from secur	ities						
N	et rental income or (loss) from re	eal estate						
a d	ebt-financed property	[
b n	on debt-financed property	[16	128,054		
N	et rental income or (loss) from personal	property						
0	ther investment income							
G	aın or (loss) from sales of assets other t	han inventory			18	-25,486		
	et income or (loss) from special	ŀ						
	iross profit or (loss) from sales o	· · · · · · · · · · · · · · · · · · ·						
0	ther revenue a <u>INT INC - AF</u>	FILIATE			14	5,967,910		
Ь_								
°. –								
d _								
e _				16 462		6 222 256	EO.	2 222 06
	ubtotal (add columns (B), (D), ar utal (add line 104, columns (B), (16,463		6,232,256		3,222,86 71,58
	ne 105 plus line 1e, Part I, should		ne 12 Part I				599,4	71,50
	Relationship of Acti	·		nent of Evem	nt Durnose	es (See the ins	ructions	-)
	Explain how each activity for wh							
•	of the organization's exempt pu						<u>.</u>	
3	SEE STATEMENT 20							
rt I	X Information Regardin	ng Taxable Subs	idiaries a	nd Disregard	ed Entities	S (See the instr	uctions.	.)
NI	(A)	(B)		(C)		(D)	(E	:)
	ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		Nature of activities		Total income	End-of asse	•
		%	+					_
		%	+					
		%						
rt :		ng Transfers As	sociated v	vith Personal	Benefit Co	ntracts <i>(See tl</i>	ie .	
	instructions.)					<u>-</u>		_
	the organization, during the year, rece	wa any funda diractly ar	indirectly to na	av premiums on a pei	rsonal benefit co	ntract?	Yes	✓ No

Form 9	90 (20	07)									Page 9
Part		nformation Reg controlling organ				ed E	ntities Comp	lete only	if the org	anizati	on is
										Yes	No
106		he reporting organiz ode? if "Yes," comp				lefine	d in section 512	(b)(13) o	f		No
		(A) Name and address of controlled enti		Employer Id	B) dentification nber		(C) Description of transfer		(D) Amount of trans		fer
a											
b											
С											
		Totals									
										Yes	No
107		he reporting organiz ode? if "Yes," comp				as de	efined in section	512(b)(1	3) of		Νo
			Tete the senedale	T Delow for each c	- Controlled Cherry						
	(A) Name and address of each controlled entity		(B) Employer Identification Number		(C) Description of transfer		(D) A mount of transfer				
a											
b											
с											
I_		Totals									
								_			
										Yes	No
108		he organization have ties and annuities d			ct on August 17, 2	2006	covering the in	terests, re	ents,		
		nder penalties of penjury			rn including accompa	nung	schodulos and stat	amonte and	to the best s	of my kno	wlodgo
	ar	nd belief, it is true, corre	ct, and complete De	claration of preparer	(other than officer) is	s base	d on all information	of which pre	eparer has an	y knowle	dge
Pleas	e	·					2008-11	-13			
Sign Here	 	Signature of officer					Date				
		DEBORAH STOKES VP,									
	<u> </u>	Type of print name and	u title		1						
		Preparer's			Date		Check if self-	Preparer's :	SSN or PTIN (See Gen	Inst W)
Paid	- 1	signature					empolyed •				
Prep Use	arer's	Firm's name (or yours	5								
Only		ıf self-employed), address, and ZIP + 4	F					EIN 🕨			
~···y			KPMG LLP								
			55 SECOND STREE	Т				Phone no	• (415) 963	-5100	
		SAN FRANCISCO, CA 94105									

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DLN: 93490322019838

OMB No 1545-0047

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

2007

Vame	of the	orgar	nızatıon	1		
KAISER	FOUND	ATION	HEALTH	PLAN	OF	OHIO

Employer identification number

34-0922268

Part Compensation of the Five	Highest Paid Employees	Other Than Office	cers, Directors, a	nd Trustees
(See page 1 of the instruction	ns. List each one. If there ar	e none, enter "Nor	ne.")	
			(d) Contributions	(e) Expense
(a) Name and address of each employee	(b) Title and average hours	(c) Compensation	to employee benefit	account and oth

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 16 1 KAISER PLAZA SUITE 1550L OAKLAND, CA 94612	VP 40 0	0	0	0
Total number of other employees paid over \$50,000	545			

Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter

"None.")		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SUMMA HEALTH SYSTEM		
PO BOX 714097	HOSPITAL SERVICES	8,936,747
COLUMBUS,OH 43271		
THE CLEVELAND CLINIC		
9500 EUCLID AVE	HOSPITAL SERVICES	13,489,450
CLEVELAND,OH 44195		
OHIO PERMANENTE MEDICAL GROUP		
1001 LAKESIDE AVE	MEDICAL SERVICE	104,568,915
CLEVELAND,OH 44114		
METROHEALTH SYSTEM		
2500 HEALTH DRIVE	HOSPITAL SERVICE	10,395,606
CLEVELAND,OH 44109		
KAISER FOUNDATION HOSPITAL		
1001 LAKESIDE AVE	HOSPITAL SERVICES	74,838,067
CLEVELAND,OH 44114		
Total number of others receiving over \$50,000 for professional services		

Part II-B 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 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BOLTON PRATT COMPANY		
6116 WEST CREEK RD	CONSTRUCTION	1,034,165
INDEPENDENCE, OH 44131		
HLTH CARE MGT SOLUTIONS DBA AVIVIA		
1800 HARRISON ST 22ND FLOOR	COLLABORATIVE CARE	1,143,198
OAKLAND, CA 94612		
ELK AND ELK CO LTD		
6110 PARKLAND BLVD	LEGAL	1,000,000
MAYFIELDS HEIGHTS, OH 44124		
CAMPBELL EWALD		
PO BOX 78000	ADVERTISING	994,098
DETROIT, MI 48278		
STEWART AND DECHANT		
1370 ONTARIO STREET SUITE 1440	LEGAL	975,000
CLEVELAND, OH 44113		
Total number of other contractors receiving over		

Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	connection with the lobbying activities 🛰 \$88,502 (Must equal amounts on line 38, 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 Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			
2	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 their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🕏			
а	Sale, exchange, or leasing property?	2a	Yes	<u> </u>
b	Lending of money or other extension of credit?	2b	Yes	
c	Furnishing of goods, services, or facilities?	2c	Yes	<u> </u>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		Νo
3а	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			1
	of how the organization determines that recipients qualify to receive payments)	3a		Νo
Ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νο
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		Νο
ь	Did the organization make any taxable distributions under section 4966?	4b		Νo
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

P	art I	Reason for Non-Private	oundation Status	(See pages 4 th	rough 7 of the	instructions.)
Icer	tify th	at the organization is not a private foun	dation because it is (P	lease check only C	NE applicable bo	x)	
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)		
6	\vdash	A school Section 170(b)(1)(A)(II) (A	lso complete Part V)				
7	Γ	A hospital or a cooperative hospital s	ervice organization Sec	ction 170(b)(1)(A)	(111)		
8	Γ	A federal, state, or local government	or governmental unit Se	ection 170(b)(1)(A)(v)		
9	Γ	A medical research organization oper and state 🕨	ated in conjunction with	a hospital Section	n 170(b)(1)(A)(ııı	ı) Enter the ho	spital's name, city,
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp			ated by a governi	mental unit	
11a	Γ	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	•	· · · -	overnmental unit	or from the ge	neral public
11b	Γ	A community trust Section 170(b)(1)(A)(vı) (Also complete	the Support Scheo	lule ın Part IV -A)	
12	্ব	An organization that normally receive receipts from activities related to its its support from gross investment incacquired by the organization after Jun	charitable, etc , function ome and unrelated busi	ns—subject to certa ness taxable incon	ain exceptions, a ne (less section 5	nd (2) no more 511 tax) from b	than 331/3% of ousinesses
13	Γ	An organization that is not controlled requirements of section 509(a)(3)		•	_	•	se meets the
		Type I Type II Type	e III - Functionally Inte	grated 7	ype III - Other		
		Provide the following informa	tion about the supporte	ed organizations. (s	see page 7 of the	instructions.)	
ľ	Name((a) (s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization lis supporting org governing do	sted in the anization's	(e) A mount of support?
				IRC section)	Yes	No	
Tota						•	

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 20	003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	289,999	372,464	338,524		389,758	1,390,745
16	Membership fees received						(
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of	571,687,911	559,485,876	506,490,916	471	,991,135	2,109,655,838
	facilities in any activity that is related to the	0. 2, 00. , 122	555, 155, 51			,,,,,,,,,,,	_,,,
18	organization's charitable, etc , purpose Gross income from interest, dividends, amounts						
	received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and	7,142,100	8,160,685	6,538,851	5	,098,836	26,940,472
	unrelated business taxable income (less section 511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities						(
	not included in line 18 Tax revenues levied for the organization's benefit						
20	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						(
	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	579,120,010	568,019,025	513,368,291	477	,479,729	2,137,987,055
24	Line 23 minus line 17	7,432,099		6,877,375		,488,594	28,331,217
25	Enter 1% of line 23	5,791,200	5,680,190	5,133,683	4	,774,797	
26	Organizations described on lines 10 or 11: a Er	nter 2% of amoun	t ın column (e), lır	ne 24 🕨	26a		
	2005 exceeded the amount shown in line 26a Do of all these excess amounts Total support for section 509(a)(1) test Enter line Add Amounts from column (e) for lines		19	>	26b 26c		
•	22		_ 19 26b		26d		
	Public support (line 26c minus line 26d total)				26e		
	Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))		26f		
27	Organizations described on line 12: a For amou			7 that were recen		a "disquia	llified nerson "
_,	prepare a list for your records to show the name of						
	Do not file this list with your return. Enter the sun			, , , , , , , , , , , , , , , , , , , ,			
	<u>-</u>		·	0	(2003)		0
ı	(2006) 0(2005) For any amount included in line 17 that was received.	ed from each pers	on (other than "d	ısqualıfıed persor	ns"), prepa	are a lıst	for your
	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de	scribed in lines 5	through 11b, as	well as ındıvıdual	s) Do not	file this	list with your
	return. After computing the difference between the	amount received	and the larger an	nount described in	n (1) or (2	2) , enter	the sum of
	these differences (the excess amounts) for each y						
	(2006) 0(2005)	C	(2004)	0	(2003)_		0
		1 200	745	2			
•	Add Amounts from column (e) for lines 15	1,390	,745 16	0			
	17 2,109,655,838 20		<u> </u>	0		27c	2,111,046,583
	Add Line 27a total 0	and line 27b tot	al		P	27d	(
	Public support (line 27c total minus line 27d total			l l	•	27e	2,111,046,583
	Total support for section 509(a)(2) test Enter am				7,987,055	1	
	Public support percentage (line 27e (numerator) d				27g		98 74 %
ŀ	Investment income percentage (line 18, column (e				27h		1 26 %
28	Unusual Grants: For an organization described in li		-	=	_	_	
	prepare a list for your records to show, for each ye	ar, the name of th	e continuator, the	uate and amount	or the gra	ını, anu a	וטוופו

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ŀ	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory	32ь		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
•	with student admissions, programs, and scholarships?	 32c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
•	Copies of all material used by the organization of on its behalf to solicit contributions.	32u	<u> </u>	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
ā	Students' rights or privileges?	33a		
t	Admissions policies?	33Ь		
c	Employment of faculty or administrative staff?	33c	ı	
c	Scholarships or other financial assistance?	33d	I	
•	Educational policies?	33e	ı	
f	· Use of facilities?	33f		
ç	Athletic programs?	33g		
i	Other extracurricular activities?	33h	I	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	- Has the organization's right to such aid ever been revoked or suspended?	34b		
ı	has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	340		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35	ı	

Schedule A (Form 990 or 990-EZ) 2007 Page 6 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 (b) **Limits on Lobbying Expenditures** (a) To be completed Affiliated group for all electing totals (The term "expenditures" means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 38 Total lobbying expenditures (add lines 36 and 37) 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter 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 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 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36 Enter -0 - if line 42 is more than line 36 43 0 44 Subtract line 41 from line 38 Enter -0 - if line 41 is more than line 38 44 Caution: If there is an amount on either 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(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)

		Lo	bbying Expendit ı	ares During 4-Yea	ar Averaging Peri	od
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) 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

/ Ca a a ab a . a . a l		ممالم المالم الممالا ممالا	A a a sa a a la La Dauli 1	\/T	4 - 5 - 4 - 4	ا + 1992 ل مصمیلمینیدا
(For reporting onl	iv ov organiza	tions that did no	it complete Part i	VI-A) (See page 1	T of the ins	Tructions.) 724
(. c cp c g c	, , , , , , , , , , , , , , , ,	cionio cinac ana mo	c complete i all	· - · · / (• • • • • • • • • • •	_ 0. 000	

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
- **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **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
- 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

1	of th	<u>e inst</u>	ructions.) 🖼
	Yes	No	A mount
		Νo	
	Yes		
		Νo	
		Νo	
	Yes		
		Νo	
	Yes		83,19
	Yes		5,31
		•	88,50

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

Solic) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations a Transfers from the reporting organization to a noncharitable exempt organization of a (ii)
(i) Cash (ii) Other assets b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimburs ement arrangements (b(iv) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Rental of facilities, equipment, mailing lists, other assets, or paid employees (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services
(ii) Other assets by Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iv) Reimbursement arrangements (iv) Reimbursement arrangements (iv) Performance of services or membership or fundraising solicitations (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Perfo
b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Remainswer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) Name of noncharitable exempt organization Amount involved Name of noncharitable exempt organization Obscription of transfers, transactions, and sharing arrangements Amount involved Name of noncharitable exempt organization Obscription of transfers, transactions, and sharing arrangements Obscription of transfers, transactions Obscription of transfers, transactions
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(vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) (b) (c) Name of noncharitable exempt organization. Pescription of transfers, transactions, and sharing arrangements. Name of noncharitable exempt organization. Pescription of transfers, transactions, and sharing arrangements. Pescription of transfers, transactions, and sharing arrangements are sharing a sharing arrangement arrange
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a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations
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Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? • Yes • Yes
(a) (b) (c) Name of organization Type of organization Description of relationship

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, CREDIT CARD FEES	43a	606,076		606,076	
b EMPLOYEE DEVELOPMENT	43b	291,482	274,403	17,079	
c EMPLOYEE RELATED EXPENSES	43c	785,668	660,329	125,339	
d COMPANY PAID PARKING	43d	261,045	261,045		
e SMALL EQUIPMENT	43e	1,399,412	1,399,412		
f DUES & SUBSCRIPTIONS	43f	194,041	147,360	46,681	
g PROF & PUBLIC LIABILITY INS	43g	3,882,394	3,882,394		
h OTHERINSURANCE	43h	297,833	297,833		
i BAD DEBT	43i	1,900,256	1,900,256		
j BUSINESS LICENSES & TAXES	43j	91,294	90,234	1,060	
k PREMIUM TAXES	43k	3,985,310	3,985,310		
I PROPERTY TAXES	43I	1,806,032	1,806,032		
m PURCHASED MEDICAL SERVICES	43m	113,208,896	113,208,896		
n PURCHASED SERVICES OTHER	43n	9,480,601	2,864,002	6,616,599	
• ADVERTISING & MARKETING	43o	10,833,113	51,530	10,781,583	
p PURCHASED SERVICES INTERENTITY	43p	440,521	440,521		
q INFORMATION TECHNOLOGY SERVICE	43q	35,138,776	27,430,459	7,708,317	
r MISCELLANEOUS EXPENSE	43r	416,710		416,710	
s ALLOCATED INTER-REGIONAL EXP	43s	19,438,918	19,304,004	134,914	
t PURCHASED MEDICAL SVC - BCP	43t	179,406,982	179,406,982		

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TY 2007 Cash Grants Paid Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Class of Activity	Recipient's name	Address	Amount	Relationship
	AMERICAN HEART ASSOCIATION	1689 E 115 STREET CLEVELAND, OH 44106	48,000	N/A
	CENTER FOR FAMILIES CHILDREN	4500 EUCLID AVE CLEVELAND, OH 44103	5,000	N/A
	ACCESS INC	230 W MARKET STREET AKRON, OH 44303	5,000	N/A
	NORTHEAST OHIO NEIGHBORHOOD HEALTH	8300 HOUGH AVE CLEVELAND, OH 44103	7,500	N/A
	KOINONIA HOMES INC	6161 OAK TREE BLVD SUITE 400 INDEPENDENCE, OH 44131	2,500	N/A
	UNITED BLACK FUND OF GREATER CLEVEL	1621 EUCLID AVE CLEVELAND, OH 441152107	5,000	N/A
	YWCA OF GREATER CLEVELAND	4019 PROSPECT AVE CLEVELAND, OH 44103	6,000	N/A
	SMALL DOLLAR GRANTSDETAIL AVAILABL	KFHP INC C/O NATIONAL TAX DEPA ONE KAISER PLAZA 1550L OAKLAND, CA 94612	6,175	N/A

Class of Activity	Recipient's name	Address	Amount	Relationship
	SUSAN G KOMEN BREAST CANCER RESEARC	26210 EMERY RD SUITE 307 CLEVELAND, OH 44128	5,000	N/A

TY 2007 Other Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Beginning of Year Amount	End of Year Amount
DEPOSITS	2,610	2,610
OTHER CURRENT ASSETS	331,087	88,686
DUE FROM HOSPITAL / OTHER	91,028,656	5,383,448
OTHER LT ASSETS	0	214,100
STATUTORY DEPOSITS	400,000	400,000

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TY 2007 Other Changes in Net Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Amount
CHANGE IN PENSION & OTHER RET LIAB	29,339,009
NET UNREALIZED GAIN ON INVESTMENTS	453,750

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TY 2007 Other Expenses Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Amount
GAIN ON DISP OF ASSETS-RECLASS	-1,361
LOSS ON WRITE-OFF	17,163



TY 2007 Other Expenses Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Amount
BAD DEBT EXPENSE-RECLASS	1,900,256

TY 2007 Other Liabilities Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Beginning of Year Amount	End of Year Amount
RESERVE FOR PROF & PUBLIC LIAB	19,856,688	14,911,435
RESERVE FOR WORKERS COMP RISK	1,013,944	1,002,566
POST RETIREMENT BENEFITS	85,104,652	65,325,671
OTHER LIABILITIES	823,584	10,323,897
MEDICARE AUDIT RESERVE	8,544,230	0
SELF INSURED - AUTO & UNEMPLOY	41,617	11,294

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490322019838

TY 2007 Other Revenues Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Amount
BAD DEBT EXPENSE-RECLASS	-1,900,256
OTHER COMPREHENSIVE INCOME	29,339,307

TY 2007 Other Revenues Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Description	Amount
GAIN ON DISP OF ASSETS-RECLASS	1,361
LOSS ON WRITE-OFF	-17,163

TY 2007 Non Electing Public Charities Statement

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

EIN: 34-0922268

Statement: SEE STATEMENT 21

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490322019838

TY 2007 Self Dealing Statement

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Line Number	Explanation
2a	
2b	
2c	
2d	FORM 990, PART V

DLN: 93490322019838

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

TY 2007 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
2007	289,999		571,687,911	7,142,100					579,120,010
2004	372,464		559,485,876	8,160,685					568,019,025
2003	338,524		506,490,916	6,538,851					513,368,291
2002	389,758		471,991,135	5,098,836					477,479,729

KAISER FOUNDATION HEALTH PLAN OF OHIO 14-0912168 1231/2007

STATEMENT FORM 990 PART V LUST OF OFFICERS, PIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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(A) KA%E	2 850 L 386	DIRECTORS.	Caspias Dinakontoni. 1A.	Dank F Gara	1. 1m A how wen	(***** 18 14 C. 20.90)	THE COMPANY OF THE CO	Maken R. Graver	maken on the contract of the c	K/ J Ka 5/3	J. Meal Purcell	Proby A. Marikau	£.34812 F.81	Cyrin's 78/82	13 194 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Candra Transay v res	Officers and ney employees		recount to the contract	1 23 " for two " 2018"	Constitute Medicular	Arthur W 50,15 am 100	Remain Them	State 17 17 35 A	Topograf R. Market	Detector Stories	Carvel Beck.	Sunnate Guidan	11000 to 1281 m	

(A) See Statement 26

KAISER FOUNDATION HEALTH PLAN OF OHIO 34-0822268 12/31/2107

STATEMENT FORM 980 PART V, LINE 75 - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

{A} NAME		COMPENSATION PRE 2007	COMPENSATION 2007	(D1) BENEFIT 2007	(D2) BENEFIT PAID 2008	(E) EXP ACGT/ GTHER ALLOW.
see Note 2		see 20(es 3 & 4	see 2000 3 8. 4	See Notes 7, 4 & 5	See Notes 3, 4 & 5	see Notes 3, 4 % R
Gec.ge C Halvorson	(%)	7,319,088	4.259,370	97.542	3,385,154	28.082
Change P. Garay		426,959	607,36%	374,418	350,517	0
Judith A. Amansen		۵	370,400	11 067		භ
Christine K Casse		0	(67,500)	m	O	i di
Thomas W Chapman		0	201,248	13,783	120	, c
William R. Graber		es es	179,500	3,586	· #00	0
J. Eupere Grassy III		٥	195,002	9.265	0	æ
Kim J. Kaiser		0	122 500	82	0	C)
E Mest Pumpil		0	208,350	14,922	0	0
Print A Marrielau		0	162,000	385.6	Ö	
Edward Per		0	172.500	en en	0	100
Cymbia Tolles		0	195,240	89,262	۲.	0
Seeing Mang		0	145,000	9 586	0	0
Sandra Thompkins		er.	77,46,7	0	0	8
Patrica Kennedy-Supti		720,418	406,645	192 482	255,020	<i>\$</i>
Retiren Lancaster		420,024	980,678	298 873	607.349	ಬ
Christine Maloum		52.5 84 52.5 84	621.976	235,791	204,968	0
Arthur W Scutham, MD		47,477	1 228,090	303 088	887,341	0
Bernaro Tyson		682,812	1,002,203	244 272	785,791	٥
Steven & Z.MKm		755 427	809,488	580 080	592 220	3
fromas P. Merer		821,09	900,500	132,510	219,308	0
Deborah Srokes		80.00	417,418	113,287	178,337	0
Daniel Beck		\$\$	387,438	16,189	10.810	0
sømile Gardner		ආ	80,003	16,298	0000 %	8
Victoria B. Zaskin		4,470	219,697	64,104	46,094	0

(A) See Statement 26

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 proposed 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 15t, Ordway Oakland, CA 94612

Note #3 - The executive compensation program for haiser Foundation Health Plan, Inc. and Subsidiaries and Karser Foundation Hospitals and Subsidiaries (KFHP/H) is designed to recruit retain and motivate qualified senior management personner. Senior management personner 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.

Dase 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 reimburschient for certain expenses (collectively referred to as "compensation") of Directors. Officers and key Employees are paid by Kaiser Foundation. Health Plan, Inc. (Health Plan) [84-1340523] as common paymaster and disbursement agent for the participating member digundations of KEHP/H. Certain Directors, Officers and/or Key Employees. porform services for several of the KEHP/H member organizations.

Some of the amounts shown as Compensation were actually earned in years print to 2007. 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 mendate that significant amounts of compensation are double-counted in both 2006 and 2007. For instance, column C1 includes distributions from retirement, savings, and deferred compensation plans that were samed in prior years, and column D2 includes incentive payments scheduled for 2008 for performance gouls achieved in 2007.

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 dualified Defined Contribution Plan (Plan B), a Section 403(b) Tax. Sheltered Annuity Plan (TSA), a Section 457(b) Detented Compensation Plan (CAP), and nextly and welfare benefit plans. Included in Benefits reported for the purpose are the value of the annual contributions to Plan B, TSA, CAP, and certain health and welfare benefit plans. Estimates for 2007 accounts for future benefits under Plan A are included in column D1.

For other benefit plans available to executives which provide future benefits earned during 2007 (where the specific amounts are available and determinable by the true this tax report is fried), 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 samed.

Certain officers, directors and key employees are eligible for post-retirement medical and the insurance benefits if they meet certain eligibility requirements. Payments are not made to these post-retirement benefit plans on behalf of individuals until rothement, 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 nocessary 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 fiduo any responsibilities and standards. The policies under which those individuals account to the payer meet the substantiation requirements of Internal Revenue Code Section 274. This reporting includes tuxable moving and relocation reimbursoments and allowances.

Note #7 - The average weekly time spent by Board members on the organization's altains during 2007 is estimated to be two hours. Actual time spent by Board member may virry based on different responsibilities during the year. Key employees, who work full-time, may work in excess of the standard 40-floor work week and will work on various entities within the program.

Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, Kaiser Foundation Health Plan of the Northwest, Kniscr Foundation Health Plan of Colorado, and Kaiser Foundation Health Plan of Onio have the same Directors. The hours reported for critiside Directors for Part V represent the total average weekly time sport by each Director on all of these organizations' affairs during 2007.

GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

34-0922268

NAMANA NAMAN	***************************************		***************************************		The state of the s	
DESCRIPTION	Date Acquired	Soid Soid	Sales Price	Cost Expense of Sale	Accum Depr	Gain or (Loss)
See Note -	*#	7.3	PROGRAMMONOMONOMONOMONOMONOMONOMONOMONOMONOMO		**************************************	***************************************
SALE OF INVESTMENTS:						
Publisty Traded Securted	Various	Ven.xe.		18,733	•	(18,783)
Total Realized Gams from Investments			0	18,703	\$	(18,703)
SALE OR DISPOSITION OF FIXED ASSETS:						
this Equipment With Oths	snoue/,	Varnus	16,380	174,689	322.72	(8,783)
Total Gain/(Loys) on Sale of Fixed Assets			10,383	174,583	157,526	(6,783)
Grand Total			10,380	193,392	157,526	.25,488

MOTE# 2 SALES NOTEO ARE ARMS LENGTH TO UNPELATED THAD PARTIES.

NOTE 41. THE FOREGOING FIXED ASSETS AND OTHER EQUIPMENT WERE ALL ACQUIRED BY PURCHASE BY THE OPGANIZATION FOR USE IN ITS TAX-EXELINT PURPOSE.

KAISER FOUNDATION HEALTH PLAN OHIO, INC EMPLOYEE COMPENSATION FOR FORM 990 REPORTING PURPOSES FOR TAX YEAR 2007

	TOP FIVE EMP.	OYEES	TOP FIVE EMPLOYEES				
KAME.	in T	HOURS	(C1) COMPENSATION PRE-2007		(D1) BENEFITS 2007	(D2) BENEFITS PAID 2008	EXP ACCT/ OTHER ALLOW
		Serve states ?	note / resinotes 5 & 4	328 VOIUS 3 & 4	394 NOTES 3 4 & 5	Size Nathers 3 3 4 5	See 10262, 3, 4 & 5,
BELVA D TIRBS	d/	Or	131,550	100,000	102,377	64 039	æ
THOMAS REVIS	Œ.	Ĉ.	47 344	202,824	12,753	380.00	٥
CAROLYN HIGHTOWER	ď,	1/4	90 90 90	195,392	403,084	52,141	٥
ruth e langstraat	Ŝ	40	36 900	237,104	158,268	584,284	\$
GREG WERCER	Ž,	0.8	64 840	74.97.89.2	58 132	74,459	ಬ

NOTES: See Statement 12 for notes applicable to the above reporting.

KAISER FOUNDATION HEALTH PLAN OF OHIO

TIN: 34-0922268 DECEMBER 31, 2007

LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES FORM 990, SCHEDULE A, PART VEB

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 Realth 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 cuacted 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 stuffs 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 incotings 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.

KAISER FOUNDATION HEALTH PLAN OF OHIO 34-0922268 DECEMBER 31, 2007

ATTACHMENT FOR.

FORM 990 PART VI. QUESTION 80 - RELATED AND AFFILIATED ENTITIES

KAISER FOUNDATION HEALTH PLAN, INC. AND KAISER FOUNDATION HOSPITALS, CALIFORNIA NOT FOR PROFIT CORPORATIONS, EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE. SECTION 501(C)(3): HAVE A CONTROLLING OR AFFILIATED INTEREST IN THE FOLLOWING CORPORATIONS AS OF DECEMBER 31, 2007.

<u>ID #</u>	entity hame		DIRECT & WDIRECT N CONTROLLE BY NEHP, INC
	en lides that are owned directly or indirectly by Kaiser Foundation 4. Big., that are also exempt from Federal Income tax under IRC 101(CKI).		
37-0798033	ARISER FOR MORTION HERALTHEP AN OF THE MORTHS EST		100€.
7, 81920-48	MARCH EXAMINATION FILL THE INDICE OF COLORADO		1001
33-1590076	NAUSER FLAMMATHER ALTHER AND CLORGIA INC		4.3.7 "
£2400£44 6 3	HAWER FOUNDATION HEARTH PROPERTY MIDIATEANING STATES, INC.		tegen
34-0922268	KAISER FOUNDATION HEALTH PLAN OF OHIO		300°×
23 7426466	COUNTRY HEACTHFLAN		100.0
\$4 (1. 881); 1 834)954883 —	HASER HEALTH FLAN AS SET MALAGEMENT, INC PARER HEALTH ALTERNATIONS		15.6.6.0
94-3299125	CYPPS BONNE SEBRICE CENTER CANCAGE TO MAN AND AND ASSESSED.		100% 100%
87.0190268	\$ 42		40,000
31-2-21631	EONAFIAGSURARCE, ETF		12-60%
	entities that are owned directly or indirectly by naistripoundation v, ind-that are taxarle for Federal and State Income tax purposes:		
984658989	CAN TREE ASSURANCE LIO		1,000
94-311cce (KOBER PERMALENTE HEALTH ALLE CNATINES INC		1,0,0%
\$3,6200300	KAISER PROPERTIES EPROPES, INC		1997
2014/04/26	25 (27 % 9/C) 14C		3.1 2
	IDATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING ENTITIES EXEMPT AL INCOME TAX UNDER INC SECTION 561(C)(2).		
\$1339H #4	MISER FOUNDATION HOSPITALS	*(3)	NA
\$135911 14 ** (\$6)_ 14	KAIRER FOUNCATION HOSPITALS FAULER FURT TALS ASSET MANAGEMENT (I. MC)	163° 1637	10/4 15/4
onijogen Kaiser four			
raiser four Entities tha	PASSER HURS TALS ASSET MANAGEMENT, AND IDATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING.		
on 1999 in Kaiser four Entities tha En 1944 is	PAGER FURT TALS ASSET MANAGEMENT, AND IDATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING IT ARE NOT EXEMPT FROM FEDERAL INCOME TAX	*{či	2018
8 11 1289 178 Kaiser Four Entitles Tha 6 1 1246634 1 71 37 74 124	PAGER HOSE TALS ASSET MANAGEMENT, INC. IDATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOCLOWING IT ARE NOT EXEMPT FROM FEDERAL INCOME TAX WATERA PERMANENTE INTERDICT ONAL RE ONCACL ELC. INCOME TAY BY	75.3 75.3 75.3 75.3	804 804 814 814
8 11 1289 1 75 Kauser Four Entitles Tha 61 1246634 1 71 37 74 124 51 75 74 785	PAGER HOSPITALS ASSET MANAGEMENT, MC IDATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING IT ARE NOT EXEMPT FROM FEDERAL INCOME TAX HAVEFA PERMANENTE INTERRICT ONAL HE ONONG LEC. (0000 FF FF B) GB 2 OF Q 2000 FG Y OF BN 001003001 APPLIESTED SP HEALT FEXISE MANAGEMENT SOCIOTIONS, ELC.	*(3) *(3) *(3) *(3)	804 814 814 814 814
8 11. 189 1 78 KAISER FOUR ENTIFIES THA ES 11. 185 1 74 ES 18634 1 ES 187 1 74 1 74 ES 187 1 74 1 74	PAGER HOSPITALS ASSET MANAGEMENT, MC IDATION HEALTH PLAN, INC. IS AFFIGATED WITH THE FOLLOWING IT ARE NOT EXEMPT FROM FEDERAL INCOME TAX MAISSA PERMANENTE INTERDICTIONAL HE PROJECT LEC	253 253 253 253 253 253	89.4 89.4 89.4 89.5 87.8
on 1997 in Kaiser four	PAGER HOSPITALS ASSET MANAGEMENT, MC IDATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING IT ARE NOT EXEMPT FROM FEDERAL INCOME TAX HAVEFA PERMANENTE INTERRICT ONAL HE ONONG LEC. (0000 FF FF B) GB 2 OF Q 2000 FG Y OF BN 001003001 APPLIESTED SP HEALT FEXISE MANAGEMENT SOCIOTIONS, ELC.	*(3) *(3) *(3) *(3)	BA NA NA NA NA
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MOLE J.A. 17 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	PAGER HORD TALS ASSET MANAGEMENT, INC. IDATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING IT ARE NOT EXEMPT FROM FEDERAL INCOME TAX HAVERA PERMANENTE INTERDICT ONAL HE ONCH. LEC. INCOME TO BE BUILD SOLUTIONS, LLC. APPRIATES AN HEALT LOADE MANAGEMENT SOLUTIONS, LLC. FAREA PERMANENTE INSURANCE COMPANY HAVING COLORADO, CO. JANGGOLD BUILD PARAGEMENT A BISCOLUTION ONLY TO PROPOSEST HABIER POUNDATION HOSPITALS, A CALIFORNIA HITT-FOR-PROPIL COMPORATION ENEMPT FROM INCOME TAX GROBER THE PROVIDENCE OF INTERNAL REVENUE COME SOLUTION ACTIONS, SHARES A COMMICS BOARD OF FINITES WITH EXISTER FOUNDATION HEALTH PLANTING.	253 253 253 253 253 253	80A 80A 80A 80A 80A 80A

CONTREK CHERDATORHER FOR DARWARRENT TAK PROTRAMORRIOR COMMENTERS DARWARRENT TAK ONE RANGER POSCA 1650 ORDWAY GRAFIATO CAMMON KAISER FOUNDATION HEALTH PLAN OF OHIO FEIN, 34-0922268 FORM 990, PART V-A December 31, 2007

FAMILY AFFILIATIONS REPORTED

NAME	FAMILY MEMBER AFFILIATION
STEVE R ZATKIN	SPOUSE EMPLOYEE OF KEHP INC.
VICTORIA B ZATKIN	SPOUSE, SRI VP. GENERAL COUNSEL AND SECRETARY OF KFH. KFHP INCI AND REGIONAL HEALTH PLANS

KAISER FOUNDATION HEALTH PLAN OF OHIO 34-0922268 DECEMBER 31, 2007

STATEMENT FORM 990 PART VII 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 hehalf 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 OF OHIO FORM 990 TAX YEAR 2007

34-0922268

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.

	CC	OST	ACCUMULATED	DEPREC/AMORT	2007
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR	DEPN/AMORTN EXPENSE
LAND LAND IMPROVEMENTS BUILDINGS LEASEHOLD IMPROVEMENTS EQUIFMENT CAPITALIZED SOFTWARE CAPITALIZED LEASES CONSTRUCTION IN PROGRESS	5.961,980 1.254,820 78,702,958 6,119,495 41,227,554 25.541,524 0 190,532	6,961,963 1,271,458 81,139,164 6,384 087 41,495 811 25 558,619 0	634 566 28,437,959 4,397,015 31,510,976 25,508,936	731,748 31,740,578 4 952 471 32 252,636 26,526 848	3 85,482 3,161,974 555,456 2,246,832 17 3
TOTALS TO PART IV, LINE 57(A) PART IV, LINE 57(B) PART IV LINE 57(C) TOTAL DEPRECIATION AND AM	158 998 855 68 509 430 ORTIZATION	161.811.356 58.598.074	N 489, 456	. 28 . 13 . 28 <u>.</u> 	F (-49 861

KAISER FOUNDATION HEALTH PLAN OF THE OHIO

FEIN: 34-0922268 December 31, 2007

Schedule A. Part III, Question 2a:

Kaiser Foundation Health Plan of the 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. Many of the officers of KFHP are also officers of KFHP, inc. and KFH 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 2007, 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 on a fair market value basis

Schedule A, Part III. Question 2b:

Statement 19 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 2007. KFHP did not engage in the lending of money or other extension of credit with any of these persons in 2007. KFHP, Inc. has a program that provides loans to relocate executives. **Statement 12** provides information regarding officer and key employee loans made by KFHP, Inc. as disclosed in the KFHP, Inc. 2007 Form 990. Part IV Part IV and Schedule A. Part III, question 2b.

KAISER FOUNDATION HEALTH PLAN OF THE OHIO

FEIN: 34-0922268 December 31, 2007

Based on the COI questionnaires for 2007, **Statement 23** lists non-affiliated taxable organizations which did business with KFHP in 2007 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 2007. Based on a review of COI statements for these directors, officers and key employees for 2007, **Statement 19** 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 2007, KFHP did not engage in the furnishing of goods, services, or facilities with any of the persons in 2007.

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 18** generally describes the transactions between KFHP and those entities.

Based on the COI questionnaires for 2007. Statement 23 lists non-affiliated taxable organizations, which did business with KFHP in 2007 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. Statement 23 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 FEIN, 34-0922268 December 31, 2007

FORM 990, SCHEDULE A, PART III

NON-AFFILIATED TAXABLE ORGANIZATION RELATIONSHIPS

NAME	NON-AFFILIATED TAXABLE ORG	TRANSACTIONAL RELATIONSHIP
PHILIP A MARINEAU	LEVI STRAUS & CO - RET	NONE
J NEAL PURCELL	KPMG INTL - RET. OMNI FLIGHT	AUDIT & TAX ADVISOR AIR AMBULANCE SERVICES
EDWARD PEI	FIRST HAWAIIAN BANK	BANKING SERVICES IN HAWAII
GEORGE HALVORSON	PERMANENTE FEDERATION	ASSOCIATION OF MEDICAL GROUPS PROVIDING PHYSICIANS TO KAISER FOUNDATION HEALTH PLANS AND KAISER FOUNDATION HOSPITALS

KAISER FOUNDATION HEALTH PLAN OF OHIO FEIN: 34-0922268 December 31, 2007

FORM 990, SCHEDULE A, PART III

TAXABLE ORGANIZATION FAMILY RELATIONSHIPS

NAME	NON-AFFILIATED TAXABLE ORG	TRANSACTIONAL RELATIONSHIP	FAMILY RELATIONSHIP
KATHRYN LANCASTER	TOP TIER CONSULTING	IT CONSULTING SERVICES	SIBLING, BENEFICIAL BUSINESS OWNER
RUTH LANGSTRAAT	LIGHT CONSULTING	CONSULTING SERVICES	PARTNER, BENEFICIAL BUSINESS OWNER
STEVEN ZATKIN	ARLEN GROUP	BENEFITS CONSULTANT/BROKER	IN-LAW
VICTORIA ZATKIN	ARLEN GROUP	BENEFITS CONSULTANT/BROKER	IN-LAW
CHRISTINE MALCOM	CONSULTANT	CONSULTING SERVICES	SPOUSE

2007 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF OHIO

Naiser Foundation Health Plan of Ohio or "Ohio Hoalth Plan" is a tax-exempt subsidiary health plan of Karser Foundation Health Plan, Inc. (KFHP). KFHP, with its five principal operating tax-exempt subsidiary health plans. Kaiser Foundation Health Plan of Georgia. Inc., Kaiser Foundation Health Plan of Georgia. Inc., Kaiser Foundation Health Plan of the Kaiser Foundation Health Plan of the Northwest, and Kaiser Foundation Health Plan of Ohio as well as Kaiser Foundation Hospitals (KFH) are notipolit corporations that are part of the integrated health care delivery system known as the Kaiser Polimanente Medical Care Program or "Kaiser Permanente."

This report describes the subcure of Karser Permanente and documents the National Community Benefit activities, programs and sorvices of KFHP, its subsidianes, and KFH, combined, as well as the special community benefit provided in the Ohio Region.

In 2007, Kaiser Permanente served & 7 million people in nine states. Colifornia, 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 with more than 132,000 full time employees. 14,000 physicians and 101 dentiels. The Ohio Health Plan served 148,300 members and has 1,649 full time administrative, cierical and technical employees us well as 174 Permanente physicians.

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

Persons enroll in Kaiser Permanente through KFHP or one of the Hoalth Plan subsidiaries, ("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 Permanenic 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, safection and staffing; they are legally separate emities 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 NCH are separate corporations governed by identical boards of directors. KFH accepts responsibility to provide or an incirc necessary hospital services and facilities for Health Plan members. In the Child Region, KFH contracts with community hospitals to provided hospital services to members for specialized care and other services.

Memborship in KFHP and its fieldth plan subsidiaries is available without regard to sex, race, religion ethnic background, sexual orientation, and occupational status or income level. Health Plun 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 Pronuenette strives for excellence in serving its 8.7 million members through market-lending performance in quality, service and affordability. By doing so, Kaiser Permanente provides a discribine in the marketplace by demonstrating meaningful value and affordability, and generating resources to reinvest in the community's health.

Second, Kalser Permanente cirectly invests in improvements to community health by working to increase access for the underserved, deseminating 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 communities to improve the health or communities beyond services to Health Pian members. It is more than traditional corporate officenship or corporate philanthropy. It is an intentional, planned, budgeted, measurable, accountable creation has better health in our communities. It is done in collaboration with, not in isolation from, the community. DCBI environ to fulfill Kaiser Permanente's social purpose, justify its tax-exempt status, and differentiate it from other health care organizations.

This tradicion of community benefit dates from the earliest days of the Program, when chantable care to non-employees, and later, nonmembers, was initiated. That heritage has continued through the years in Kaiser Permanento's early participation in publicly financed programs such as Medicuid and Medicuit 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 Coverage Programs.

in 2001, the Board reaffirmed DCBI as a national program and set the following four goals

- Address entical questions in American health care that the Program's history, culture and competencies position it uniquely to examine.
- Build the repression of Kaiser Permanente for its leadership in helping to solve muor 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, KEHP, and its subadiary health plans as rax-exempt organizations that return value to the communities served beyond the provision of health ware to members

The Board directed that this new DCBI program be guided by a national strategy, with continued local liexibility and implementation. The program is supported by national and regional funding pools, and built on the organization's integrated healthcare system. In 2007, the KFHP/H Board of Directors refined the locus of the organization Community Benefit Program and established the following four priceity areas which have come to be known as 'streams of work'.

- Care and Coverage for Low-Income People Creates and supports programs that lower the fearnical barriers for under- and uninsured.
- Community Health Initiatives Designs idelivers and sustains long term programs that engage communities in work to improve conditions in their neighborhoods
- Safety Net Partnerships Builds partnerships with community clinics, local health departments, and public hospitals. Provide funding, technical assistance, discommation of care management.

Form 990, 2007 community Sensitic Discussive (Ohio Health Pean and quality improvements technology to help improve care and expand treatment capacity for

volnerable populations.

 Developing and Disseminating Knowledge – Improve health date by sharing our knowledge educating practitioners, advancing research, empowering consumers and informing policymakers about the evidence base for care and health.

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

The KFHP/H Board has a standing Community Benefit Committee of the Board of Directors to oversee the program-wide Community Benefit program. Kaiser Permanente also has a national executive of KFHP and KFH to lead Kaiser Permanente's Community Benefit Program as a full-time assignment. Raymond J. Baxier, PhD is the Schlor Vice President for Community Benefit. Research and Health Care Policy reporting to the CEO and Chairman of the Board.

COMMUNITY BENEFIT PROVIDED BY KAISER FOUNDATION HEALTH PLAN, INC.

KPHP provides comprehensive health care services on a primarily prepuid basis through an integrated health care delivery system. Because the Hisalth Plan is a nonprofit organization, revenues that exceed the cost of operations and provision of care are reinvested in the program to improve faculties and service, increase benefits, fulfill our charitable mission and provide affordable rates rather than to pay dividends to stockholders.

KFHF provides care third emphasizes prevention imminizes medical indigence and contributes to quality of life in the communities we serve. To best serve the community by providing affordable, comprehensive nealth 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 mearby outpatient medical nifices owned by KFH and at medical office buildings owned or leased by KFHP. Members typically have all the services and professional care they require available in one place, which facilitates a coordinated approach to care.
- thour Practice The contracting Permanente Medical Groups are large multi-specialty group practices that take responsibility for providing comprehensive care to indefined population in facilities owned or leased by KFH or KFHP. The income that Permanente Medical Groups and their physionals receive is in consideration of their professional medical and related services. The amounts paid to the Permanente Medical Groups are negotiated annually. Through such fixed payment arrangements (as distinguished from fee for service payment), KFHP removes incentives to perform unneeded services, and encourages use of the most appropriate medical care. Group practice enhances quality and appropriateless of care for members and for the community by incilitating development and sharing of best clinical practices."
- Prepayment Generally, KFHP pays the Permanento Medical Groups a per member payment on a budgeted, prepaid basis that does not vary with the amount of service provided. Permanente Idedical Group physicians are generally not compensated on a fee-ful-service.
- Benefit Plans RFHP offers a variety of coverage options for unlimited hospital cays: "hystolan visits, preventive services, immunizations, well-baby care and prenatal care in order to maximize affordability and encourage people at interest income levels to purchase coverage. RFHP offers a variety of rost-sharing options. Comprehensive, prepaid coverage with differing levels of premium and rost 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 Pro-existing Condition Exclusions Pre-existing condition exclusions allow camers to exclude from coverage care for a condition that existed before employment with the camer. 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 pronibiting pre-existing condition exclusions in certain markets. By ensuring that all our enrolloss 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 Modicare KFHP has participated in Medicare sine it was first implemented in 1965.
 KFHP and its subsidiantes carulled approximately 847,000 Medicare beneficiaries, providing Medicare Part A and Part B services, plus additional drug, optical and inpatient coverage.
- Participation in Medicaid KFHP began enrolling Medicaid beneficianes in the mid-1980s. Currently,
 KFHP and cartain of its subsidiaries provide care to more than 150,000 Medicaid managed-care
 members and in addition serve a range number or Medicare and Medicaid patients on a fee-for-cervice
 basis. KFHP also participates in the State Child Health Insurance Program (SCHIP) and served an
 additional 126,571 children in 2007.

THE COMMUNITY BENEFIT PROGRAM IN THE OHIO REGION

in 2007, Kaiser Permanente sperif approximately \$1.05 billion or approximately 2.73% of revenue to support the Community Benefit Program. In Olico despite negative margina at year-end, Health Plan expended \$2.2 million to support community benefit activities. A breakdown of the 2007 Community Benefit dollars attributable to KFHP and KFH nationally is described in Affactment A and dollars attributable to the Ohio Health Plan are in Attachment 8.

The following identifies many of the signature community benefit programs and services funded by Ohio Health Plan grouped according to the four streams of work

CARE AND COVERAGE FOR LOW-INCOME PEOPLE

In 2007, the Otho Health Plan expended nearly \$1.7 million to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age or other factors. Program beneficiarios (under and uninsured) received free or discounted care in a Kaiser Permanente facility or by a Permanente provider.

Charitable Care (Medical Financial Assistance and Charitable Coverage)

in the Ohio Region, Haaith Plan provides charity care in low-income vulnerable populations through the Medical Financial Assistance and Chamable Coverage Programs. In 2007, the Ohio Health Plan spent \$60.3.625 on underland uninsured Ohio residents.

Medical Financial Assistance

The Otto Health Plan continuoused \$280,696 to assist patients with limited or no resources to pay for care provided in Kaiser Permanente facilities. Each region oftens financial assistance to help tamilies and individuals that are unable to meet all or part of the cost of medical care on an immediate and nonrecurring basis. Kaiser Permanente's charity care program also includes illiscounted charges for uninaured patients below 400% federal income guidolines and aligned commeted collection agency practices with Kaiser Permanente social values. The amount reported under this category is only part of the funds spent by KFH and KFHP for the poor and increased. The organization's commitment to charitable care is also reflected in a variety of other programs and imitatives such as the Charitable Coversos Program and grants and donations to community clance and other safety net providers.

Charitable Coverage

Transition Plan. — This program offlows 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 logal separation from a spouse. Typically, these incividuals 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 chare 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 hospitolization.

Participation in Medicaid and Other Government Sponsored Health Care Programs

The Ohio Fealth Plan has a long fustory of participation in publicly financed health programs. In 2007, the Ohio Region provided modical coverage and services valued at approximately \$1 million (in excess of reimbursement) for individuals in the following 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 persone. Health Pian paid the
monthly Medicare premium for approximately 495 dual-eligible Medicare/Medicaid mombers. This
effort supports low-income persons and provides richer Medicare banefits than fee-for-sorvice.

COMMUNITY HEALTH INITIATIVES

As an incovator in health, Kuiser Pormanente designs, delivers and sustains long-term programs that engage communities in work to improve the conditions in their neighborhoods, workplaces and schools that can support good health, particularly Healthy Eating, Active Living (HEAL). The Ohio Health Plan spent \$17,742 on community health initiatives during 2007.

Community Health Education and Prevention Programs

The Ohio Health Plan provides a variety of health education classes, events and programs for the general public. Expenditures in this callegory exclude program cost for health education programs targeting or restricted to Health Plan members. The following are examples of community partnerships almed at promoting health and well being.

- Onto 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 date
 organizations. The purpose or the purtnership is to implement chronic disease prevention efforts
 focused on reducing the burden of diabetes, overweight, onesity and asthma, and addressing
 three related tisk factors: physical mactivity, poor nutrition and tobacco use.
- The Orlic Health Plan provided free health screenings to attendeds of the 2007 African American Family Wellness Work, nosted by the American Healt Association. This event, which is not a fundraiser lattracts African American families from across Greater Cleveland and engages them in a day or physical activity, nutrition education and entertainment. Free health screenings included blood pressure, cholesterol, plunded, body mass index, and stroke fish assessments, and several physicians were present to answer questions about individual risk factors.
- In 2007, the Ohio Health Plan was the exclusive provider for health accessings for the American Hean Association. Health Plan offered free blood pressure checks, cholesterol and gloosee screenings, hody mass index and stroke assessments at area "Heart Walks" and other community events sponsored by the American Heart Association

SAFETY NET PARTNERSHIPS

Through funding rechnical assistance, influencing public policy, training and volunteering, disaemination of care management and quality improvement technologies, Kaiser Permanente helps these vital health care providers improve care and expand restment capacity for the communities and vulnerable people they serve

The Chio Hoalth Plan donated \$5,000 to Access, Inc. to support the Care Clinic that services the health care needs of homeless women and children.

DEVELOPING AND DISSEMINATING KNOWLEDGE

Karser Permanente aims to improve health by sharing its knowledge, educating practitioners, advancing research, empowering consumers, and informing policymakers about the evidence base for care and health.

The Onio Health Plan spent \$234,696 to support programs and services for the development and dissemination of knowledge and provided grants and donations to nonprofit organizations.

Health Sciences and Medical Libraries

The Parma Medical Library is available to the greater professional community to access health-related research conducted within and outside of Kaiser Permanente

Educational Theatre Programs (ETP)

The Ohio Health Plan's Educational Theatre Programs is based upon a new model for promoting health through theatre. Under this model, the Ohio Region collaborates with Cleveland Municipal School District 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. The first production faunched Secrets, which educates students about the dangers of HIV/AIDS and other sexually transmitted diseases.

In 2007, a second production was introduced . The Amazing Food Detective – designed to educate elementary action students about the importance of good nutrition and exercise.

Onlo Flealth Plan spent \$111,297 to present 22 performances to nearly 5,000 children

Grants and Donations for Knowledge Dissemination

The Ohio Herith Plan contributed approximately \$50,500 to support the following two community-based organizations

- American Heart Association Cleveland Metro (AHA) provides programs and events in the Ohio
 Health Plan Region around heart disease and stroke prevention. A grant was awarded to AHA to
 support the prevention programs, events and educational initiatives that aim to improve the overall
 health of the community.
- Koncera Hunips, inc. provides residential, community and vocational services to individuals with mental retarcation and developmental disabilities in Cuyshoga County. A grant was awarded to support Healthy Living and Me. health and exercise training and education program to people with developmental disabilities. This program is targeted towards both staff and clients of kononia Honies, Inc.

OTHER COMMUNITY BENEFITS

The Ohio Health Plan spent \$252,144 to support a variety of other community benefit programs and services to improve community health.

Youth and Other Solf Sufficiency Programs

The Ohio Health Plan spent approximately \$18,197 in support of two internships in 2007, five for Youth Opportunities Unlimited (Y.O.U.) and three for INROADS. The Y.O.U. program offers economically disadvantaged high school students in Ohio with supportive and incaningful employment expensives in the health nare field. Employment is during the summer months inroughout the organization. INROADS focuses on developing minority college students for lendership roles in corporations and in the community. Student inferns typically work two to five summers at Kaiser Permanente with the grai of permanent placement upon graduation from college.

Community Care Fund

The Ohio Region's Community Care Fund is the enhloyee's chartable giving campaign. This program is composed of three federations that meet a vanety of needs and address issues that are important to northeast Ohio communities: United Way Services in Cuyahoga, Lake, Lorain, Sunnint counties, Harvest for Hunger and Community Shares. Employees contribute to the federations' general funds or make designations through payroll deductions, direct gifts and special event fundraising.

Other Community Grants and Donations

The Otio Health Ptan awarded two grants totaling \$11,000 to the Centers for Families and Children and YWCA to support projects targeted for at-risk youth.

Regional Community Benefit Operations

The Ohio Health Plan has a dedicated Community Benefit Department with three full time employees to coordinate CB initiatives and support regional community benefit programs and services.

ATTACHMENT A

2007 NATIONAL DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM

The following chart summanzes 2007 Community Benefit investments nationally for KFHP and KFH. The investments in the community reflected in the chart are unaudited.

CARE & COVERAGE	NATIONAL HEALTH PLAN TOTAL	NATIONAL HOSPITAL TOTAL	National CB Total
Charitable Care & Coverage Programs	\$138,062,198	CAR AND ALEX	
Gasanment Sponsored Programs	339.924.653	\$66,430,120	\$203,492,327
Grants & Donutions for Care & Coverage	6,000,200	180,539,811	520,464,464
Care & Coverage CB Operations	3,954,334	25,888,940	31 889,140
Suntonal:	\$487,941.385	489,788 \$278,348 6 68	4,444,322 \$76ñ,290,063
COMMUNITY HEALTH INITIATIVES			
Community Health Education	\$932,592	\$888,476	\$1,821,068
Grants & Donations for Community Health Initiatives	30 973,619	17,207,231	\$4.021.006 50.180.850
Community Health Initiatives CB Operations	625,788	8	025 786
Subtotal	\$34,537,997	\$18.095,707	\$52,627,704
SAFETY NET PARTNERSHIPS			
Grants & Donations for Sufety Net Portnerships	\$14,026,859	\$31,126,227	Mac ear non
Safety Net CB Operations	500 000	0	\$45,153,086 500,000
Subtotal*	\$14,526,859	\$31,106,220	345 853,066
KNOWLEDGE DISSEMINATION			
Medical Research	\$1.683,272	\$16,260,948	Memora a com
Health Care Public Policy	1,500,000	क्षरक्षरक्षरक्षर वि	\$17,944,217
Educational Theatra Program	3,623,314	7,759.790	1,500,000
Health Care Training & Education Programs	3,030,631	ŏ1,085.817	11,383,104
Grants & Donations for Knowledge Dissemination	51 170 920	3,141,940	64,171,448 64,312,880
hilowledge Dissemination CB Operations	0.7.000	2, 13 (, 2m) ()	
Subtotal*	\$67,063,137	89 248 492	0 \$149.311.609
OTHER COMMUNITY BENEFITS			
Self Sufficiency Programs	\$218,880	centrace at	00.230.650
Other C8 Grunts & Donations	7,333.835	\$5,289 942 8,430 334	\$5,508,800
Other CB Operations	5,575,396	0,430,334 12,030,137	15,764,169
Suhtedeil;	\$13,126,111	\$25,750,41 (17.603,533 \$38.876.524
TOTAL	\$611,189.489	\$441,569,506	\$1,052,758,995

ATTACHMENT B

2007 COMMUNITY BENEFIT INVESTMENT - OHIO REGION

The following chart summarizes the 2007 Community Penefit investments by the **Ohio** Health Plan. The investments in the community reflected in the chart are unaudited.

CARE & COVERAGE	Regional Health Plan Total	Regional Hospital Total	Total

Chantable Care & Coverage Programs Government Sponsored Programs	\$650,625	\$0	\$653,625
Grants & Donations for Care & Coverage	1 017,810	Ų	1,017,810
Care & Coverage CB Operations	ñ	0	0
Subtotal:	01.074.475	ű	0
Gootsus.	\$1,671,435	\$ 0	\$1 671,435
COMMUNITY HEALTH INITIATIVES			
Community Health Education	\$17,742	\$0	******
Crants & Donations for Community Health Initiatives	9 21 142	90 ()	\$17,742
Community Health Initiatives CB Operations	Û	i)	0 0
Suntatar	\$17,742	\$ 0	\$17,742
	277,310	12 (1	40,12,245
SAFETY NET PARTNERSHIPS			
Grants & Donations for Sufety Net Partnerships	\$5,000	\$0	\$5,000
Safety Net CB Operations	0	Õ	0
Subroral	\$5,000	\$ 0	\$5.00Õ
KNOWLEDGE DISSEMINATION			
Medical Research	\$72,899	\$0	\$72,899
Health Care Public Policy	()	ů	\$3.00 m
Educational Theatre Program	111,297	iì	111,297
Health Care Training & Education Programs	Q	ő	Ö
Grants & Donations for Knowledge Dissemination	50,500	Ô	50,500
Knowledge Dissemination CB. Operations	0	Ö	0
Sublotal	\$234 606	\$ 0	8204, 89Ē
OTHER COMMUNITY BENEFITS			
Self Sufficiency Programs	\$18,197	<i>\$1</i>)	\$18 197
Other CB Grants & Donations	16,675	Ĭó	16 675
Other CB Operations	217,272	ย้	217 273
Subtotal	\$253,144	\$ ŏ	8,367,744
TOTAL	\$2,181,017	\$ 0	\$2,181,017

STATEMENT 25

KAISER FOUNDATION HOSPITALS AND HEALTH PLAN INC.

EMPLOYER Tax 10 #	ENTITY NAME		Purpose of Entity
KAISER FOUT	KAISER FOUNDATION HOSPITAL SUBSIDIARIES (TAXABLE);		
84-3245176	Kaisfr pfplamente mterralional	TXO	An International consulting company
91-2166347	KP ONJALL 11.C	ű	Owns & operates nursc talomedicine services call center
KAISER FOUR	KAISER FOUNDATION HEALTH PLAN INC. SUBSIDIARIES (TAXABLE):		
34 2113584	raiser permanente health alternatives	į. E	Provides dental plans and Point of Service modical plans in Wachington scale to groups/individuals.
94-1253432	Kaser properties seplices inc	1,7431	Hodo n CA real estats prokorage themse
24-3203402	* A:Ser Permanente insurance company	Tkbi	insurance company offering indemnity benefit plans
03-812/8783	OAK TREE ASSUPANCE, LTD.	E C	Сартия твигата сотралу to msure vinkers compensation & виго тъигате coverage
94-2171891	LOKAHI KSSURZINCE LTD	ii X	A capture insurance company to insure and secure reinsurance for property & casueity notes
	CROWRY INTERNATIONAL, LTD	1,36	A holding company in provide offshore insk frankrykment tools
	ORDWAY RIDEAMITY, LTD	¥.	An offenore company used as a risk management wol.
97-1814507	CHP COMPANIES, INC	ZZ L	Holding crimpany, sole member of CHP, CHP is an macine health plen in New York,

KAISER FOUNDATION HEALTH PLAN OF THE OHIO, INC. 34-0922268

Chief Executive Officer & President Compensation

Mr. Halvorson, CEO & President, received a one-time payment in 2007 from a supplemental retirement plan. That plan provided for vesting and payment of accrued benefits in 2007 and was part of the compensation package the Board of Directors approved while recruiting him to lead Kaiser in 2002. Those amounts were reported in prior years on the Form 990 as they were accrued. Excluding this one-time payment, his reported compensation and benefits in the 2007 filing would be \$8,749.719 (total from all columns). That number still has a substantial "double-count" of multiple years' incentive compensation, which is required under the Internal Revenue Service's guidance for reporting compensation on the organizations Form 990. "Double-count" means the compensation was reported in prior years as it was accrued, and also reported in the year paid. Excluding the currently "double-counted" compensation. Mr. Halvorson's compensation for 2007 (paid during 2007, excluding amounts earned in previous years, and including amounts earned in 2007 but paid in 2008) is \$6.219,719.

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Application for Extension of Time To File an Exempt Organization Return

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For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

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