NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493314006189

Open to Public

Department of the Treasury Internal Re

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

Inspection

┌Yes ┌No

Servi	ce	remae								
A Fo	rthe 2	008 с	alendar yea	r, or tax year beginning 01-01-2008	and ending 12-31-2008					
C he	eck ıf ap	plicable	Please	C Name of organization KAISER FOUNDATION HEALTH PLAN OF OHIO	n		D Employer ider	ntification number		
7 Add	dress cha	ange	use IRS label or			34-0922268				
– Nai	me chan	ge	print or	Doing Business As			E Telephone nu	mber		
– _{Init}	al returi	n	type. See Specific	Number and street (or P O box if mail is no	t delivered to street address	N Boom/cuito	(510) 271-6			
– Ter	mınatıor	n	Instruc- tions.	ONE KAISER PLAZA 15L	it delivered to street address	s) Room, suite	G Gross receipts	s \$ 633,888,078		
_	ended re		tions.	City or town, state or country, and ZIP + 4						
_				OAKLAND, CA 94612						
App	olication	pending								
				ne and address of Principal Officer			a group return			
				Kennedy-Scott AISER PLAZA 15L		affiliat	es?	ΓYes Γ Nο		
			OAKLA	ND,CA 94612		H(b) Are all	affiliates include	d?		
Та	x-exem _l	pt status	▽ 501(c)	(3) ◀ (insert no)	527			See instructions)		
w	eb site	: ► N/	4			H(c) Group	Exemption Nur	nber 🟲		
(Тур	e of orga	anızatıon	Corporat	on		L Year of For	mation 1978 M S	State of legal domicile OH		
Pa	rt I	Sum	mary							
				e organization's mission or most signif	icant activities					
		TO PRO	OVIDEHIG	H-QUALITY, AFFORDABLE HEALTH	CARE SERVICES TO	IMPROVET	HE HEALTH OF	OUR MEMBERS AND		
Ų	1			ES WE SERVE						
Í										
Ě										
aoyemidilice	2	Check	this box	of the organization discontinued its ope	erations or disposed of	more than 2!	5% of its assets			
			,	nembers of the governing body (Part V				14		
ő A			_	dent voting members of the governing				12		
<u> </u>				uployees (Part V, line 2a)				1,953		
e cantinae				lunteers (estimate if necessary) .			5 <u> </u>	6		
ŧ				ed business revenue from Part VIII, I			7a	15,680		
				ness taxable income from Form 990-T	•	76 <u> </u>	4,652			
		ivet um	Clatea Basi	ness taxable medile nomi omi soci	, mic 34	Prio	r Year	Current Year		
	8	Contr	ibutions and	grants (Part VIII, line 1h)	FIIO	190,377	164,696			
ā	9			revenue (Part VIII, line 2g)			593,239,328	592,918,588		
Revenue	10	_		ne (Part VIII, column (A), lines 3, 4, a			6,104,202	4,921,214		
ž	11			art VIII, column (A), lines 5, 4, a		128,054	640,187			
	12		-	id lines 8 through 11 (must equal Part		128,054	040,187			
	12	12)	revenue—a	id illes o tillodgii II (illust equal r art	VIII, column (A), mie	5	599,661,961	598,644,685		
	13	Grant	s and simila	r amounts paid (Part IX, column (A), l	ines 1–3)		90,175	208,715		
	14	Benef	its paid to o	r for members (Part IX, column (A), lır	ne 4)			0		
/6	15		es, other co	mpensation, employee benefits (Part 1	IX, column (A), lines 5			12212126		
₩ ₩		10)					130,377,055	132,124,968		
Expenses	16a			raising fees (Part IX, column (A), line	11e)			0		
五	b	•		oenses, Part IX, column (D), line 25 0)					
	17	Other	expenses (Part IX, column (A), lines 11a–11d, 1	1f-24f)	4	176,398,265	458,744,703		
	18	Total	expenses—	add lines 13–17 (must equal Part IX,	line 25, column (A))	6	506,865,495	591,078,386		
	19	Rever	ue less exp	enses Subtract line 18 from line 12			-7,203,534	7,566,299		
net Assets or Fund Balances						Beginnii	ng of Year	End of Year		
e de la companya de l	20	Total	assets (Par	t X, line 16)		1	82,351,116	191,356,502		
9	21	Total	lıabılıtıes (F	art X, line 26)		1	64,062,236	191,887,543		
<u> </u>	22	Netas	sets or fun	d balances Subtract line 21 from line	20		18,288,880	-531,041		
	rt II	Siar	ature Blo	ock			, ,			
		_		rjury, I declare that I have examined this retur	n, including accompanying s	chedules and st	atements, and to th	ne best of my knowledge		
				orrect, and complete Declaration of preparer						
Plea		.	-h.u5 55	_		2009-	10-30			
Sign Here		Sign	ature of office	r		Date				
1 \	-		ORAH STOKES	VP, CONTROLLER, CAO						
		F ¹yp	e or print nam	e anu lille T	Т					
		Pre	parer's 👠			Check If	Preparer's PTIN	(See Gen Inst)		
Paid		1 -	nature P			self- empolyed 🕨 🦵	-			
	pare		n/o nam== /=:	voure h		· · · · · ·				
Jse		ıf s	n's name (or elf-employed)	. •			EIN Þ			
Onl	y	ado	Iress, and ZIP	+ 4 KPMG LLP						
				55 SECOND STREET						
		1		33 SESSIE STREET			Phone no 🕨 (4	115) 963-5100		

May the IRS discuss this return with the preparer shown above? (See instructions)

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission Additional Data Table		
2	Did the organization undertake any significant program services the prior Form 990 or 990-EZ?	during the year which were not listed on	_ Yes
3	Did the organization cease conducting or make significant chang services?		Yes ✓ No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organ Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts a others, the total expenses, and revenue, if any, for each program	are required to report the amount of grants and	
4a	(Code) (Expenses \$ 533,469,537 includir member health care services and medical training for care improvement Kaise including urgent care services, extended care and home health care, for its mapay KFHP of Ohio educates and trains medical students and other health care Additional information about Ohio Health Plan's charitable activities can be found	embers without regards to age, sex, race, religion or na e professionals and promotes scientific and nursing educ	ational origin or the ability to
4b	(Code) (Expenses \$ 1,889,047 includir Charitable Care (Medical Financial Assistance and Charitable Coverage) Health care and coverage needs for some of the roughly 46 million uninsured Americ patients through the Medical Financial Assistance and Charitable Coverage Prohelp families and individuals that are unable to meet all or part of the cost of programs are available to low-income adults and children who are not eligible comprehensive care through this program. Additional information about Ohio has a contraction of the cost of programs are available to low-income adults and children who are not eligible comprehensive care through this program.	can individuals and families Health Plan provides charity ograms Medical Financial Assistance (MFA) - Health Pla medical care on an immediate and nonrecurring basis e for other public or privately sponsored coverage Eight	care to low-income, vulnerable n offers financial assistance to Charitable Coverage - these y patients received
4c	(Code) (Expenses \$ 3,592,488 including Medicaid and Other Government Sponsored Programs Health Plan is committee but also in the communities we serve. In Ohio, state policy does not allow the persons. Health Plan paid the monthly Medicare premium for approximately 4 income individuals and allows them to access richer Medicare benefits than fee be found in Schedule O.	e use of state dollars to pay for Medicare monthly premi 195 low income dual-eligible Medicare/Medicaid benefici	nums, even for low-income aries. This effort supports low-
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 141,047 including grants of \$	0) (Revenue \$	0)
4e	Total program service expenses \$ 539,092,119 Mu	st equal Part IX, Line 25, column (B).	

Form **990** (2008)

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No.
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
		28a		NO
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	2,766			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4.	V	
2-	gaming (gambling) winnings to prize winners?	 I		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1,953			
b	If at least one is reported in 2a, did the organization file all required federal employin Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin		ľ			
	return?			3a	Yes	
- Б 4а	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in School At any time during the calendar year, did the organization have an interest in, or a si		ľ	3b	Yes	
4 a	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	- 1	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	•		6a		N o
	If "Yes," did the organization include with every solicitation an express statement th		ľ			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	rty for	which it was required to	_		
_	file Form 8282?	I		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization for	ile a F	orm 1098-C as			
_	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?		l I			<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
_	Did the organization make any taxable distributions under section 4966?		ľ	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	٠.		9b		
10	Section 501(c)(7) organizations. Enter	10a	I			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a 10b				
U	facilities	100				
11	Section 501(c)(12) organizations Enter	_				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Δ	Governing	Body	and	Management	
Jection	М.	GOVEL HILLIG	Doug	allu	Management	

			165	140					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 14								
Ь	Enter the number of voting members that are independent 11								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo					
6	Does the organization have members or stockholders?	6	Yes						
7a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No					

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OH
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

NATIONAL DIRECTOR OF TAX ONE KAISER PLAZA 15L OAKLAND, CA 94612 (510) 271-6385

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

compensated employees, and former such		nto nov	o 66 1 o		liraa	+a= +=		orkay amplayaa	, , , -	
Check this box if the organization did n	ot compens	ate any			irec	tor, tru	istee	or key employee		
		Posit ti	(C non () hat a	chec		I		(5)	(F)	
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
CHRISTINE K CASSEL MD , DIRECTOR	6 0	Х						0	163,750	
THOMAS W CHAPMAN EDD , DIRECTOR	6 0							0	,	68,750
DANIEL P GARCIA , DESIGNATED DIRECTOR	40 0 6 0	X						0	_,,	191,025
WILLIAM R GRABER , DIRECTOR J EUGENE GRIGSBY III PHD , DIRECTOR	6 0							0	,	-
GEORGE C HALVORSON , CHAIRMAN, CEO,	40 0	X		×				0	·	
PRESIDENT				<u> </u>					-,,-	·
JUDITH A JOHANSEN , DIRECTOR	6 0	X	_	-	_		\vdash	0	,	
KIM J KAISER , DIRECTOR PHILIP A MARINEAU , DIRECTOR	6 0 6 0	X					\vdash	0	,	0
JENNY J MING , DIRECTOR	6 0	X					\vdash	0	· ·	0
EDWARD PEI , DIRECTOR	6 0							0	,	15,500
J NEAL PURCELL , DIRECTOR	6 0	X						0	,	0
CYNTHIA A TELLES PHD , DIRECTOR	6 0	Х						0	,	0
SANDRA P THOMPKINS , DIRECTOR	6 0	Х					_	0	,	56,675
DANIEL H BECK , VP REGIONAL COUNSEL - OH JENNIFER M GARDNER , ASSISTANT SECRETARY	40 0 40 0			X				0	,	29,499 27,667
PATRICIA KENNEDY-SCOTT , REGIONAL PRESIDENT	40 0			X				0	,	154,447
KATHY LANCASTER , EVP - CHIEF FINANCIAL OFFICER	40 0			х				0	1,195,825	222,026
CHRISTINE MALCOLM , SVP - HOSPITAL STRATEGY	40 0			х				0	584,167	302,236
THOMAS R MEIER , SVP, TREASURER	40 0			Х				0	529,225	82,695
ARTHUR M SOUTHAM MD , EVP - HEALTH PLAN OPERATIONS	40 0			Х				0	1,626,427	259,928
DEBORAH STOKES , VP, CONTROLLER, CAO	40 0			Х			_	0	606,031	115,567
BERNARD J TYSON , EVP - HP & HOSPITAL OPERATIONS CTEVEN D ZATKIN CVP CENERAL COUNCEL	40 0 40 0			X				0	· ·	·
STEVEN R ZATKIN , SVP, GENERAL COUNSEL VICTORIA B ZATKIN , DIR OF BOD SVCS & ASSIST								_		·
SEC BELVA DENMARK-TIBBS , VP MEDICAL	40 0			Х	, , , , , , , , , , , , , , , , , , ,			0		44,771
OPERATIONS - OH	40 0				Х			0	304,333	·
GREG MERCER , VP HEALTH PLAN MGR - OH	40 0				Х			0	,	70,334
THOMAS REVIS , VP & CFO - OH	40 0				Х			0	,	86,963
TIMOTHY ALBERTS , VP HUMAN RESOURCES - OH CAROLYN HIGHTOWER , VP HEALTH PLAN ADMIN - OH	40 0 40 0					X		0		74,888 82,532
RUTH LANGSTRAAT MD , VP - HEALTH SYSTEMS DESIGN	40 0					Х		0	757,143	82,271
THOMAS J MURRAY , DIRECTOR OF GROUP SALES & MGMT	40 0					х		189,892	0	54,500
THOMAS SUSENS , DIRECTOR OF CARE COORDINATION	40 0					Х		0	193,281	40,037
				<u> </u>	<u> </u>					
			_				<u> </u>			

Part VII Continued

			(C) Position (check all that apply)							(E)	(F)
	(A) Name and Title	(B) A verage hours per week	Institutional Trustee Individual Trustee or Director		Officei	Highest compensated employee Key employee Officer		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
								<u> </u>			
			-					\vdash			
								<u> </u>			
								\vdash			
				1							
1b	Total	·						-	189,892	22,473,229	2,989,673

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►64

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such				,
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SUMMA HEALTH SYSTEM PO BOX 714097 COLUMBUS, OH 43271	HOSPITAL SERVICES	7,877,587
THE CLEVELAND CLINIC 9500 EUCLID AVE CLEVELAND, OH 44195	HOSPITAL SERVICES	14,944,858
OHIO PERMANENTE MEDICAL GROUP 1001 LAKESIDE AVE CLEVELAND, OH 44114	MEDICAL SERVICE	98,551,579
METROHEALTH SYSTEM 2500 HEALTH DRIVE CLEVELAND, OH 44109	HOSPITAL SERVICE	9,688,480
LAKE HOSPITAL SYSTEM PO BOX 714031 COLUMBUS, OH 43271	HOSPITAL SERVICES	5,749,699
Total number of independent contractors (including those in 1) who rec from the organization	. ,	143

Page **9** Statement of Revenue

					(A)	(B)	(C)	(D)
					Total Revenue	Related or Exempt	Unrelated Business	Revenue Excluded from
						Function Revenue	Revenue	Tax under IRC 512, 513, or 514
10.00	1a	Federated campa	iigns 1a					
and the second	b	Membership dues	5					
Contributions, gifts, grants and other similar amounts	С	Fundraising even	ts					
jits ara	d	Related organizat	1c tions	161,466				
% <u>.</u> <u>≡</u>	e	Government grants (contributions) 1e					
ntion er si	f	All other contributions		3,230				
ëë			1 f					
E E	g	Noncash contribu						
O 46	h		1a-1f)		164,696			
				Business Code				
Шe	2a	MBRS HLTH CARE PR	RM	621,400	459,408,464	459,408,464		
e ve	ь	MEDICARE		621,400	102,384,554	102,384,554		
Se F	С	SUPP CHARGES/PHAI	RM	621,400	30,105,331	30,105,331		
er s	d	NON-PLAN & IND RE	<u>V</u>	621,400	1,020,239	1,004,559	15,680	
S E	e •	A.II						
Program Service Revenue	f	All other program	n service revenue					
Ğ	g		2a-2f					
	3	► \$ 592,918,588 Investment incor	me (including divid	dends, interest				
			ounts)	·	4,765,960			4,765,960
	4	Income from investm	nent of tax-exempt bo	ond proceeds	0			
	5	Rovalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	130,590					
	ь	Less rental expenses	2,136					
	С	Rental income or (loss)	128,454					
	d	Net rental income	e or (loss)		128,454			128,454
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	35,389,961	6,550				
		assets other than inventory						
	ь	Less cost or other basis and	35,241,257					
	c	sales expenses Gain or (loss)	148,704	6,550				
	d	Net gain or (loss))	_	155,254			155,254
	8a	Gross Income fro	m fundraising	. •				
		events (not inclu	-					
ne		\$ of contributions r	 eported on line					
ven		1c) See Part IV, Attach Schedule G						
Re		\$15,000						
Other Revenue	b	Less direct expe						
ᅙ	С	Net income or (lo	ss) from fundraisi	ng events	0			
	9a	Gross income fro activities See pa						
		Complete Schedule exceeds \$15,000						
		exceeds \$15,000	а					
	ь	Less direct expe	ensesb					
	С		oss) from gaming a	activities ►	0			
	10a	Gross sales of in						
		returns and allow	ances . a					
	b	Less cost of goo						
	с	_	ss) from sales of	inventory	0			
		Miscellaneous R		Business Code				
	11a	INT INC - AFFIL		900,003	174,252			174,252
	b	MISC REVENUE		621,400	337,481			337,481
	С							
	d	All other revenue						
	е	Fotal. Add lines 1	l1a-11d	 \$ 511,733				
	12		dd lines 1h, 2g, 3		598,644,685	592,902,908	15,680	5,561,401
		8c, 9c, 10c, and 11e		. ▶				
				•				Form 990 (2008)

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orgoined solutions must complete column (A) but are not re		plete columns ((B), (C), and (D)	
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	208,715	208,715		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,294,933	3,261,984	32,949	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	85,608,777	74,656,672		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,454,225	8,235,172	1,219,053	
9	Other employee benefits	27,116,097	24,444,548	2,671,549	
LO	Payroll taxes	6,650,936	5,825,976	824,960	
.1	Fees for services (non-employees)				
а	Management	0			
b	Legal	69,810		69,810	
c	Accounting	841,614		841,614	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	120,186,481	113,914,280	6,272,201	
2	Advertising and promotion	11,510,678	66,830	11,443,848	
3	Office expenses	1,203,599	858,327	345,272	
4	Information technology	37,395,123	29,086,614	8,308,509	
5	Royalties	0			
6	Occupancy	6,439,069	6,439,069		
.7	Travel	1,167,428	697,330	470,098	
8	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
9	Conferences, conventions and meetings	117,843		117,843	
0	Interest	410,295	410,295		
1	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	5,992,757	5,992,757		
23	Insurance	1,845,686	1,845,399	287	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONTRACTUAL PAYMENTS	165,695,996	165,695,996		
b	SUPPLIES	70,491,361	66,202,577	4,288,784	
С	INTER-REGIONAL CHARGES	20,312,083	18,109,548	2,202,535	
d	PREMIUM TAXES	4,302,180	4,302,180		
e	EQUIPMENT RENTAL	2,567,823	2,517,741	50,082	
f	All other expenses	8,194,877	6,320,109	1,874,768	
25	Total functional expenses. Add lines 1 through 24f	591,078,386	539,092,119	51,986,267	
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		,,		

	Part X	Balance	Sheet
--	--------	---------	-------

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			4,838,128	1	555,950
	2	Savings and temporary cash investments			88,896,140	2	110,699,826
	3	Pledges and grants receivable, net	_			3	
	4	Accounts receivable, net			10,271,738	4	10,542,305
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L		employees or		5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			5,231,589	8	5,175,492
92	9	Prepaid expenses and deferred charges			426,603	9	730,324
šet	10a					_	
Assets		F	10a	163,623,589			
	ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	100,591,014	66,598,074	10c	63,032,575
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 Complete Par Schedule D	t VII	of		12	
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	rt VII	I		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			6,088,844	15	620,030
	16	Total assets. Add lines 1 through 15 (must equal line 34)			182,351,116		191,356,502
	17	Accounts payable and accrued expenses .			63,080,026	17	57,931,322
	18	Grants payable				18	
	19	Deferred revenue			9,407,347	19	263,460
	20	Tax-exempt bond liabilities				20	
e S	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ę		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			91,574,863	25	133,692,761
	26	Total liabilities. Add lines 17 through 25			164,062,236	26	191,887,543
es		Organizations that follow SFAS 117, check here ► and complete through 29, and lines 33 and 34.	ete li	nes 27			
anc	27	Unrestricted net assets				27	
Balance	28	Temporarily restricted net assets				28	
Ē.	29	Permanently restricted net assets				29	
r Fund		Organizations that do not follow SFAS 117, check here ► ✓ and lines 30 through 34.	l com	plete			
S Of	30	Capital stock or trust principal, or current funds			3,264	30	3,264
Şet	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fun			18,285,616		-534,305
Net ,	33	Total net assets or fund balances			18,288,880		-531,041
Z	34	Total liabilities and net assets/fund balances			182,351,116	34	191,356,502
	1					· I	
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b	·	

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue

Service

h

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

2008

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF OHIO

34-0922268 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). 1 2 A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11q(i) Nο (ii) a family member of a person described in (i) above? 11g(ii) Νo

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	s the ation in listed in verning ment?	the orga	rou notify inization i) of your port?	organiz	s the ation in rganized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

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

Provide the following information about the organizations the organization supports

11g(iii)

Νo

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check						
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	338,524	372,464	289,999	190,337	164,696	1,356,020
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax- exempt purpose	492,495,272	526,295,282	574,281,701	593,239,328	592,918,588	2,779,230,171
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total Add lines 1-5 A mounts included on lines 1, 2, and 3 received from disqualified persons	492,833,796	526,667,746	574,571,700	593,429,665	593,083,284	2,780,586,191
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
с 8	Total of lines 7a and 7b Public Support (Substract line 7c from						2,780,586,191
To	line 6)						
		() 2004		() 2 2 2 5	(D 2007	(-) 2000	/\$\ T - + -
Cala	melar wear /orficeal wear beginning in \						
	ndar year (or fiscal year beginning in)	(a) 2004 492 833 796	(b) 2005	(c) 2006 574 571 700	(d) 2007 593 429 665	(e) 2008 593 083 284	(f) Total
Cale 9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	492,833,796 6,538,851	526,667,746 8,160,685	574,571,700 7,142,100	593,429,665 6,257,742	593,083,284 5,406,147	2,780,586,191 33,505,525
9	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans,	492,833,796	526,667,746	574,571,700	593,429,665	593,083,284	2,780,586,191
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	492,833,796	526,667,746	574,571,700	593,429,665	593,083,284	2,780,586,191
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	492,833,796 6,538,851	526,667,746 8,160,685	574,571,700 7,142,100	593,429,665 6,257,742	593,083,284 5,406,147	2,780,586,191
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	492,833,796 6,538,851	526,667,746 8,160,685	574,571,700 7,142,100	593,429,665 6,257,742	593,083,284 5,406,147	2,780,586,191
9 110a b c 111	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	6,538,851 6,538,851	8,160,685 8,160,685	7,142,100 7,142,100	593,429,665 6,257,742 6,257,742	593,083,284 5,406,147 5,406,147	2,780,586,191 33,505,525 33,505,525 2,814,091,716
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the context of the context of the sale of	492,833,796 6,538,851 6,538,851	8,160,685 8,160,685	7,142,100 7,142,100	593,429,665 6,257,742 6,257,742	593,083,284 5,406,147 5,406,147	2,780,586,191 33,505,525 33,505,525 2,814,091,716
9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the context this box and stop here	492,833,796 6,538,851 6,538,851 rganization's fir	8,160,685 8,160,685 8,160,685	574,571,700 7,142,100 7,142,100	593,429,665 6,257,742 6,257,742	593,083,284 5,406,147 5,406,147	2,780,586,191 33,505,525 33,505,525 2,814,091,716 ation,
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the context of the context of the sale of	6,538,851 6,538,851 6,538,851 rganization's firentage column (f) divide	8,160,685 8,160,685 st, second, third	574,571,700 7,142,100 7,142,100	593,429,665 6,257,742 6,257,742	593,083,284 5,406,147 5,406,147	2,780,586,191 33,505,525 33,505,525 2,814,091,716 ation,
9 10a b c 11 12 13 14 Co	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here Imputation of Public Support Perceived Public Support Percentage for 2008 (line 8)	492,833,796 6,538,851 6,538,851 entage column (f) dividual	8,160,685 8,160,685 st, second, third	574,571,700 7,142,100 7,142,100	593,429,665 6,257,742 6,257,742	593,083,284 5,406,147 5,406,147	2,780,586,191 33,505,525 33,505,525 2,814,091,716 ation, 98 809 %
9 10a b c 11 12 13 14 Co 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here Imputation of Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	6,538,851 6,538,851 6,538,851 rganization's firentage column (f) divicule A , Part IV - A	8,160,685 8,160,685 8,160,685 st, second, third	574,571,700 7,142,100 7,142,100 I, fourth, or fifth tolumn (f))	6,257,742 6,257,742	593,083,284 5,406,147 5,406,147 01(c)(3) organiza	2,780,586,191 33,505,525 33,505,525 2,814,091,716 ation, 98 809 % 98 74 %
9 10a b c 11 12 13 14 Co	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here Imputation of Public Support Perceived Public Support Percentage for 2008 (line 8)	6,538,851 6,538,851 6,538,851 rganization's fire entage column (f) divide A, Part IV - A Percentage ne 10c column	8,160,685 8,160,685 8,160,685 st, second, third led by line 13 co	574,571,700 7,142,100 7,142,100 I, fourth, or fifth tolumn (f))	6,257,742 6,257,742	593,083,284 5,406,147 5,406,147	2,780,586,191 33,505,525 33,505,525 2,814,091,716 ation, 98 809 %

33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶▽

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

DLN: 93493314006189

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Serv	vice.				
		s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	art VI, line 46 (Political Ca	ampaign Activities)
		mplete Parts I-A and B Do not complet		······································	·····
• Se	ection 501(c) (other than section 5	501(c)(3)) organizations complete Part	ts I-A and C below	Do not complete Part I-B	
Se	ection 527 organizations complete	e Part I-A only			
lf the	e organization answered "Ye	s," to Form 990, Part IV, Line 4, or	Form 990EZ, Pa	rt VI, line 47 (Lobbying A	activities)
		t have filed Form 5768 (election under		•	•
	, ,, , =	t have NOT filed Form 5768 (election u	,	h)) Complete Part II-B Do r	ot complete Part II-A
	_	s," to Form 990, Part IV, Line 5 (Pr	oxy Tax)		
	ection 501(c)(4), (5), or (6) organi	zations complete Part III			
Na κΔτ	ime of the organization ISER FOUNDATION HEALTH PLAN OF OH	IIO		Employer ider	itification number
IX/G	SER FOORDATION TRACTITION OF OF			34-0922268	
Par	t I-A To be completed b	y all organizations exempt (under section	L	527
		e the instructions for Schedule C			
1	Provide a description of the or	ganization's direct and indirect politic	ral campaign acti	vities in Part IV	_
2		gamzation s unect and maneet points	car campaign acti	vicies iii i dit I v	
	Political expenditures				\$
3	V olunteer hours				
Dar	t I-B To be completed b	oy all organizations exempt (under section	501(c)(3) (See the	ınstructions
- ai	for Schedule C for d		ander section	301(c)(3): (3cc the	
1	Enter the amount of any excis	e tax incurred by the organization und	der section 4955		\$
2	Enter the amount of any excis	e tax incurred by organization manage	ers under section	4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 43	720 for this year?)	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
	Was a correction made? If "Yes," describe in Part IV				│ Yes │ No
b	If "Yes," describe in Part IV t I-C To be completed be	oy all organizations exempt (s for Schedule C for details.)	under section	501(c), except sect	
b	If "Yes," describe in Part IV To be completed to (See the instructions)	oy all organizations exempt is for Schedule C for details.) ended by the filing organization for se			
b Par	If "Yes," describe in Part IV To be completed to (See the instructions) Enter the amount directly expenses the instruction of the filing of the fill of th	for Schedule C for details.)	ction 527 exemp	t function activities	
b Par 1	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expense the amount of the filing of the fi	s for Schedule C for details.) ended by the filing organization for se organization's internal funds contribut	ction 527 exemp eed to other organ	t function activities	
b Par 1	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expense the amount of the filing of the fi	for Schedule C for details.) ended by the filing organization for se	ction 527 exemp eed to other organ	t function activities	
b Par 1	If "Yes," describe in Part IV To be completed to (See the instructions) Enter the amount directly expended to the filing of th	ended by the filing organization for se organization's internal funds contributempt function expenditures. Add lines	ction 527 exemp eed to other organ	t function activities	
Par 1 2	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expended to the filing of 527 exempt funtion activities Total of direct and indirect execution of the filing of 17b Did the filing organization file in the file	ended by the filing organization for se organization's internal funds contributempt function expenditures. Add lines	ction 527 exemp ed to other organ : 1 and 2 and ente	t function activities lizations for section er here and on Form	\$
b Par 1 2 3	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expended for the amount of the filing of 527 exempt funtion activities. Total of direct and indirect exempt for the filing organization file. State the names, addresses a were made Enter the amount political contributions receive.	s for Schedule C for details.) ended by the filing organization for se organization's internal funds contribute the function expenditures. Add lines Form 1120-POL for this year? Ind Employer Identification Number (Expand and indicate if the amount was paid and promptly and directly delivered.	ction 527 exemp ed to other organ and 2 and enter EIN) of all section and from the filing to a separate po	t function activities car here and on Form 527 political organization organization's own interna	\$ Yes No ns to which payments I funds or were s a separate
b Par 1 2 3	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expended for the amount of the filing of 527 exempt funtion activities. Total of direct and indirect exempt for the filing organization file. State the names, addresses a were made Enter the amount political contributions receive.	ended by the filing organization for se organization's internal funds contribut empt function expenditures Add lines Form 1120-POL for this year? Ind Employer Identification Number (Epaid and indicate if the amount was pa	ction 527 exemp ed to other organ and 2 and enter EIN) of all section and from the filing to a separate po	t function activities car here and on Form 527 political organization organization's own interna	\$ Yes No ns to which payments I funds or were s a separate
b Par 1 2 3	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expended for the amount of the filing of 527 exempt funtion activities. Total of direct and indirect exempt function activities. Total of direct and indirect exempt function for the filing organization file. State the names, addresses a were made. Enter the amount political contributions receive segregated fund or a political for the filing organization.	ended by the filing organization for se organization's internal funds contribute empt function expenditures. Add lines form 1120-POL for this year? In Employer Identification Number (Epaid and indicate if the amount was pad and promptly and directly delivered action committee (PAC). If additional	ction 527 exemp ted to other organ and 2 and enter and from the filing to a separate po space is needed	t function activities izations for section er here and on Form i 527 political organization organization's own interna litical organization, such a , provide information in Pa	\$ \$ Yes No ns to which payments I funds or were s a separate rt IV
b Par 1 2 3	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expended for the amount of the filing of 527 exempt funtion activities. Total of direct and indirect exempt for the filing organization file. State the names, addresses a were made Enter the amount political contributions receive.	s for Schedule C for details.) ended by the filing organization for se organization's internal funds contribute the function expenditures. Add lines Form 1120-POL for this year? Ind Employer Identification Number (Expand and indicate if the amount was paid and promptly and directly delivered.	ction 527 exemp ed to other organ and 2 and enter EIN) of all section and from the filing to a separate po	t function activities izations for section er here and on Form i 527 political organization organization's own interna litical organization, such a , provide information in Pa	\$ Yes No ns to which payments I funds or were s a separate
b Par 1 2 3	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expended for the amount of the filing of 527 exempt funtion activities. Total of direct and indirect exempt function activities. Total of direct and indirect exempt function for the filing organization file. State the names, addresses a were made. Enter the amount political contributions receive segregated fund or a political for the filing organization.	ended by the filing organization for se organization's internal funds contribute empt function expenditures. Add lines form 1120-POL for this year? In Employer Identification Number (Epaid and indicate if the amount was pad and promptly and directly delivered action committee (PAC). If additional	ction 527 exemp ted to other organ and 2 and enter and from the filing to a separate po space is needed	t function activities izations for section er here and on Form i 527 political organization organization's own interna litical organization, such a , provide information in Pa	\$ \$ Yes No ns to which payments I funds or were s a separate rt IV (e) A mount of political contributions received and promptly and
b Par 1 2 3	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expended for the amount of the filing of 527 exempt funtion activities. Total of direct and indirect exempt function activities. Total of direct and indirect exempt function for the filing organization file. State the names, addresses a were made. Enter the amount political contributions receive segregated fund or a political for the filing organization.	ended by the filing organization for se organization's internal funds contribute empt function expenditures. Add lines form 1120-POL for this year? In Employer Identification Number (Epaid and indicate if the amount was pad and promptly and directly delivered action committee (PAC). If additional	ction 527 exemp ted to other organ and 2 and enter and from the filing to a separate po space is needed	t function activities sizations for section er here and on Form 1527 political organization organization's own interna litical organization, such a provide information in Pa (d) A mount paid from filing organization's	\$ \$ Yes No ns to which payments I funds or were s a separate rt IV (e) A mount of political contributions received and promptly and directly delivered to a
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b Par 1 2 3	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expended for the amount of the filing of 527 exempt funtion activities. Total of direct and indirect exempt function activities. Total of direct and indirect exempt function for the filing organization file. State the names, addresses a were made. Enter the amount political contributions receive segregated fund or a political for the filing organization.	ended by the filing organization for se organization's internal funds contribute empt function expenditures. Add lines form 1120-POL for this year? In Employer Identification Number (Epaid and indicate if the amount was pad and promptly and directly delivered action committee (PAC). If additional	ction 527 exempted to other organisms 1 and 2 and entersists. EIN) of all section and from the filing to a separate pospace is needed.	t function activities sizations for section er here and on Form 1527 political organization organization's own internal litical organization, such a provide information in Pa (d) A mount paid from filing organization's internal funds If none,	\$ \$ Yes No ns to which payments I funds or were s a separate rt IV (e) A mount of political contributions received and promptly and directly delivered to a
b Par 1 2 3	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expended for the amount of the filing of 527 exempt funtion activities. Total of direct and indirect exempt function activities. Total of direct and indirect exempt function for the filing organization file. State the names, addresses a were made. Enter the amount political contributions receive segregated fund or a political for the filing organization.	ended by the filing organization for se organization's internal funds contribute empt function expenditures. Add lines form 1120-POL for this year? In Employer Identification Number (Epaid and indicate if the amount was pad and promptly and directly delivered action committee (PAC). If additional	ction 527 exempted to other organisms 1 and 2 and entersists. EIN) of all section and from the filing to a separate pospace is needed.	t function activities sizations for section er here and on Form 1527 political organization organization's own internal litical organization, such a provide information in Pa (d) A mount paid from filing organization's internal funds If none,	* * Yes No ns to which payments I funds or were s a separate rt IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
b Par 1 2 3	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expended for the amount of the filing of 527 exempt funtion activities. Total of direct and indirect exempt function activities. Total of direct and indirect exempt function for the filing organization file. State the names, addresses a were made. Enter the amount political contributions receive segregated fund or a political for the filing organization.	ended by the filing organization for se organization's internal funds contribute empt function expenditures. Add lines form 1120-POL for this year? In Employer Identification Number (Epaid and indicate if the amount was pad and promptly and directly delivered action committee (PAC). If additional	ction 527 exempted to other organisms 1 and 2 and entersists. EIN) of all section and from the filing to a separate pospace is needed.	t function activities sizations for section er here and on Form 1527 political organization organization's own internal litical organization, such a provide information in Pa (d) A mount paid from filing organization's internal funds If none,	* * Yes No ns to which payments I funds or were s a separate rt IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
b Par 1 2 3	If "Yes," describe in Part IV To be completed in (See the instructions) Enter the amount directly expended for the amount of the filing of 527 exempt funtion activities. Total of direct and indirect exempt function activities. Total of direct and indirect exempt function for the filing organization file. State the names, addresses a were made. Enter the amount political contributions receive segregated fund or a political for the filing organization.	ended by the filing organization for se organization's internal funds contribute empt function expenditures. Add lines form 1120-POL for this year? In Employer Identification Number (Epaid and indicate if the amount was paid and promptly and directly delivered action committee (PAC). If additional	ction 527 exempted to other organisms 1 and 2 and entersists. EIN) of all section and from the filing to a separate pospace is needed.	t function activities sizations for section er here and on Form 1527 political organization organization's own internal litical organization, such a provide information in Pa (d) A mount paid from filing organization's internal funds If none,	* * Yes No ns to which payments I funds or were s a separate rt IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form **5768** (election under section **501(h)).** (See the instructions for Schedule C for details.)

	, , ,	(a)	(b)
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		69,338
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		925
i	Other activities If "Yes," describe in Part IV	Yes		13,868
j	Total lines 1c through			84,131
	11		-	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
22 1	\star To be completed by all organizations exempt under section $E01(c)/A$	section	E01/6	\/E\ or

section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

	destining is another as it is the mediations for semedate a for detailer,	
1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	4 \$
	expenditure next year?	<u> </u>
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Schedule C, Part II-B, Line 11	LOBBYING ACTIVITY BY NONELECTING PUBLIC	
	CHARITIES The Organization is a member of the Kaiss Permanente Medical Care Program and participated an benefited from lobbying activities conducted at the reg national level for the benefit of its enrolled members an health care industry as a whole As an organization gerexempt from income tax under Internal Revenue Code: \$01(c)(3), Health Plan has a policy prohibiting internal involvement in any political campaigns. This policy is committed for compliance During the year this Organiz have made comments or statements concerning legisla which may affect the health care industry. Health Plan engaged in telephone conversations and/or written letting various federal, state, and local officials regarding mating affected the healthcare industry as a whole. The amount and money involved in the activities is detailed on lines through: Health Plan has several employees and/or may professional consultant to represent Health Plan's invarious legislative and regulatory bodies and from time to keep informed of Federal and State legislation having impact on Health Plan's charitable activities as an exe Health Maintenance Organization. These individuals at ensure that proposed legislation and enacted laws are compatible with the Interest of Health Plan and its men performing the following activities. (i) Collecting, analy distributing within the Organization, public and private recommendations regarding proposed legislation that a operation of Health Plan and its ability to provide quality and medical care services to its members in a cost effe environment. (ii) Providing appropriate informational mit legislators and to their staffs that pertain to matters common interest in the health care community and in to for-profit community. (iii) Also by preparing written and testimony, these individuals appear at legislative hearing monitor legislative proceedings and meet with legislato their staffs regarding issues pertinent to the mission of Plan Those individuals appearing at such hearings and meetings for and on behalf of Health	d onal and d for the erally Section losely ation may have ers to ers which tof time any retainment to his any retainment to his and policy ffect they are and for all ngs, rs and/o Health esenting interests and lous

Part IV Supplemental Information				
Ident if ier	Return Reference	Explanation		

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493314006189

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** KAISER FOUNDATION HEALTH PLAN OF OHIO 34-0922268 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

-\$

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part	Organizations Maintaining Collections of I	Art, His	tori	cal Treası	ires, or Othe	r Similar Ass	ets (c	ontınued)
3	Using the organization's accession and other records, check items (check all that apply)	any of th	e foll	owing that ar	re a significant u	ise of its collection	on	
а	Public exhibition	d	Γ	Loan or exc	hange programs	•		
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and ex Part XIV	oplain hov	v the	further the	organization's ex	xempt purpose in		
5	During the year, did the organization solicit or receive donati assets to be sold to raise funds rather than to be maintained						Yes	☐ No
Par		ts. Com	plete	e if the orga		vered "Yes" to I	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other inte included on Form 990, Part X?	rmediary	for c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following	table						
						A mo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part \boldsymbol{X} ,	line 21?				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete if the organiza							
_	(a)Current Year	(b	Prior `	rear (c) iw	o Years Back (d)	Three Years Back (e) Four Y	ears Back
1a	Beginning of year balance	_						
Ь	Contributions							
С	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
	End of year balance							
g								
2	Provide the estimated percentage of the year end balance he	eld as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment 🕨							
3a	Are there endowment funds not in the possession of the orga organization by	inization	thata	re held and a	administered for	the		т
	(i) unrelated organizations					3a(i)	Yes	No
	(ii) related organizations		•			3a(i)		+
b	If "Yes" to 3a(II), are the related organizations listed as requ		• ched	ule R?		3b	<u>' </u>	
4	Describe in Part XIV the intended uses of the organization's							
Par	VI Investments—Land, Buildings, and Equip	ment. S	ee F	orm 990, P	art X, line 10.			
	Description of investment			Cost or other	(b)Cost or other	(c) Depreciation	(d) Ba	ook value
	Description of investment		bası	s (investment)	basis (other)	(c) Depreciation	(u) b	ok value
1 a L	and				7,233,421	_		7,233,421
b B	uildings				88,524,637	41,085,490	4	17,439,147
c L	easehold improvements							
d E	quipment				42,051,460	33,972,275		8,079,185
e (ther				25,814,071	25,533,249		280,822
Total	. Add lines 1a-1e (Column (d) should equal Form 990, Part X, c	olumn (B)	, line	10(c).)		►	6	53,032,575
						Schedule D	Form 9	90) 2008

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation · year market value
			•
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	- 45		
Part IX Other Assets. See Form 990, Part X, II (a) Descri			(b) Book value
DEPOSITS	ption		2,610
OTHER CURRENT ASSETS			110,920
DUE FROM HOSPITAL / OTHER			
OTHER LT ASSETS			106,500
STATUTORY DEPOSITS			400,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part X	1		
(a) Description of Liability	(b) A mount		
Federal Income Taxes	1 077 710		
DUE TO AFFILIATED ORGANIZATION RESERVE FOR PROF & PUBLIC LIAB	1,977,710		
RESERVE FOR WORKERS COMP RISK	14,509,556		
POST RETIREMENT BENEFITS	95,227,444		
OTHER LIABILITIES	20,906,893		
SELF INSURED - AUTO & UNEMPLOY	16,170		
	10,270		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	133.692.761		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	598,644,68
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	591,078,386
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,566,299
4	Net unrealized gains (losses) on investments	4	2,433,244
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-28,819,464
9	Total adjustments (net) Add lines 4 - 8	9	-26,386,220
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-18,819,92
Part		er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	596,352,24
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-437,706
3	Subtract line 2e from line 1	3	596,789,947
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 1,854,738		
c	Add lines 4a and 4b	4c	1,854,738
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	598,644,68!
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1	615,172,162
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь			
U	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
	Losses reported on Form 990, Part IX, line 25		
c	Losses reported on Form 990, Part IX, line 25	2e	25,948,514
c d	Losses reported on Form 990, Part IX, line 25 2c Other (Describe in Part XIV) 2d 25,948,514 Add lines 2a through 2d 2d 25,948,514 Subtract line 2e from line 1 20 25,948,514	2e 3	25,948,514 589,223,648
c d e	Losses reported on Form 990, Part IX, line 25		
c d e 3	Losses reported on Form 990, Part IX, line 25		
c d e 3	Losses reported on Form 990, Part IX, line 25		589,223,648
c d e 3 4	Losses reported on Form 990, Part IX, line 25		

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

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Schedule D, Part XI, Line 8		CHANGE IN PENSION liability \$ (25,948,514) see "note 1" below (2,870,950) \$ (28,819,464) note 1 other than temporary impairment of investment recognized for financial statement purposes, which will be tax reported when realized
Schedule D, Part XII, Line 4b		Employee related expense RECLASS \$ 210,460 Bad debt expense reclass 1,644,278 \$ 1,854,738
Schedule D, Part XIII, Line 2d		CHANGE IN PENSION LIABILITY \$ 25,948,514
Schedule D, Part XIII, Line 4b		Employee related expense RECLASS \$ 210,460 Bad debt expense reclass 1,644,278 \$ 1,854,738
Schedule D, Part XIV		NOT REQUIRED

Part XIV Supplemental Information(continued)				
Ident if ier	Return Reference	Explanation		
Schedule D, Part XI, Line 8		CHANGE IN PENSION liability \$ (25,948,514) see "note 1" below (2,870,950) \$ (28,819,464) note 1 other than temporary impairment of investment recognized for financial statement purposes, which will be tax reported when realized		
Schedule D, Part XII, Line 4b		Employee related expense RECLASS \$ 210,460 Bad debt expense reclass 1,644,278 \$ 1,854,738		
Schedule D, Part XIII, Line 2d		CHANGE IN PENSION LIABILITY \$ 25,948,514		
Schedule D, Part XIII, Line 4b		Employee related expense RECLASS \$ 210,460 Bad debt expense reclass 1,644,278 \$ 1,854,738		
Schedule D, Part XIV		NOT REQUIRED		
-				

Schedule I (Form 990)

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493314006189

Department of the Treasury Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990. Internal Revenue Service

Inspection

Employer identification number

(AISER FOUNDATION HEALT	H PLAN OF OHIO)					incation number
						34-0922268	
Does the organization man the selection criteria used	intain records to s I to award the grar	nts or assistance?	of the grants or assista				. ▼Yes
Part II Grants and Oth Form 990, Part I Part IV and Sche	er Assistance V, line 21 for aredule I-1 if addit	to Governments ny recipient that rece	and Organizations erved more than \$5,0	in the United Sta 00. Check this box	tes. Complete if the of		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Beacon Journal Charity Fund 333 S Main Street Suite 319 Akron, OH 44308	34-6543299	501(c)(3)	10,000				orthodontic treatment & eyecare for Summit County
Big Brothers Big Sisters of Greater Cleveland1422 Euclid Ave Ste 552 Cleveland, OH 44115	34-1039700	501(c)(3)	14,610				Ward One Mentoring Initiative
Case Western Reserve University10900 Euclid Ave Nord Hall 623 Cleveland,OH 44106	34-1018992	501(c)(3)	20,000				National Youth Sports Program
Children's Hunger Alliance 370 South Fifth Street Columbus, OH 43215	23-7303509	501(c)(3)	20,000				Healthy Kids Healthy Communities program
City of Parma Heights6281 Pearl Road Parma Heights, OH 44130	34-6002164	Govt entity	17,361				Greenbrier Commons Multi-Purpose Activity Trail AD
Cleveland Metropolitan School District1380 East Sixth Street Cleveland, OH 44114	34-6000662	501(c)(3)	20,000				We are Family walk and health fair
The Golden Key Center for Exceptional Children Inc 1431 30th Street NW Canton, OH 44709	20-5671272	501(c)(3)	13,824				Nursing Clinic supplies
The Salvation Army1710 Prospect Avenue Cleveland, OH 44115	13-5562351	501(c)(3)	20,000				Summer Learning Program
United Way Services1331 Euclid Ave Cleveland,OH 44115	34-6516654	501(c)(3)	6,500				Corporate gift
Urban Ounce of Prevention Services Inc1501 S Hawkins Avenue Akron, OH 44320	34-1624923	501(c)(3)	9,300				Youth Enrichment Center Healthy Lifestyle Initiati
2 Enter total number of sect	tion 501(c)(3) and	government					43

Enter total number of other organizations . . .

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

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

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

Ident if ier	Return Reference	Explanation
Schedule I, Part I, Question 2		Grantees are required to sign a memorandum of understanding prior to grant funds disbursal. Grantees are required to submit a final report which delineates accomplishments, related to stated objectives, and describe the evaluation method used to assess accomplishments.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314006189

Schedule J

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF OHIO

Employer identification number

34-0922268

Pa	rt I Questions Regarding Compensation				
		-		Yes	Νo
1a		rided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wri provision of all the expenses described above? If "No		1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive	· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	at apply			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P	art VII, Section A, line 1a			
а	Receive a severance payment or change of control pa	ayment?	4a		Νo
b	Participate in, or receive payment from, a supplement	tal nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-ba	sed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must con	nplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, licompensation contingent on the revenues of	ine 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ine 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, lipayments not described in lines 5 and 67 If "Yes," de		7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in in Part III		8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

See Additional	Data Table	
Ident if ier	Return Reference	Explanat ion
Schedule J, Line 3		kaiser foundation health plan of ohio relied on kaiser foundation health plan, inc that used one or more of the methods described below to establish the top management officials' compensation. Compensation committee Independent compensation consultant form 990 of other organizations written employment contract compensation survey or study approval by the board or compensation committee
Schedule J, Line 4b		Daniel Garcia \$ 1,203,891 George Halvorson 1,237,500 Steven Zatkin 942,497 Bernard Tyson 940,810 Ruth Langstraat 473,581 Thomas Revis 232,792 Arthur Southam 216,841 Kathy Lancaster 175,273 Deborah Stokes 164,551 Greg Mercer 153,135 Christine Malcolm 147,311 Carolyn Hightower 135,206 Patricia Kennedy-Scott 103,424 Thomas Meier 39,947 Timothy Alberts 27,905 Belva Tibbs 22,030 \$ 6,216,694
	1	

Additional Data

Software ID: Software Version:

EIN: 34-0922268

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

Form 990, Schedule J, F	Part II	- Officers, Direct	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
TIMOTHY ALBERTS	(I)	0	0	0	0	0	0	0
	(II)	177,395	45,093	51,175	59,553	15,335	348,551	60,601
DANIEL H BECK	(I)	0	0	0	0	0	0	0
	(II)	178,780	10,910	2,417	13,105	16,394	221,606	10,910
CHRISTINE K CASSEL	(1)	0	0	0	0	0	0	0
MD	(11)	163,750	0	0	0	0	163,750	0
THOMAS W CHAPMAN	(I)	0	0	0	0 68,750	0	0	0
EDD	(II)	144,400	0	16,174		0	229,324	0
BELVA DENMARK-	(I)	0	0	0	0	0	0	0
TIBBS	(II)	188,271	61,039	55,023	56,491	16,394	377,218	61,039
DANIEL P GARCIA	(I)	0	0	0	0	0	0	0
	(II)	366,253	335,117	1,189,301	179,055	11,970	2,081,696	1,239,969
WILLIAM R GRABER	(I) (II)	0 196,250	0	0 11,566	0 0	0	0 207,816	0 0
J EUGENE GRIGSBY III PHD	(I) (II)	0 221,150	0 0	0 3,030	0	0	0 224,180	0 0
GEORGE C	(I)	0	0	0	0	0	0	0
HALVORSON	(II)	1,132,896	3,375,668	1,317,156	46,724	12,702	5,885,146	3,385,154
CAROLYN	(I)	0	0	0	0	0	0	0
HIGHTOWER	(II)	175,323	39,258	149,966	66,138	16,394	447,079	52,191
JUDITH A JOHANSEN	(I) (II)	0 184,750	0 0	0 11,386	0	0	0 196,136	0 0
PATRICIA KENNEDY-	(I)	0	0	0	0	0	0	0
SCOTT	(II)	339,951	239,520	58,253	137,989	16,458	792,171	255,020
KATHY LANCASTER	(I)	0	0	0	0	0	0	0
	(II)	545,871	606,732	43,222	208,336	13,690	1,417,851	607,349
RUTH LANGSTRAAT	(I)	0	0	0	0	0	0	0
MD	(II)	214,768	38,984	503,391	68,795	13,476	839,414	244,559
CHRISTINE MALCOLM	(I)	0	0	0	0	0	0	0
	(II)	368,980	86,984	128,203	288,546	13,690	886,403	245,341
PHILIP A MARINEAU	(I) (II)	0 181,250	0	0 11,566	0	0	0 192,816	0
THOMAS R MEIER	(I)	0	0	0	0	0	0	0
	(II)	257,251	214,717	57,257	69,668	13,027	611,920	219,308
GREG MERCER	(I)	0	0	0	0	0	0	0
	(II)	212,384	79,459	145,379	57,983	12,351	507,556	79,459
JENNY J MING	(I) (II)	0 167,250	0	0 11,567	0	0	0 178,817	0
THOMAS J MURRAY	(I) (II)	161,505 0	19,538 0	8,8 4 9 0	38,042 0	16,458 0	244,392 0	0
EDWARD PEI	(1) (11)	0 170,500	0 0	0	0 15,500	0	0 186,000	0 0
J NEAL PURCELL	(I) (II)	0 236,876	0 0	0 325	0	0	0 237,201	0 0
THOMAS REVIS	(I)	0	0	0	0	0	0	0
	(II)	157,902	60,586	248,964	70,569	16,394	554,415	60,586
ARTHUR M SOUTHAM	(1)	0	0	0	0	0	0	0
MD	(11)	679,813	883,545	63,069	248,703	11,225	1,886,355	887,341
DEBORAH STOKES	(1)	0	0	0	0	0	0	0
	(11)	278,007	178,237	149,787	102,540	13,027	721,598	286,139
THOMAS SUSENS	(1) (11)	0 159,681	0 28,716	0 4,884	0 25,065	0 14,972	0 233,318	0
CYNTHIA A TELLES PHD	(1) (11)	0 201,650	0	0 8,189	0	0	0 209,839	0
SANDRA P THOMPKINS	(1) (11)	0 122,825	0	0 11,362	0 56,675	0	0 190,862	0
BERNARD J TYSON	(1)	0	0	0	0	0	0	0
	(11)	627,705	786,911	996,570	235,852	13,690	2,660,728	1,504,843
STEVEN R ZATKIN	(1)	0	0	0	0	0	0	0
	(11)	516,044	558,242	555,302	533,116	12,393	2,175,097	1,067,290
VICTORIA B ZATKIN	(1)	0	0	0	0	0	0	0
	(11)	174,106	28,485	44,310	42,573	2,198	291,672	48,094
Part III Supplemen	tal Inf	formation						

Part III Supplemental Information

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

Ident if ier	Ret urn Reference	Explanation
Schedule J, Line 3		kaiser foundation health plan of ohio relied on kaiser foundation health plan, inc that used one or more of the methods described below to establish the top management officials' compensation. Compensation committee Independent compensation consultant form 990 of other organizations written employment contract compensation survey or study approval by the board or compensation committee
Schedule J, Line 4b		Daniel Garcia \$ 1,203,891 George Halvorson 1,237,500 Steven Zatkin 942,497 Bernard Tyson 940,810 Ruth Langstraat 473,581 Thomas Revis 232,792 Arthur Southam 216,841 Kathy Lancaster 175,273 Deborah Stokes 164,551 Greg Mercer 153,135 Christine Malcolm 147,311 Carolyn Hightower 135,206 Patricia Kennedy-Scott 103,424 Thomas Meier 39,947 Timothy Alberts 27,905 Belva Tibbs 22,030 \$ 6,216,694

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DLN: 93493314006189

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** KAISER FOUNDATION HEALTH PLAN OF OHIO Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or Approved (e) In (g)Written from the (a) Name of interested person and (c)Original principal (d)Balance due default? by board or agreement? organization? purpose amount committee? Τо From Yes No Yes Yes No Total **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Part IV Business Transactions Involving Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship (c) A mount of organization's between interested (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization No MARK MALCOLM KFHP INC EMPLOYEE 91,275 COMPENSATION Νo

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493314006189

SCHEDULE 0 Supplemental Information to Form 990 (Form 990)

Department of the

Name of the organization

KAISER FOUNDATION HEALTH PLAN OF OHIO

Return

Reference

Identifier

Form 990,

Question 19

Part VI,

Treasury Internal Revenue

Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Employer identification number

34-0922268

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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Question 10		form 990 review process 1 Key information necessary for the preparation of the tax return is obtained and/or confirmed with internal sources including regional finance, executive compensation, community benefits, treasury, government relations, and legal 2 Community benefits details are presented to the community benefit committee of the board for review 3 Executive compensation details are presented to the compensation committee of the board for review 4 The complete tax return is reviewed and signed by a KPMG tax advisor 5. The complete tax return is reviewed and signed by the VP, controller and chief accounting officer 6. The tax return is discussed with the full board of directors. A copy of the return is provided to each board member in electronic format prior to filing.

Explanation

Form 990, Part VI, Question 12c		Regularly and Consistently Monitors Compliance with the Conflicts of Interest Policy Kaiser Permanente regularly monitors compliance with the Conflicts of Interest Policy in 3 key ways 1. The Kaiser Permanente Compliance Hotline is available to all employees and vendors to report actual or potential conflicts of interest All calls are answered by a third party and provided to Kaiser Permanente's National Compliance office for review and appropriate action Employees can report anonymously and without fear of retaliation. Reports of actual or potential Conflicts of Interest are generated and investigations are conducted as required and information is tracked and trended to determine if additional guidance is required to avoid conflicts of interest. Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually. 2. The Senior Vice President & Chief Compliance Officer and the Vice President of Internal Audit Services annually review the directors', officers', key employees', and executives' Annual Conflicts of Interest Questionnaire disclosures and provide direction on any investigations required. Investigations are documented, tracked and trended to determine if additional controls or education is required, in addition, Conflicts of Interest Questionnaire Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually, and 3. Annually, as a component of the external audit, KPMG review is the Annual Conflicts of Interest Questionnaires completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures. The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/ Hospitals Audit and Compliance Committee Regularly and Consistently Enforces Compliance with the Conflicts of Interest Policy To ensure consistency in the enforcement of the policy Kaiser Permanente uses the following step
ldentifier	Return Reference	Explanation

The executive compensation program is designed to recruit, retain and motivate qualified senior management personnel Senior management personnel have a significant impact on the strategic and policy direction and results

w ebsite or upon request COI is available on KP w ebsite under vendor Principles of Responsibility or upon

Combined data is published for Kaiser Foundation Health Plan Inc. and subsidiaries and Kaiser Foundation

Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Ste 15L Oakland, CA 94612

request Financial Statements are on file with state insurance agency on a statutory basis (stand alone entity)

Hospitals and Subsidiaries with audit opinion by KPMG upon request. To request copies contact. Tax Director

ldentifier	Return Reference	Explanation
Form 990, Part III, Lines 4A - 4D		ADDITIONALITY EDIBETT EDIDITION ASSISTANT CONTROLL TO ALL ALL OF COMMUNITY EDIBETT PROGRAM IN THE CORT EDITION TO 2008. Kaser Permanente pean approximately \$1 all ball on or approximately \$2 all states or specific to the community benefic Program. In this despite negative imagins at year-end, Health Flan expended \$3 all minion to support community benefic activities. A Presidency of the Community benefic report of the Community benefic report CAREAND COVERAGE. PROFICE AND COVERAGE. FOR LOW-INCOME EPOLE. P. 2009, the Ohio Health Flan expended \$3 all minion to address the financing and delivery of health care for populations vulnerable due to socie-economo status, illness, ethnicity, age or other factors. Program beneficianesis (under- and uninsurary) reserved free or discounted care in a Kaser Fermanente facility of year. Permanente provider Chartable Carer (Medical Financial Assistance and Chartable Coverage Programs.) and the Medical Financial Assistance and Chartable Coverage Programs. In 2008, the Chio Health Flan spent \$1,855,237 on under-and uninsured Chio research to the Chio Health Flan continued of \$1 million to assist patients with infliend or resources to pay for care provided in Kaser Permanente facilities. Each region offers francial assistance to help families and minious that are unable to meet allor part of the cost of medical care on an immediate and nomerous the and are unable to meet allor part of the cost of medical care on an immediate and nomerous the analysis of the cost of medical care on an immediate and patients below 400% federal more guidelines and signed contracted collection agency practices with Kaser Permanente below 400% federal more guidelines and signed contracted collection agency practices with Kaser Permanente social values. The amount reported under this category is only part of the funds spert by Wifth and File File of the poor and uninvalvable and the service of the contractive programs. The contractive programs and the service of the contractive programs and the service

curriculum that gives children the practical knowledge and skills to improve their diet) and CATCH (a physical activity

curriculum that teaches ways to be active and that fitness can be fun)

Identifier	Return Reference	Explanation
Form 990, Part III, Lines 4A - 4D		- Urban Ounce of Prevention w as awarded a grant to support the Youth Enrichment Center Healthy Lifestyle Intiative, which provides programming in the critical area of childhood obesity. The Center will increase awareness about risk factors that lead to obesity-related illness and health problems such as diabetes, cardiovascular disease, and other health problems. The Center will include health promotion activities for minority adolescents and their family members in the areas of obesity related disease prevention/awareness, exercise education/activities, and nutrition. OTHER COMMUNITY BENEFITS The Ohio Health Plan spent \$308,791 to support a variety of other community benefit programs and services to improve community health. Youth and Other Self Sufficiency Programs. The Ohio Health Plan spent approximately \$100,623 to support five internships for Youth Opportunities Unlimited (Y O U) and three internships for INROADS. The Y O U program offers economically disadvantaged high school students in Ohio with supportive and meaningful employment experiences in the health care field. Employment is during the summer months throughout the organization. INROADS focuses on developing minority college students for leadership roles in corporations and in the community. Student interns typically work two to five summers at Kaiser Permanente with the goal of permanent placement upon graduation from college. Other Community Grants and Donations. The Ohio Health Plan awarded 26 grants totaling \$44,101 to various community-based organizations to support projects targeted for at-risk youth 2008 COMMUNITY BENEFIT INVESTMENT - OHIO REGION The following chart summarizes the 2008 Community Benefit investments by the Ohio Health Plan. The investments in the community reflected in the chart are unaudited. REGIONAL HEALTH PLAN TOTAL CARE AND COVERAGE Charitable Care & Coverage Programs \$1,835,237 Government-Sponsored Programs \$1,165,734 Subtotal \$3,000,971. COMMUNITY HEALTH INITATIVES Community Health deducation \$8,101 Grants & Donati

DLN: 93493314006189

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Open to Public Inspection

Name of the organization KAISER FOUNDATION HEALTH PLAN OF OHIO		Employer identification number				
Part I Identification of Disregarded Entities				34-0922268		
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) ind-of-year assets	(F) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizat	ions					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity statu (if section 501(c)(3	us Direct controlling 3)) entity	
See Additional Data Table						
For Paperwork Peduction Act Notice, see the Instructions for Form 990		Cat No E013	EV.		Schedule P / Form 990\ 200	

(A) Name, address, and EIN of related organization	(B Primary	i) activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	Pred income inve	(E) ominant e(related, stment, elated)	Share o	(F) If total income	Share of e	G) end-of-year sets	(H Disprop allocat) irtionate ions?	(I) Code V—UBI amou Box 20 of K-	int on	(J Gener mana partr	al or ging
Haribb Care Managara Calabara H.C.	<u> </u>										Yes	No			Yes	No
Health Care Management Solutions LLC ONE KAISER PLAZA 15L OAKLAND, CA94612 20-3924985	CONSULTING	3	CA									No			I	No
Part IV Identification of Rela	ated Orga	nizatio	ne Tavah	le as a Cornor:	ation o	r Truet										
(A) Name, address, and EIN of related organ		(E Primary	3)	(C) Legal domicile (state or foreign country)		(D) Direct cont entity		(E) Type of en (C corp, S co or trust)	orp,	(F) re of total in	come	en	(G) Share of d-of-year assets	(F Perce owne	ntage	
Archimedes Inc 1 Kaiser Plaza 15L Oakland, CA94612 20-3774729		Consulting		CA				C Corp								
Kaiser Permanente International 1 Kaiser Plaza 15L Oakland, CA94612 94-3245176		Consulting		CA				C Corp								
Kaiser Permanente Insurance Company 1 Kaiser Plaza 15L Oakland, CA94612 94-3203402		Insurance		CA				C Corp								
Kaiser Properties Services Inc 1 Kaiser Plaza 15L Oakland, CA94612 94-3259432		Real Estat	e	CA				C Corp								
Oak Tree Assurance Ltd 1 Kaiser Plaza 15L Oakland, CA94612 03-0329760		Insurance		VT				C Corp								
		1									T					

Part V Tra	nsactions with Related Organizations
Note. Comp	lete line 1 if any entity is listed in Parts II, III or IV

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- **h** Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- **p** Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b		No
1 c	Yes	
1d		No
1e		No
1 f		No
1 g		No
1h		No
1i		No
1j		No
1k	Yes	
11	Yes	
1m		No
1n		No
10	Yes	
1 p	Yes	
1 q		No
1r		No

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

EIN: 34-0922268

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

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

Form 990, Schedule R, Part II - Identification of Related 1	iax-Exempt Organiza	ations	I	I	1
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Kaiser Foundation Health Plan Inc	,				1
1 Kaiser Plaza 15L Oakland, CA94612 94-1340523	Health Care	CA	501(c)(3)	9	
Kaiser Foundation Health Plan of CO Inc	,				1
1 Kaiser Plaza 15L Oakland, CA94612 84-0591617	Health Care	со	501(c)(3)	9	
Kaiser Foundation Health Plan of GA Inc	!			1	1
1 Kaiser Plaza 15L O akland, CA 94612 58-1592076	Health Care	GA	501(c)(3)	9	
Kaiser Foundation Health Plan of the MAS	,			1	1
1 Kaiser Plaza 15L Oakland, CA94612 52-0954463	Health Care	MD	501(c)(3)	9	
Kaiser Foundation Health Plan of the NW	,			1	
1 Kaiser Plaza 15L Oakland, CA 94612 93-0798039	Health Care	OR	501(c)(3)	9	
Kaiser Foundation Hospitals	,			1	
1 Kaiser Plaza 15L Oakland, CA94612 94-1105628	Health Care	СА	501(c)(3)	3	
Camp Bowie Service Center	,				1
1 Kaiser Plaza 15L Oakland, CA94612 94-3299123	A dmin	CA	501(c)(3)	11	
Kaiser Health Alternatives	,			[·	[
1 Kaiser Plaza 15L Oakland, CA94612 93-0954562	Health Care	OR	501(c)(3)	9	
Kaiser Hospital Asset Management Inc	,				
Oakland, CA94612 94-3299125	Asset Mgt	СА	501(c)(3)	11	
Kaiser Health Plan Asset Management Inc	,				
1 Kaiser Plaza 15L Oakland, CA 94612 94-3299124	Asset Mgt	СА	501(c)(3)	11	
Lokahı Assurance Ltd	,			1	
1 Kaiser Plaza 15L Oakland, CA 94612 91-2171891	Risk mgmt	ні	501(c)(3)	11	
OHP	'		'	'	1
1 Kaiser Plaza 15L Oakland, CA 94612 93-0480268	Leasing	WA	501(c)(3)	11	
1800 Harrison Foundation					
ONE KAISER PLAZA 15L OAKLAND, CA94612 94-3317484	FINANCING	CA	501(C)(3)	11	

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

990, Schedule R, Part V - Transactions with Related Organizations		1 (6)		
(A) Name of other organization	Transaction	(C) A mount Involved		
	type(a-r)	(\$)		
KAISER FOUNDATION HOSPITALS	A	174,252		
KAISER FOUNDATION HEALTH PLAN INC	С	157,103		
KAISER FOUNDATION HEALTH PLAN INC	К	1,632,143		
KAISER FOUNDATION HEALTH PLAN OF THE NW INC	К	30,059		
KAISER FOUNDATION HEALTH PLAN OF COLORADO INC	К	52,753		
KAISER FOUNDATION HEALTH PLAN OF THE MAS INC	К	236,921		
KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC	К	351,393		
KAISER PERMANENTE INSURANCE COMPANY	К	802,148		
LOKAHI ASSURANCE LTD	К	1,000,004		
KAISER FOUNDATION HEALTH PLAN INC	L	12,649,448		
KAISER FOUNDATION HEALTH PLAN OF THE NW INC	L	11,354		
KAISER FOUNDATION HEALTH PLAN OF COLORADO INC	L	22,758		
KAISER FOUNDATION HEALTH PLAN OF THE MAS INC	L	79,529		
KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC	L	139,349		
KAISER PERMANENTE INSURANCE COMPANY	L	29,124,796		
CAMP BOWIE SERVICE CENTER	L	1,702,029		
KAISER FOUNDATION HOSPITALS	0	228,659,226		
KAISER FOUNDATION HEALTH PLAN INC	0	57,408,805		
KAISER FOUNDATION HEALTH PLAN OF COLORADO INC	0	14,193		
KAISER FOUNDATION HEALTH PLAN OF THE MAS INC	0	462,333		
CAMP BOWIE SERVICE CENTER	0	86,148		
KAISER FOUNDATION HOSPITALS	P	69,634,165		
KAISER FOUNDATION HEALTH PLAN INC	P	9,987,039		
KAISER FOUNDATION HEALTH PLAN OF COLORADO INC	Р	31,851		
KAISER FOUNDATION HEALTH PLAN OF THE MAS INC	P	239,751		
KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC	P	-42,852		
KAISER PERMANENTE INSURANCE COMPANY	P	5,264,222		
LOKAHI ASSURANCE LTD	P	1,086,079		
	KAISER FOUNDATION HEALTH PLAN INC KAISER FOUNDATION HEALTH PLAN INC KAISER FOUNDATION HEALTH PLAN OF THE NWINC KAISER FOUNDATION HEALTH PLAN OF THE MASINC KAISER FOUNDATION HEALTH PLAN OF THE MASINC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF THE NWINC KAISER FOUNDATION HEALTH PLAN OF THE NWINC KAISER FOUNDATION HEALTH PLAN OF THE NWINC KAISER FOUNDATION HEALTH PLAN OF THE MASINC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF COLORADO INC KAISER FOUNDATION HEALTH PLAN OF COLORADO INC KAISER FOUNDATION HEALTH PLAN OF THE MASINC CAMP BOWIE SERVICE CENTER KAISER FOUNDATION HEALTH PLAN OF THE MASINC CAMP BOWIE SERVICE CENTER KAISER FOUNDATION HEALTH PLAN OF THE MASINC CAMP BOWIE SERVICE CENTER KAISER FOUNDATION HEALTH PLAN OF THE MASINC CAMP BOWIE SERVICE CENTER KAISER FOUNDATION HEALTH PLAN OF THE MASINC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF THE MASINC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC	Name of other organization KAISER FOUNDATION HOSPITALS KAISER FOUNDATION HEALTH PLAN INC KAISER FOUNDATION HEALTH PLAN OF THE NWINC KAISER FOUNDATION HEALTH PLAN OF COLORADO INC KAISER FOUNDATION HEALTH PLAN OF THE MAS INC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF THE WINC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC KAISER FOUNDATION HEALTH PLAN OF THE MAS INC KAISER FOUNDATION HEALTH PLAN OF THE NWINC LOKAHI ASSURANCE LTD KAISER FOUNDATION HEALTH PLAN OF THE NWINC KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC L KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC L KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC L KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC CAMP BOWIE SERVICE CENTER KAISER FOUNDATION HEALTH PLAN OF COLORADO INC KAISER FOUNDATION HEALTH PLAN OF COLORADO INC		

Form **4797**

Department of the

Internal Revenue Service (99)

Name(s) shown on return

Treasury

Sales of Business Property

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

► Attach to your tax return.

► See separate instructions.

OMB No 1545-0184

Sequence No 27

Identifying number

KAI	SERFOUNDATIONF	IEALIH PLA	AN OF OHIO			34	4-092226	8	
1					for 2008 on Form(s) 10 10, or 20 (see instruct		1		
Pa					de or Business and perty Held More Ti				
	(a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, p improvement expense o	lus nts and	Subtract	ain or (loss) (f) from the sum (d) and (e)
2		, , ,							
_	C	1604 le						<u>. </u>	
3	Gain, if any, from Fo	,					· -	3	
4	_			om Form 6252, line 26			-	4	
5	_			xchanges from Form 88			<u> </u>	5	
6	Gain, if any, from lin	•		•				6	
7		-	-	• •	appropriate line as foll		· -	7	
					ns. Report the gain or (I chedule K, line 9 Skip				
	from line 7 on line 1 section 1231 losse	1 below and s, or they w	d skip lines 8 ere recapture	and 9 If line 7 is a ga	line 7 is zero or a loss, in and you did not have ter the gain from line 7 8, 9, 11, and 12 below	any prior year	-		
8	Nonrecaptured net	section 123	1 losses from	m prior years (see instr	ructions)			8	
9	Subtract line 8 from below If line 9 is m	n line 7 If ze ore than zer	ero or less, e o, enter the a	nter - 0 - If line 9 is zer amount from line 8 on li	o, enter the gain from li ine 12 below and enter (see instructions)	the gaın from l	ıne 9	9	
Pa				see instructions)					
10					:lude property held 1 ye	ar or less)			
See	Additional Data Table					,			
									()
11							—	11	()
	Gain, if any, from lin							L2	
13							<u> </u>	L3	
14	. ,		•	and 44a			· · _1	L4	
15	Ordinary gain from i	ınstallment	sales from Fo	orm 6252, line 25 or 36	5		. 1	L5	
16	Ordinary gain or (lo	ss) from like	e-kınd excha	nges from Form 8824			. 1	L6	
17	Combine lines 10 th	nrough 16					1	L7	6,550
18	lines a and b below	For individu	ial returns, c	omplete lines a and b b					
а	Enter the part of the	loss from ı	ncome-produ	icing property on Sched	ımn (b)(ıı), enter that pa dule A (Form 1040), lın .040), lıne 23 Identıfy	e 28, and the	part of	_ 1	
	4797, line 18a "Se				• • • • • • • • • • • • • • • • • • • •		[1	8a	
b					on line 18a Enter her		1040, 1	8b	

Part IIII Gain From Disposition of P (see instructions)	roperty Und	ler Sections 12	245, 1	L250,	1252,	1254, a	nd 1	255	
19 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 property						ā	(b) Date cquired(mo , day, yr)	(c) Date sold (mo , day, yr)
В							-		
C									
D									
These columns relate to the properties on lines 19A through	1 19D 🕦	Property A	Р	ropert	у В	Prope	rty C	Pro	perty D
20 Gross sales price (Note: See line 1 before complet	ing) . 20								
21 Cost or other basis plus expense of sale	21								
Depreciation (or depletion) allowed or allo	wable 22								
23 Adjusted basis Subtract line 22 from line	21 . 23								
24 Total gain Subtract line 23 from line 20	24								
25 If section 1245 property:									
a Depreciation allowed or allowable from lin	e 22 25a								
b Enter the smaller of line 24 or 25a	25b								
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 2 except for a corporation subject to sectio									
a Additional depreciation after 1975 (see instructions)	26a								
b Applicable percentage multiplied by the s line 24 or line 26a (see instructions)									
c Subtract line 26a from line 24. If resident rental property or line 24 is not more than	ı lıne								
26a, skip lines 26d and 26e d Additional depreciation after 1969 and before 1976	├								
e Enter the smaller of line 26c or 26d .	26e		_						
f Sections 291 amount (corporations only)	 								
g Add lines 26b, 26e, and 26f	 		+						
27 If section 1252 property: Skip this section did not dispose of farmland or if this form completed for a partnership (other than an electing large partnership)	ıs beıng								
a Soil, water, and land clearing expenses	27a								
b Line 27a multiplied by applicable percentage (see instructions)	. 27b								
c Enter the smaller of line 24 or 27b	27c								
28 If section 1254 property:									
a Intangible drilling and development costs expenditures for development of mines an natural deposits, and mining exploration (see instructions)	d other osts								
b Enter the smaller of line 24 or 28a	28b								
29 If section 1255 property:									
a Applicable percentage of payments excluincome under section 126 (see instruction									
b Enter the smaller of line 24 or 29a (see instruction	s) 29b								
Summary of Part III Gains. Complete	te property co	olumns A throug	h D th	rougl	ı lıne 29	b before	e goir	ng to line 3	30.
Total gains for all properties Add propert						-	30		
Add property columns A through D, lines	25b, 26g, 27c,	28b, and 29b Ent	ter here	e and o	n line 13	.	31		
32 Subtract line 31 from line 30 Enter the proportion from other than casualty or theft of		•	rm 46	,		erthe •	32		
Part IV Recapture Amounts Under (see instructions)	Sections 17	9 and 280F(b))(2) V	Vhen	Busine	ss Use	Drop	s to 50%	or Less
					(a) Se			(b) Sect	
33 Section 179 expense deduction or depre	ciation allowahl	le in prior vears		33	17	7		280F(b)	(2)
34 Recomputed depreciation (see instruction			•	34					

35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report . . 35

Additional Data

Software ID: Software Version:

EIN: 34-0922268

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

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

VEHICLE 1	01-31-2002	06-30-2008	1,200	18,046	18,046	
VEHICLE 2	05-31-2002	06-30-2008	400	18,194	18,194	
VEHICLE 3	01-31-1995	09-30-2008	200	15,687	15,687	
VEHICLE 4	09-30-2004	11-30-2008	2,250	18,080	18,080	
OTHER	01-01-2007	12-31-2008	2,500			