




Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KAISER FOUNDATION HEALTH PLAN OF OHIO Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite ONE KAISER PLAZA 15L City or town, state or country, and ZIP + 4 OAKLAND, CA 94612	D Employer identification number 34-0922268 E Telephone number (510) 271-6611 G Gross receipts \$ 641,212,302
	F Name and address of principal officer PATRICIA KENNEDY-SCOTT ONE KAISER PLAZA 15L OAKLAND, CA 94612	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ N/A	
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1978		M State of legal domicile OH

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12

Part II	Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	

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

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 584,715,980 including grants of \$ 9,950) (Revenue \$ 590,800,260)

member health care services and medical training for care improvement Kaiser Foundation Health Plan of Ohio (KFHP of Ohio) provides medical and surgical care, including urgent care services, extended care and home health care, for its members without regards to age, sex, race, religion or national origin or the ability to pay KFHP of Ohio educates and trains medical students and other health care professionals and promotes scientific and nursing education in order to improve care Additional information about Ohio Health Plan's charitable activities can be found in Schedule O, Community Benefit Report

4b

(Code) (Expenses \$ 6,478,172 including grants of \$ 0) (Revenue \$ 0)

Charitable Care (Medical Financial Assistance and Charitable Coverage) Health Plan provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs MFA - Health Plan offers financial assistance to help families and individuals that are unable to pay for all or part of the cost of urgent or emergent care provided in Kaiser Permanente facility CHC - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 1,076 patients received comprehensive care for up to four years through these programs Additional information about Ohio Health Plan's charitable activities can be found in Schedule O, Community Benefit Report

4c

(Code) (Expenses \$ 1,775,885 including grants of \$ 1,775,885) (Revenue \$ 0)

Grants and Donations The Ohio Health Plan supported approximately 107 nonprofit organizations and enabled them to continue providing programs and services that serve vulnerable populations Additional information about Ohio Health Plan's charitable activities can be found in Schedule O, Community Benefit Report

4d

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

(Expenses \$ 955,455 including grants of \$ 0) (Revenue \$ 0)

4e


















Total program service expenses

\$ 593,925,492

Form 990 (2010)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	2,054	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	1,980	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		No

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								548,863	24,435,468	2,819,017

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶81

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

YesNo

3Yes

4Yes

5No

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
LAKE HOSPITAL SYSTEM PO BOX 714031 COLUMBUS, OH 43271	HOSPITAL SERVICES	7,912,203
THE CLEVELAND CLINIC 9500 EUCLID AVE CLEVELAND, OH 44195	HOSPITAL SERVICES	13,589,990
OHIO PERMANENTE MEDICAL GROUP 1001 LAKESIDE AVE CLEVELAND, OH 44114	MEDICAL SERVICES	104,064,688
THE METROHEALTH SYSTEM 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	HOSPITAL SERVICES	9,699,443
KAISER FOUNDATION HOSPITALS 1001 LAKESIDE AVE CLEVELAND, OH 44114	HOSPITAL SERVICES	76,234,353

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶178

Form 990 (2010)

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	259,447			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,886			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		262,333			
	Program Service Revenue	2a	MBRS HLTH CARE PRM	Business Code 621400	458,294,787	458,294,787	
b		MEDICARE	621400	100,914,432	100,914,432		
c		SUPP CHARGES/PHARM	621400	25,882,077	25,882,077		
d		NON-PLAN & IND REV	621400	1,015,828	987,460	28,368	
e		OTHER PROGRAM SERVICE	621400	1,104,694	1,104,694		
f		All other program service revenue					
g		Total. Add lines 2a-2f		587,211,818			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		1,943,821		1,943,821
		4	Income from investment of tax-exempt bond proceeds . . .		0		
	5	Royalties		0			
	6a	Gross Rents	(i) Real 135,390	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)	135,390				
	d	Net rental income or (loss)		135,390		135,390	
	7a	Gross amount from sales of assets other than inventory	(i) Securities 48,036,230	(ii) Other 5,900			
	b	Less cost or other basis and sales expenses	47,979,795	0			
	c	Gain or (loss)	56,435	5,900			
	d	Net gain or (loss)		62,335		62,335	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities . . .		0				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .		0				
Miscellaneous Revenue		Business Code					
11a	PP&L INSURANCE PREMIUM REIMBURSEMENT	900099	3,616,810	3,616,810			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,616,810				
12	Total revenue. See Instructions		593,232,507	590,800,260	28,368	2,141,546	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,785,835	1,785,835		
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	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	90,188,688	78,662,051	11,526,637	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,949,339	12,949,339		
9	Other employee benefits	33,989,362	27,223,202	6,766,160	
10	Payroll taxes	6,939,220	6,901,907	37,313	
a	Fees for services (non-employees) Management	0			
b	Legal	64,020		64,020	
c	Accounting	787,031		787,031	
d	Lobbying	24,885		24,885	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	65,691	65,691		
g	Other	125,217,251	122,279,139	2,938,112	
12	Advertising and promotion	10,886,004	81,207	10,804,797	
13	Office expenses	1,368,045	1,062,000	306,045	
14	Information technology	41,804,724	33,615,306	8,189,418	
15	Royalties	0			
16	Occupancy	5,317,006	5,315,156	1,850	
17	Travel	901,784	572,225	329,559	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	198,936		198,936	
20	Interest	2,405,622	2,405,622		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,345,330	6,345,330		
23	Insurance	391,571	391,571		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CONTRACTUAL PAYMENTS	180,299,042	180,299,042		
b	SUPPLIES	73,374,516	65,109,907	8,264,609	
c	INTER-REGIONAL CHARGES	18,317,112	17,553,000	764,112	
d	PREMIUM RESERVES	17,700,000	17,700,000		
e	STATE & LOCAL TAXES	6,138,541	6,138,541		
f	All other expenses	10,626,137	7,469,421	3,156,716	
25	Total functional expenses. Add lines 1 through 24f	648,085,692	593,925,492	54,160,200	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			23,401,831	1	21,275,690
	2	Savings and temporary cash investments			106,229,122	2	153,901,087
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,158,435	4	14,804,269
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			5,797,003	8	5,705,521
	9	Prepaid expenses and deferred charges			556,236	9	859,883
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	174,262,094	62,368,503	10c	62,993,734
	b	Less: accumulated depreciation	10b	111,268,360			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			506,500	15	602,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)			213,017,630	16	260,142,184
Liabilities	17	Accounts payable and accrued expenses			60,159,455	17	66,199,034
	18	Grants payable				18	
	19	Deferred revenue			12,256,737	19	9,420,367
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			190,962,213	25	308,259,519
	26	Total liabilities. Add lines 17 through 25			263,378,405	26	383,878,920
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			4,896,101	30	4,895,579
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds			-55,256,876	32	-128,632,315
	33	Total net assets or fund balances			-50,360,775	33	-123,736,736
	34	Total liabilities and net assets/fund balances			213,017,630	34	260,142,184

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	593,232,507
2	Total expenses (must equal Part IX, column (A), line 25)	2	648,085,692
3	Revenue less expenses Subtract line 2 from line 1	3	-54,853,185
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-50,360,775
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-18,522,776
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-123,736,736

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization KAISER FOUNDATION HEALTH PLAN OF OHIO	Employer identification number 34-0922268
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Part I

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

Type I
- b

☐

Type II
- c

☐

Type III - Functionally integrated
- d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

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

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

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

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	289,999	190,337	164,696	80,601	262,333	987,966
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	574,281,701	593,239,328	592,918,588	595,429,126	587,211,818	2,943,080,561
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 Total. Add lines 1 through 5	574,571,700	593,429,665	593,083,284	595,509,727	587,474,151	2,944,068,527
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						2,944,068,527

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	574,571,700	593,429,665	593,083,284	595,509,727	587,474,151	2,944,068,527
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,142,100	6,257,742	5,406,147	4,393,255	2,079,211	25,278,455
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,142,100	6,257,742	5,406,147	4,393,255	2,079,211	25,278,455
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)	581,713,800	599,687,407	598,489,431	599,902,982	589,553,362	2,969,346,982
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99.149 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.924 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.851 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.076 %
19a 33 1/3% support tests—2010. 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 ▶		
b 33 1/3% support tests—2009. 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 ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

Name of the organization KAISER FOUNDATION HEALTH PLAN OF OHIO	Employer identification number 34-0922268
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?		No		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
	c Media advertisements?		No		
	d Mailings to members, legislators, or the public?		No		
	e Publications, or published or broadcast statements?		No		
	f Grants to other organizations for lobbying purposes?		No		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			14,931
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes			4,977
	i Other activities? If "Yes," describe in Part IV	Yes			4,977
j Total lines 1c through 1i			24,885		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule C, Part II-B, Line 1A - 1I		LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES The Organization is a member of the Kaiser Permanente Medical Care Program and participated and benefited from lobbying activities conducted at the regional and national level for the benefit of its enrolled members and for the health care industry as a whole As an organization generally exempt from income tax under Internal Revenue Code Section 501(c)(3), Health Plan has a policy prohibiting internal involvement in any political campaigns This policy is closely monitored for compliance During the year this Organization may have made comments or statements concerning legislation which may affect the health care industry Health Plan may have engaged in telephone conversations and/or written letters to various federal, state, and local officials regarding matters which affected the healthcare industry as a whole The amount of time and money involved in the activities is detailed on lines a through i Health Plan has several employees and/or may retain a professional consultant to represent Health Plan's interests in various legislative and regulatory bodies and from time-to-time to keep informed of Federal and State legislation having an impact on Health Plan's charitable activities as an exempt Health Maintenance Organization These individuals attempt to ensure that proposed legislation and enacted laws are compatible with the Interest of Health Plan and its members by performing the following activities (i) Collecting, analyzing and distributing within the Organization, public and private policy recommendations regarding proposed legislation that affect the operation of Health Plan and its ability to provide quality health and medical care services to its members in a cost effective environment (ii) Providing appropriate informational materials to legislators and to their staffs that pertain to matters of common interest in the health care community and in the not-for-profit community (iii) Also by preparing written and oral testimony, these individuals appear at legislative hearings, monitor legislative proceedings and meet with legislators and/or their staffs regarding issues pertinent to the mission of Health Plan Those individuals appearing at such hearings and meetings for and on behalf of Health Plan often are representing the interests of common interest groups as well as the interests of the members of Health Plan (iv) Other employees and officers perform services by delivering speeches at various public and private functions and in serving as faculty in healthcare related educational programs throughout the community

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization KAISER FOUNDATION HEALTH PLAN OF OHIO	Employer identification number 34-0922268
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Part I

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

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

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,961,963		5,961,963
b Buildings		89,515,096	42,000,673	47,514,423
c Leasehold improvements		6,435,008	4,338,873	2,096,135
d Equipment		44,631,211	38,223,763	6,407,448
e Other		27,718,816	26,705,051	1,013,765
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				62,993,734

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1593,232,507
2	Total expenses (Form 990, Part IX, column (A), line 25)	2648,085,692
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-54,853,185
4	Net unrealized gains (losses) on investments	41,439,164
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-19,961,943
9	Total adjustments (net) Add lines 4 - 8	9-18,522,779
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-73,375,964

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1588,018,865
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a1,439,164	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d-2,979,561	
e	Add lines 2a through 2d2e-1,540,397	
3	Subtract line 2e from line 13589,559,262	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b3,673,245	
c	Add lines 4a and 4b4c3,673,245	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5593,232,507	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1661,394,307
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d16,925,425	
e	Add lines 2a through 2d2e16,925,425	
3	Subtract line 2e from line 13644,468,882	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b3,616,810	
c	Add lines 4a and 4b4c3,616,810	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5648,085,692	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Schedule D, Part XI, Line 8		DECREASE IN OTHER COMPREHENSIVE INCOME \$ (19,718,003) DECREASE IN CAPITAL CONTRIBUTION (522) Gain/Loss on Investments - Tax (56,435) Gain/Loss on Investments - Book 147,998 See "note 1" (334,981) _____ TOTAL \$ (19,961,943) Note 1 other than temporary impairment (OTTI) of investment recognized for financial statement purposes, which will be tax reported when realized
Schedule D, Part XII, Line 2d		Bad debt expense - Reclass \$ (2,726,887) Gain(Loss) on Investments - Book 147,998 OTTI (334,981) Investment Management Fees (65,691) _____ TOTAL \$ (2,979,561)
Schedule D, Part XII, Line 4b		OTHER REVENUE - RECLASS 3,616,810 GAIN(LOSS) ON INVESTMENTS - TAX 56,435 _____ TOTAL \$ 3,673,245
Schedule D, Part XIII, Line 2d		Decrease in Other Comprehensive Income \$ 19,718,003 Bad debt expense - Reclass (2,726,887) Investment Management Fees (65,691) _____ TOTAL \$ 16,925,425
Schedule D, Part XIII, Line 4b		Insurance Expense - Reclass \$ 3,616,810
Schedule D, Part X, Line 2	FIN 48 FOOTNOTE	NOT REQUIRED

Additional Data

Software ID:

Software Version:

EIN: 34-0922268

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

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

1	(a) Description of Liability	(b) Amount
	DUE TO AFFILIATED ORGANIZATION	30,384,964
	RESERVE FOR PROF & PUBLIC LIAB	14,764,873
	RESERVE FOR WORKERS COMP RISK	3,499,674
	POST RETIREMENT BENEFITS	167,617,396
	OTHER LIABILITIES	2,603,429
	SELF INSURED - AUTO & UNEMPLOY	42,567
	SUBORDINATED LIABILITIES	62,317,192
	MEDICARE LIABILITY RESERVE	9,329,424
	PREMIUM DEFICIENCY RESERVE	17,700,000

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF OHIO

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
34-0922268

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

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

2

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

50

3

Enter total number of other organizations

0

Part III

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

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

Part IV

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

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

Software ID:

Software Version:

EIN: 34-0922268

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Asian Services in Action Inc 3631 Perkins Ave 2A W Cleveland,OH 44114	34-1798850	501(c)(3)	24,993				Health Activities and Promotion Initiative (HAPI)
Battered Women's Shelter 759 W Market St Akron,OH 44303	34-1249342	501(c)(3)	16,720				The Tina Project
Beech Brook3737 Lander Rd Pepper Pike,OH 44124	34-0714597	501(c)(3)	20,000				Family Drop-In Center
Care Alliance1530 St Clair Ave Cleveland,OH 44114	34-1748776	501(c)(3)	23,688				Sponsorship Let's Talk Turkey, Raising Up Clevelan
Case Western Reserve University1380 E Sixth St Cleveland,OH 44114	34-1018992	501(c)(3)	10,000				National Youth Sports Program
Cleveland Board of Education 1380 E Sixth St Cleveland,OH 44114	34-6000662	Government	597,500				Sponsorship Family & Community Empowerment Conf ,
Cleveland Clinic Foundation 600 W Creek Rd 10 MC RC-25 Independence,OH 44131	34-0714585	501(c)(3)	63,000				Community Benefit and Charity Care Services
Cleveland Foodbank Inc 15500 South Waterloo Rd Cleveland,OH 44110	34-1292848	501(c)(3)	59,100				Market Under Glass , Donation (2x), KP Gives Gift M
Cleveland Hearing and Speech Center11635 Euclid Ave Cleveland,OH 44106	34-0714648	501(c)(3)	15,000				Regional Infant Hearing Program
Cleveland International Film Festival Inc2510 Market Ave Cleveland,OH 44113	34-1262368	501(c)(3)	5,250				34th Annual International Film Festival, KP Gives
Cleveland Museum of Natural History1 Wade Oval Dr Univ Circle Cleveland,OH 44106	34-0714338	501(c)(3)	9,000				2010 Kelley Cup Sponsorship, Health Literacy Partn
Cleveland Rape Crisis Center 526 Superior Ave 1400 Cleveland,OH 44114	51-0164315	501(c)(3)	19,725				2010 Sing Out Donation (2x), Comprehensive Approac

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cleveland State University Foundation Inc2121 Euclid Ave MM105 Cleveland, OH 44115	34-1316665	501(c)(3)	41,199				Careers in Health and Medical ProfessionS
Cuyahoga Community College Fdn700 Carnegie Ave Cleveland, OH 44115	23-7320719	501(c)(3)	5,500				Sponsorship - Bridging Pathways to Health Careers
Cuyahoga Valley National Park Assoc1403 W Hines Hill Road Peninsula, OH 44264	34-1917257	501(c)(3)	15,000				Urban Youth Outreach
Diabetes Association of Greater Cleveland3601 So Green Rd 100 Cleveland, OH 44122	34-0762558	501(c)(3)	22,620				Swim for Diabetes 2010, Diabetes Education at Safe
Domestic Violence Center PO Box 5466 Cleveland, OH 44101	34-1278377	501(c)(3)	5,250				Break the Silence, Break the Cycle Sponsorship, KP
Fairhill Partners12200 Fairhill Road Cleveland, OH 44120	34-1549927	501(c)(3)	21,843				Multi-Generational Health Promotion
Free Medical Clinic of Greater Cleveland12201 Euclid Ave Cleveland, OH 44106	23-7078501	501(c)(3)	25,000				Teen Clinic and Teen Outreach Programs
Gathering Place23300 Commerce Park Cleveland, OH 44122	34-1879035	501(c)(3)	20,000				Children and Family Programs for those Touched by
Harvard Community Services Center18240 Harvard Cleveland, OH 44128	23-7098744	501(c)(3)	77,280				HEAL - Ward 1 Community Health Initiative (4x)
Helen Keller International 352 Park Ave S 1200 New York, NY 10010	13-5562162	501(c)(3)	10,000				ChildSight Ohio
Hospice of the Western Reserve Inc300 E 185th St Cleveland, OH 44119	34-1256377	501(c)(3)	14,466				Together We Can Bereavement Camp
Ideastream1375 Euclid Ave Cleveland, OH 44115	34-1943865	501(c)(3)	10,000				Health Initiative

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Legal Aid Society of Cleveland1223 W Sixth St Cleveland,OH 44113	34-0866026	501(c)(3)	25,000				Community Advocacy Program
Lesbian Gay Bisexual Transgender Comm Ctr6600 Detroit Ave Cleveland,OH 44102	34-1190920	501(c)(3)	10,000				Sex Smart
Mature Services Inc415 S Portage Path Akron,OH 44320	51-0148544	501(c)(3)	10,000				Brown Bag Medication Program
Mental Health America of Summit County Inc20 Olive St 404 Akron,OH 44310	34-0840366	501(c)(3)	10,000				Adolescent Suicide Prevention Program
MetroHealth Foundation Inc 2500 MetroHealth Dr Suite 135A Cleveland,OH 44109	34-6607695	501(c)(3)	50,504				Diagnosing and Treating Hypertension in Children a
Minority OrganTissue Transplant Education11717 Euclid Ave Cleveland,OH 44106	34-1900839	501(c)(3)	10,000				Hospital Organ Donation/Education Registration Pro
MobileMed1 Foundation 19910 Melvern Rd Shaker Heights,OH 44122	26-4038371	501(c)(3)	25,000				Donation
Neighborhood Family Practice3569 Ridge Road Cleveland,OH 44102	34-1300581	501(c)(3)	20,000				Hispanic Patient Advocate
North Coast Health Ministry 16110 Detroit Ave Cleveland,OH 44107	34-1536257	501(c)(3)	19,876				Women's Preventive Health Program
Ohio State University Foundation9127 Miles Ave Cleveland,OH 44105	31-1145986	501(c)(3)	45,547				HEAL Grant (2x)
Providence House Inc2037 W 32nd St Cleveland,OH 44113	34-1336325	501(c)(3)	5,980				Sponsorship Shades of Blue Luncheon, KP Gives Gift
Saint Martin De Porres High School6111 Lausche Ave Cleveland,OH 44103	52-2401852	501(c)(3)	7,350				Work Study Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Senior Outreach Services 2390 E 79th St Cleveland, OH 44104	34-1346752	501(c)(3)	20,000				Health & Wellness Program
Slavic Village Development 5620 Broadway Ave Cleveland, OH 44127	34-1344279	501(c)(3)	20,000				Pedaling for Health in the Village
Stella Maris Inc1320 Washington Ave Cleveland, OH 44113	34-0896181	501(c)(3)	10,000				Electronic Medical Record System
Summa Akron City & St Thomas Hospitals168 E Market St Akron, OH 44309	34-0714755	501(c)(3)	100,000				Community Benefit & Charity Care Services (2x)
Summa Hospitals Foundation 525 E Market St Akron, OH 44304	34-1219001	501(c)(3)	50,000				Assessment and Treatment of Children and Adolescen
United Cerebral Palsy Assoc Grtr Cleveland10011 Euclid Ave Cleveland, OH 44106	34-0753561	501(c)(3)	10,000				Steps to Independence Intensive Therapy
United Way of Greater Cleveland1331 Euclid Ave Cleveland, OH 44115	34-6516654	501(c)(3)	8,000				Donation
University Hospitals Health System Inc11100 Euclid Ave Cleveland, OH 44106	34-0714775	501(c)(3)	30,637	637			Centering Pregnancy Program
West Side Ecumenical Ministry5209 Detroit Ave Cleveland, OH 44102	23-7034175	501(c)(3)	12,500				Donation, Youth Health Module
Young Mens Christian Assoc of Cleveland OH2200 Prospect Ave 900 Cleveland, OH 44115	34-0714728	501(c)(3)	10,000				We Run This City Youth Marathon Program
Youth Opportunities Unlimited1361 Euclid Ave Cleveland, OH 44115	34-1381135	501(c)(3)	6,030				Sponsorship Youth Career O lympics (2x), Founder's
YWCA of Greater Cleveland 4019 Prospect Ave Cleveland, OH 44103	34-0714800	501(c)(3)	8,530				Sponsorship - Women of Achievement Awards & Women'

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cuyahoga Community College Foundation700 Carnegie Ave Cleveland, OH 44115	23-7320719	501(c)(3)	11,700				Donation
United Way of Greater Cleveland1331 Euclid Avenue Cleveland, OH 44115	34-6516654	501(c)(3)	5,846				Sponsorship - Golf ProAM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF OHIO

Employer identification number
34-0922268

Part I

Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
Schedule J, Line 3		Kaiser foundation health plan of 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 4a		CHRISTINE MALCOLM \$568,515 Listed persons participated in arrangements entitling them to severance benefits in the event of termination by the organization without cause or due to job elimination. Depending on position level, tenure, and termination reason, severance benefits payable under these arrangements provide for pay and health benefits continuation plus payment of accrued obligations. In addition, for some of the listed persons, severance benefits payable include prorated incentive awards for performance periods not yet ended. None of the listed persons participated in arrangements entitling them to change-of-control payments.
Schedule J, Line 4b		GEORGE C. HALVORSON 1,237,500 KATHRYN LANCASTER 368 THOMAS MEIER 609 DEBORAH STOKES 40,338 STEVEN ZATKIN 5,463 MARK ZEMELMAN 218,741 DANIEL GARCIA 151,518 Some of the listed persons participated in nonqualified supplemental retirement plans. Under these plans, the organization makes annual contributions to accounts held in the name of individual participants. Contributions vary by position level and pay, and vest over time based on age and/or service. Participant accounts are credited with actual investment returns from up to four mutual funds and/or with a fixed rate of interest or a combination thereof. Unvested amounts are subject to risk of forfeiture.
Schedule J, Line 7		The organization provided non-fixed payments to some of the persons listed. Payments were made under incentive plans, based on attainment of organizational performance goals and individual performance, designed to support the organization's mission to provide high-quality, affordable care and improve the health of its members and the communities it serves.

Software ID:

Software Version:

EIN: 34-0922268

Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Timothy Alberts	(i)	0	0	0	0	0	0	0
	(ii)	196,157	77,965	32,751	65,990	15,660	388,523	0
Daniel Beck	(i)	0	0	0	0	0	0	0
	(ii)	187,296	55,101	2,615	19,773	15,660	280,445	0
Heather Bossin	(i)	168,318	9,183	4,370	59,078	16,099	257,048	0
	(ii)	0	0	0	0	0	0	0
Daniel Garcia	(i)	0	0	0	0	0	0	0
	(ii)	517,930	585,000	177,308	62,481	11,306	1,354,025	151,518
JENNIFER GARDNER	(i)	0	0	0	0	0	0	0
	(ii)	95,718	6,040	1,489	41,870	13,068	158,185	0
George Halvorson	(i)	0	0	0	0	0	0	0
	(ii)	1,177,487	5,155,125	1,334,723	62,481	13,611	7,743,427	0
Pamela Hara	(i)	0	0	0	0	0	0	0
	(ii)	183,190	0	201,968	50,058	13,500	448,716	0
Carolyn Hightower	(i)	0	0	0	0	0	0	0
	(ii)	202,275	83,396	32,720	67,256	15,660	401,307	0
Patricia Kennedy-Scott	(i)	0	0	0	0	0	0	0
	(ii)	362,953	312,689	39,013	150,579	16,231	881,465	0
Kathryn Lancaster	(i)	0	0	0	0	0	0	0
	(ii)	615,090	919,900	23,086	283,406	13,068	1,854,550	0
Christine Malcolm	(i)	0	0	0	0	0	0	0
	(ii)	0	0	568,721	0	12,021	580,742	0
Thomas Meier	(i)	0	0	0	0	0	0	0
	(ii)	316,076	297,094	34,615	94,371	13,068	755,224	0
Greg Mercer	(i)	0	0	0	0	0	0	0
	(ii)	32,812	119,873	6,601	28,800	3,010	191,096	0
Donald Orndoff	(i)	0	0	0	0	0	0	0
	(ii)	333,479	0	174,579	57,212	13,720	578,990	0
Thomas Revis	(i)	0	0	0	0	0	0	0
	(ii)	206,574	96,107	17,743	66,804	15,660	402,888	0
Michelle Richter	(i)	143,608	56,525	4,458	23,375	15,528	243,494	0
	(ii)	0	0	0	0	0	0	0
ROCHELLE ROTH	(i)	0	0	0	0	0	0	0
	(ii)	156,416	23,838	2,385	38,895	12,680	234,214	0
Arthur Southam	(i)	0	0	0	0	0	0	0
	(ii)	735,252	1,241,861	43,186	342,622	11,306	2,374,227	0
Deborah Stokes	(i)	0	0	0	0	0	0	0
	(ii)	313,713	249,552	59,377	110,792	13,068	746,502	40,338
Belva Tibbs	(i)	0	0	0	0	0	0	0
	(ii)	207,427	90,298	16,259	69,315	16,231	399,530	0
Bernard Tyson	(i)	0	0	0	0	0	0	0
	(ii)	737,887	1,180,500	24,127	346,893	13,068	2,302,475	0
Jeffrey Wallace	(i)	148,179	7,333	6,889	69,906	15,528	247,835	0
	(ii)	0	0	0	0	0	0	0
Steven Zarkin	(i)	0	0	0	0	0	0	0
	(ii)	283,028	932,500	31,725	86,239	11,477	1,344,969	0
Victoria Zarkin	(i)	0	0	0	0	0	0	0
	(ii)	196,570	80,174	34,625	81,763	1,884	395,016	0
Mark Zemelman	(i)	0	0	0	0	0	0	0
	(ii)	342,852	224,105	239,242	137,956	12,680	956,835	57,187
CHRISTINE CASSEL	(i)	0	0	0	0	0	0	0
	(ii)	172,625	0	0	0	0	172,625	0
THOMAS CHAPMAN	(i)	0	0	0	0	0	0	0
	(ii)	185,427	0	0	59,810	0	245,237	0
WILLIAM GRABER	(i)	0	0	0	0	0	0	0
	(ii)	232,123	0	0	0	0	232,123	0
J EUGENE GRIGSBY III	(i)	0	0	0	0	0	0	0
	(ii)	193,743	0	0	0	0	193,743	0
JUDITH JOHANSEN	(i)	0	0	0	0	0	0	0
	(ii)	184,560	0	0	0	0	184,560	0
PHILIP MARINEAU	(i)	0	0	0	0	0	0	0
	(ii)	193,623	0	0	0	0	193,623	0
JENNY MING	(i)	0	0	0	0	0	0	0
	(ii)	182,748	0	0	0	0	182,748	0
EDWARD PEI	(i)	0	0	0	0	0	0	0
	(ii)	168,250	0	0	16,500	0	184,750	0
J NEAL PURCELL	(i)	0	0	0	0	0	0	0
	(ii)	219,738	0	0	0	0	219,738	0
CYNTHIA TELLES	(i)	0	0	0	0	0	0	0
	(ii)	182,647	0	0	0	0	182,647	0
SANDRA THOMPKINS	(i)	0	0	0	0	0	0	0
	(ii)	166,951	0	0	0	0	166,951	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF OHIO

Employer identification number
34-0922268

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARK MALCOLM	KFHP INC EMPLOYEE	96,476	COMPENSATION		No

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization KAISER FOUNDATION HEALTH PLAN OF OHIO	Employer identification number 34-0922268
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Identifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Family Affiliations	Steven r zatkin - spouse officer of Kaiser Foundation Health Plan, Inc (KFHP Inc), Kaiser Foundation Hospitals (KFH) and subsidiaries Victoria zatkin - spouse senior vp, general counsel and officer of kfhp inc and regional health plans

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 4	Changes to governing documents	On June 24, 2010, Article E , Officers, of the Bylaw s of the Corporation w as amended to provide for the title of Ambulatory Surgery Center ("ASC") Administrator, and to add a new Section E-11 to provide for the appointment of an ASC Administrator at each ASC operated by the Corporation and to set forth the authority and responsibilities of an ASC Administrator On March 3, 2011, Article E , Officers, of the Bylaw s of the Corporation w as amended to (a) provide that the officers of the Corporation may include one or more Group Presidents (Section E-1, Officers), (b) add a new Section E-8, Group President and/or Regional President, to describe the duties and responsibilities of those positions, (c) provide that the President shall be the Chief Operating Officer of the Corporation (Section E-7, President), (d) provide clarification regarding leadership in the event of the absence or disability of the President (Section E-9, Executive Vice President or National Senior Vice President), and (e) change the reference to "the President" in Sections E-3, E-4 and E-11 to "any President"

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6		KAISER FOUNDATION HEALTH PLAN, INC IS SOLE MEMBER Upon dissolution, remaining assets shall be distributed to a 501(c)(3) organization

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a		Kaiser Foundation Health Plan, Inc (KFHP) appoints the Directors (and fills vacancies and has authority to remove Directors) The same 14 individuals who comprise the Board of Directors of KFHP also serve as the 14 Directors of KFHP Colorado, Ohio, Northwest and Mid-Atlantic States

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7b		The following actions of the corporation require approval of the sole member: a removal of the Chairman of the Board or the Regional President, b amendment of Article D, Section D-4 of the Bylaws - Election and Term of Office of Directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11b		Form 990 review process 1 Key information necessary for the preparation of the tax return is obtained and/or confirmed with internal sources including regional finance, executive compensation, community benefits, treasury, government relations, and legal 2 Community benefits details are presented to the community benefit committee of the board for review 3 Executive compensation details are presented to the compensation committee of the board for review 4 The complete tax return is reviewed and signed by a KPMG tax advisor 5 The complete tax return is reviewed and signed by an officer or a member of management designated by an officer 6 The tax return is discussed with the full board of directors A copy of the return is provided to each board member in electronic format prior to filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c		<p>Regularly and Consistently Monitors Compliance with the Conflicts of Interest Policy Kaiser Permanente regularly monitors compliance with the Conflicts of Interest Policy in 3 key ways 1 The Kaiser Permanente Compliance Hotline is available to all employees and vendors to report actual or potential conflicts of interest All calls are answered by a third party and provided to Kaiser Permanente's National Compliance Office for review and appropriate action Employees can report anonymously Retaliation is prohibited 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 or manage conflicts of interest Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually 2 Chief Compliance Officer and the SVP of Internal Audit Services annually review the directors', officers', key employees', and executives' Annual Conflicts of Interest Questionnaire disclosures and provide direction on any investigations required Investigations are documented, tracked and trended to determine if additional controls or education is required, In addition, Conflicts of Interest Questionnaire reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually, and 3 Annually, as a component of the external audit, KPMG reviews the Annual Conflicts of Interest Questionnaires process completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/ Hospitals Audit and Compliance Committee Regularly and Consistently Enforces Compliance with the Conflicts of Interest Policy To ensure consistency in the enforcement of the policy Kaiser Permanente uses the following steps as a general guideline A Represented employees are subject to any corrective/disciplinary action provisions described in specific regional/national collective bargaining agreements and/or organizational policies and practices B Kaiser Permanente informs employees of the National Human Resources Policy No 14 Corrective/Disciplinary Action Policy during new employee orientation and in annual compliance training C In the event that it is necessary to discipline any employee because of, but not limited to, failure to comply with applicable legal/regulatory requirements, Kaiser Permanente policies and procedures, or the Principles of Responsibility, or for unsatisfactory performance or misconduct, coaching/counseling and/or corrective/disciplinary action may include, but is not limited to - Oral discussion and/or warning by the employee's immediate supervisor or higher level manager to correct the problem - Written notice, with or without final warning - Paid or unpaid suspension, with or without final warning - Termination of employment</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15a/b		<p>The executive compensation program is designed to recruit, retain and motivate qualified senior management personnel. Senior management personnel have a significant impact on the strategic and policy direction and results of the organization. Therefore, the executive compensation program is, to a significant degree, performance-based. The compensation program is reviewed annually by the Compensation Committee of the Board of Directors which evaluates and approves, prior to payment, all programs and payments to CEO, Executive Director and top management officials (executives). Base pay for executive positions is established at a level comparable to the relevant market. In addition, other components of the compensation program bear 'at-risk' features designed to focus on strategically important performance goals and to assist in attracting and retaining top performers. The executive compensation program is targeted at the median of the comparable external market in which the organization competes for executive leadership. Evaluation of comparable pay data is performed by an Independent Compensation, Benefit & Human Resource Consulting firm. The compensation program focuses on objectives in the areas of quality of member care and service, financial soundness, and the community and social mission of the organization.</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19		Public Inspection Governing documents - are available as provided to state Dept of Insurance and maintained on state agency website or upon request Conflict of Interest is available on KP website under vendor Principles of Responsibility or upon request Financial Statements are on file with state insurance agency on a statutory basis (stand alone entity) Combined data is published for Kaiser Foundation Health Plan Inc and subsidiaries and Kaiser Foundation Hospitals and Subsidiaries with audit opinion by KPMG and is available upon request To request copies contact VP - National Tax Compliance Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Ste 15L Oakland, CA 94612

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

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 5		Other changes in net assets or fund balances Change in unrealized gain/loss on investments \$ 1,439,164 Change in Other Comprehensive Income < 19,718,000> Change in Capital Stock < 522> Gain/Loss on investments - Tax < 56,435> Gain/Loss on Investments - Book 147,998 OTTI Losses < 334,981> _____ TOTAL <\$18,522,776>

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a - d	Exempt purpose achievements - Program Services	<p>2010 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF OHIO Kaiser Foundation Health Plan of Ohio or "Ohio Health Plan" is a tax-exempt subsidiary health plan of Kaiser Foundation Health Plan, Inc (KFHP) Kaiser Foundation Health Plan of Ohio as well as Kaiser Foundation Hospitals (KFH) are nonprofit corporations that are part of the integrated health care delivery system known as the Kaiser Permanente Medical Care Program or "Kaiser Permanente " In 2010, the Ohio Health Plan served 122,342 members and had 1,586 full time administrative, clerical and technical employees Ohio Health Plan provides and arranges comprehensive health care services for members on a predominantly prepaid basis Health Plan fulfills its contractual obligations to group and individual members by contracting with KFHP and Ohio Permanente Physicians to provide the required health care services Membership in KFHP and its health plan subsidiaries is available without regard to sex, race, religion, ethnic background, sexual orientation, and occupational status or income level Health Plan members are broadly representative of the various ages, social, and income groups within the areas it serves Once enrolled, a member is free to maintain membership regardless of age, health status or employment KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY Kaiser Permanente believes its Direct Community Benefit Investment (DCBI), is fundamental to being a nonprofit organization It embodies the organization's commitment to improve the health of communities beyond services to Health Plan members It is more than traditional corporate citizenship or corporate philanthropy It is an intentional, planned, budgeted, measurable, accountable creation for better health in our communities It is done in collaboration with, not in isolation from, the community DCBI serves to fulfill Kaiser Permanente's social purpose, justify its tax-exempt status, and differentiate it from other health care organizations This tradition of community benefit dates from the earliest days of the Program, when charitable care to non-employees, and later, nonmembers, was initiated That heritage has continued through the years in Kaiser Permanente's early participation in publicly financed programs such as Medicaid and Medicare, establishment of residency training and medical research programs, and later, in the development of the Educational Theatre, Safety Net Partnerships, Community Health Initiatives and Charitable Coverage Programs In 2007, the KFHP/H Board of Directors refined the focus of the organization Community Benefit Program and established the following four priority areas which have come to be known as "streams of work" - Care and Coverage for Low-Income People - Creates and supports programs that lower the financial barriers for under- and uninsured - Community Health Initiatives - Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods - Safety Net Partnerships - Builds partnerships with community clinics, local health departments, and public hospitals Provide funding, technical assistance, dissemination of care management and quality improvements technology to help improve care and expand treatment capacity for vulnerable populations - Developing and Disseminating Knowledge - Improve health care by sharing our knowledge- educating practitioners, advancing research, empowering consumers and informing policymakers about the evidence base for care and health The Board elaborated that at least 75% of total community benefit funding will be directed to program priorities within the four streams of work and the remaining 25% of funding will be directed by local regions to respond to local community benefit needs and opportunities that may or may not be within the four key focus areas THE COMMUNITY BENEFIT PROGRAM IN THE OHIO REGION In 2010, the Ohio Health Plan spent approximately \$10.8 million or approximately 1.8% of revenue to support the Community Benefit Program A breakdown of the 2010 Community Benefit dollars is included in Attachment A The following identifies many of the signature community benefit programs and services funded by Ohio Health Plan grouped according to the four streams of work</p>

Identifier	Return Reference	Explanation
		<p>CARE AND COVERAGE FOR LOW-INCOME PEOPLE In 2010, the Ohio Health Plan expended \$8.1 million to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age or other factors. Program beneficiaries (under- and uninsured) received free or discounted care in a Kaiser Permanente facility or by a Permanente provider. Charitable Care (Medical Financial Assistance and Charitable Coverage Programs) In the Ohio Region, Health Plan provides charity care to low-income vulnerable populations through the Medical Financial Assistance and Charitable Coverage Programs. In 2010, the Ohio Health Plan spent \$6.5 million on under-and uninsured Ohio residents - Medical Financial Assistance The Ohio Health Plan contributed \$1.3 million to assist patients with limited or no resources to pay for care provided in Kaiser Permanente facilities. Each region offers financial assistance to help families and individuals that are unable to meet all or part of the cost of medical care on an immediate and nonrecurring basis. Kaiser Permanente's charity care program also includes discounted charges for uninsured patients below 400% federal income guidelines and aligned contracted collection agency practices with Kaiser Permanente social values. The amount reported under this category is only part of the funds spent by KFH and KFHP for the poor and uninsured. The organization's commitment to charitable care is also reflected in a variety of other programs and initiatives such as the Charitable Coverage Program and grants and donations to community clinics and other safety net providers. Medical Financial Assistance is offered to both members and non members, and eligibility is solely based on income - Charitable Coverage Transition Plan - This program provides coverage for low income individuals and who are not eligible for government sponsored health care programs such as Medicaid or Medicare. Based on income (at or below 250% of federal poverty level), the plan subsidizes nearly all health care coverage costs. Referrals to this program are made by community partners. Transition Plan members minimally share in the cost of coverage and pay a premium of \$20 per month for individuals and \$40 per month for families. They receive comprehensive benefits, including prescription drug coverage and hospitalization. Participation in Medicaid and Other Government Sponsored Health Care Programs The Ohio Health Plan has a long history of participation in publicly financed health programs. In 2010, the Ohio Region provided medical coverage and services valued at approximately \$1.6 million (in excess of reimbursement) for individuals in the following program - Medicare-Medicaid Premium Subsidy - In Ohio, state policy does not allow use of state dollars to pay for Medicare monthly premiums, even for low-income persons. Health Plan paid the monthly Medicare premium for dual-eligible Medicare/Medicaid members. This effort supports low-income persons and provides richer Medicare benefits than fee-for-service. COMMUNITY HEALTH INITIATIVES As an innovator in health, Kaiser Permanente designs, delivers and sustains long-term programs that engage communities in work to improve the conditions in their neighborhoods, workplaces and schools that can support good health, particularly Healthy Eating, Active Living (HEAL). The Ohio Health Plan spent \$398,487 on community health initiatives during 2010. Community Health Education and Prevention Programs The Ohio Health Plan provides a variety of health education classes, events and programs for the general public. Expenditures in this category exclude program cost for health education programs targeting or restricted to Health Plan members. The following are examples of community partnerships aimed at promoting health and well being. In 2010, the Ohio Health Plan sponsored numerous community health screenings and participated in health events throughout the region. Many events allowed us to strengthen relationship with the community. SAFETY NET PARTNERSHIPS Through funding, technical assistance, influencing public policy, training and volunteering, dissemination of care-management and quality improvement technologies, Kaiser Permanente helps these vital health care providers improve care and expand treatment capacity for the communities and vulnerable people they serve. The Ohio Health Plan donated \$368,499 to support safety net providers through its Thriving Communities Grant Program.</p>

Identifier	Return Reference	Explanation
		<p>DEVELOPING AND DISSEMINATING KNOWLEDGE Kaiser Permanente aims to improve health by sharing its know ledge, educating practitioners, advancing research, empow ering consumers, and informing policymakers about the evidence base for care and health The Ohio Health Plan spent \$640,827 to support programs and services for the development and dissemination of know ledge and provided grants and donations to nonprofit organizations Educational Theatre Programs (ETP) The Ohio Health Plan's Educational Theatre Programs is based upon a new model for promoting health through theatre Under this model, the Ohio Region collaborates w ith Cleveland Municipal School District to create a program that uses theatre to train school-based youth actors as health education ambassadors as w ell as deliver health messages to large audiences The program is comprised of three productions - Secrets, w hich educates students about the dangers of HIV/AIDS and other sexually transmtted diseases, the Amazing Food Detective, designed to educate elementary school students about the importance of good nutrition and exercise and Peace Signs w hich delivers an anger management, anti-bullying message for the middle-school age group ETP presented 29 performances to 7,943 children and adults Grants and Donations for Know ledge Dissemination The Ohio Health Plan contributed \$270,423 to support thirty six community-based organizations Care Alliance Health Center Care Alliance's Raising Up Cleveland project w ill provide preventive services and educational opportunities to Care Alliance patients w ith the long term goal of reducing health disparities and incidence of chronic disease The program has tw o main components interactive learning to increase know ledge of Healthy Eating/Active Living activities and resource facilitation to reduce barriers to w ellness Cleveland Foodbank A Thriving Communities grant w ill support the expansion of the Cleveland Foodbank's Children's Nutrition Initiative (CNI) CNI is designed to meet the needs of children at risk of hunger Through the BackPacks for Kids, Kids Cafes and Summer Feeding Programs, Cleveland Foodbank ensures that participating children do not go hungry in the evenings, on w eekends, or over summer vacation Regional Community Benefit Operations The Ohio Health Plan has a dedicated Community Benefit Department w ith three full time employees to coordinate CB initiatives and support regional community benefit programs and services ATTACHMENT A 2010 COMMUNITY BENEFIT INVESTMENT - OHIO REGION The follow ing chart summarizes the 2010 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 \$6,478,172 Government Sponsored Programs 1,636,830 Grants & Donations for Care & Coverage 20,000 Subtotal \$8,135,002 COMMUNITY HEALTH INITIATIVES Community Health Education \$15,857 Grants & Donations for Community Health Initiatives 349,253 Community Health Initiatives CB Operations 33,378 Subtotal \$398,488 SAFETY NET PARTNERSHIPS Grants & Donations for Safety Net Partnerships \$368,499 Subtotal \$368,499 KNOWLEDGE DISSEMINATION Medical Research \$183,399 Educational Theatre Program 157,426 Health Care Training & Education Programs 29,579 Grants & Donations for Know ledge Dissemination 270,423 Subtotal \$640,827 OTHER COMMUNITY Self Sufficiency Programs \$67,353 Other CB Grants & Donations 767,710 Other CB Operations 468,463 Subtotal \$1,303,526 TOTAL \$10,846,342</p>

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME George Halvorson TITLE Chairman and CEO HOURS 45

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS CHAPMAN TITLE DIRECTOR HOURS 9

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME J EUGENE GRIGSBY III TITLE DIRECTOR HOURS 8

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

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

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

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

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

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

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

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Daniel Beck TITLE VP, Regional Counsel - Ohio HOURS

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Patricia Kennedy-Scott TITLE Region President - Ohio HOURS 10

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas Meier TITLE SVP, Corporate Treasurer HOURS 47

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART V II	NAME ROCHELLE ROTH TITLE SENIOR DIRECTOR, QRM HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Arthur Southam TITLE EVP, Health Plan Operations HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Deborah Stokes TITLE SVP, CC & CAO HOURS 48

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Bernard Tyson TITLE President & COO HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Steven Zatkan TITLE SVP, Gen Counsel & Secretary HOURS 45

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mark Zemelman TITLE SVP, Gen Counsel & Secretary HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Pamela Hara TITLE VP, Quality/Service HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Greg Mercer TITLE VP, Health Plan Mgr - OH HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas Revis TITLE VP, Chief Financial Offcer-OH HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Belva Tibbs TITLE VP, Medical Operations HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Timothy Alberts TITLE VP, Human Resources HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Heather Bossin TITLE DIR, FINANCIAL SERVICES HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Carolyn Hightow er TITLE VP, Regional HP Admin OH HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Michelle Richter TITLE DIR, GROUP SALES & ACCT MGMT HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jeffrey Wallace TITLE DIRECTOR, PHARMACIES HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Christine Malcolm TITLE Former SVP HOURS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF OHIO

Employer identification number
34-0922268

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HCMS LLC ONE KAISER PLAZA 15L OAKLAND, CA94612 20-3924985	CONSULTING	CA	NA	N/A	0	0			0			0 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Archimedes Inc One Kaiser Plaza 15L Oakland, CA94612 20-3774729	Consulting	CA	NA	C Corp	0	0	0 %
(2) Kaiser Permanente International One Kaiser Plaza 15L Oakland, CA94612 94-3245176	Consulting	CA	NA	C Corp	0	0	0 %
(3) Kaiser Permanente Insurance Company One Kaiser Plaza 15L Oakland, CA94612 94-3203402	Insurance	CA	NA	C Corp	0	0	0 %
(4) Kaiser Properties Services Inc One Kaiser Plaza 15L Oakland, CA94612 94-3259432	Real Estate	CA	NA	C Corp	0	0	0 %
(5) Oak Tree Assurance Ltd One Kaiser Plaza 15L Oakland, CA94612 03-0329760	Insurance	VT	NA	C Corp	0	0	0 %

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

Yes

1b

No

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

2

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Kaiser Foundation Health Plan Inc One Kaiser Plaza 15L Oakland, CA94612 94-1340523	Health Care	CA	501(c)(3)	9	NA		
Kaiser Foundation Health Plan of CO Inc One Kaiser Plaza 15L Oakland, CA94612 84-0591617	Health Care	CO	501(c)(3)	9	KFHP INC		
Kaiser Foundation Health Plan of GA Inc One Kaiser Plaza 15L Oakland, CA94612 58-1592076	Health Care	GA	501(c)(3)	9	KFHP INC		
Kaiser Foundation Health Plan of the MAS One Kaiser Plaza 15L Oakland, CA94612 52-0954463	Health Care	MD	501(c)(3)	9	KFHP INC		
Kaiser Foundation Health Plan of the NW One Kaiser Plaza 15L Oakland, CA94612 93-0798039	Health Care	OR	501(c)(3)	9	KFHP INC		
Kaiser Foundation Hospitals One Kaiser Plaza 15L Oakland, CA94612 94-1105628	Health Care	CA	501(c)(3)	3	KFHP INC		
Camp Bowie Service Center One Kaiser Plaza 15L Oakland, CA94612 94-3299123	Admin	CA	501(c)(3)	11	KFHP INC		
Kaiser Health Alternatives One Kaiser Plaza 15L Oakland, CA94612 93-0954562	Health Care	OR	501(c)(3)	9	KFHP INC		
Kaiser Hospital Asset Management Inc One Kaiser Plaza 15L Oakland, CA94612 94-3299125	Asset Mgt	CA	501(c)(3)	11	KF HOSPITALS		
Kaiser Health Plan Asset Management Inc One Kaiser Plaza 15L Oakland, CA94612 94-3299124	Asset Mgt	CA	501(c)(3)	11	KFHP INC		
Lokahi Assurance Ltd One Kaiser Plaza 15L Oakland, CA94612 91-2171891	Risk mgmt	HI	501(c)(3)	11	KFHP INC		
OHP One Kaiser Plaza 15L Oakland, CA94612 93-0480268	Leasing	WA	501(c)(3)	11	KFHP INC		

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

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

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	KAISER FOUNDATION HEALTH PLAN INC	K	1,240,357	
(2)	KAISER FOUNDATION HEALTH PLAN INC	L	17,302,524	
(3)	KAISER FOUNDATION HEALTH PLAN INC	O	8,866,176	
(4)	KAISER FOUNDATION HEALTH PLAN INC	P	5,519,143	
(5)	KAISER FOUNDATION HOSPITALS	A	2,278,768	
(6)	KAISER FOUNDATION HOSPITALS	E	45,000,000	
(7)	KAISER FOUNDATION HOSPITALS	K	35,665,931	
(8)	KAISER FOUNDATION HOSPITALS	O	38,204,256	
(9)	KAISER FOUNDATION HOSPITALS	P	18,308,894	
(10)	KAISER FOUNDATION HOSPITALS	Q	35,223,385	
(11)	KAISER FOUNDATION HOSPITALS	R	5,699	
(12)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	K	568,622	
(13)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	L	28,463	
(14)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	O	62,983	
(15)	KAISER FOUNDATION HEALTH PLAN OF COLORADO	P	3,154	
(16)	KAISER FDN HEALTH PLAN OF GEORGIA INC	K	125,026	
(17)	KAISER FDN HEALTH PLAN OF GEORGIA INC	L	245,634	
(18)	KAISER FDN HEALTH PLAN OF GEORGIA INC	O	44,124	
(19)	KAISER FDN HEALTH PLAN OF GEORGIA INC	P	12,435	
(20)	KFHP OF THE MID-ATLANTIC STATES INC	K	323,033	
(21)	KFHP OF THE MID-ATLANTIC STATES INC	L	106,984	
(22)	KFHP OF THE MID-ATLANTIC STATES INC	O	4,988	
(23)	KFHP OF THE MID-ATLANTIC STATES INC	P	15,374	
(24)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	K	29,179	
(25)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	L	21,435	
(26)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	O	1,675	
(27)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	P	472	
(28)	CAMP BOWIE SERVICE CENTER	L	2,091,336	
(29)	CAMP BOWIE SERVICE CENTER	O	90,507	
(30)	KAISER PERMANENTE INSURANCE COMPANY	K	10,133,286	
(31)	KAISER PERMANENTE INSURANCE COMPANY	L	47,492,308	
(32)	LOKAHI ASSURANCE LTD	K	8,200,000	
(33)	LOKAHI ASSURANCE LTD	L	1,196,318	
(34)	LOKAHI ASSURANCE LTD	P	2,509,227	

Additional Data

Software ID:
Software Version:
EIN: 34-0922268
Name: KAISER FOUNDATION HEALTH PLAN OF OHIO

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Daniel Garcia SVP, Chief Compliance Officer	20	X						0	1,280,238	73,787
George Halvorson Chairman and CEO	50	X		X				0	7,667,335	76,092
CHRISTINE CASSEL DIRECTOR	5	X						0	172,625	0
THOMAS CHAPMAN DIRECTOR	5	X						0	185,427	59,810
WILLIAM GRABER DIRECTOR	5	X						0	232,123	0
J EUGENE GRIGSBY III DIRECTOR	5	X						0	193,743	0
JUDITH JOHANSEN DIRECTOR	3	X						0	184,560	0
KIM J KAISER DIRECTOR	5	X						0	122,875	0
PHILIP MARINEAU DIRECTOR	5	X						0	193,623	0
JENNY MING DIRECTOR	2	X						0	182,748	0
EDWARD PEI DIRECTOR	5	X						0	168,250	16,500
J NEAL PURCELL DIRECTOR	5	X						0	219,738	0
CYNTHIA TELLES DIRECTOR	5	X						0	182,647	0
SANDRA THOMPkins DIRECTOR	5	X						0	166,951	0
Daniel Beck VP, Regional Counsel - Ohio	500			X				0	245,012	35,433
JENNIFER GARDNER Special Asst to BOD	40			X				0	103,247	54,938
Patricia Kennedy-Scott Region President - Ohio	400			X				0	714,655	166,810
Kathryn Lancaster EVP & CFO	40			X				0	1,558,076	296,474
Thomas Meier SVP, Corporate Treasurer	30			X				0	647,785	107,439
Donald Orndoff SVP, NFS	50			X				0	508,058	70,932
ROCHELLE ROTH SENIOR DIRECTOR,QRM	50			X				0	182,639	51,575
Arthur Southam EVP, Health Plan Operations	50			X				0	2,020,299	353,928
Deborah Stokes SVP, CC & CAO	20			X				0	622,642	123,860
Bernard Tyson President & COO	50			X				0	1,942,514	359,961
Steven Zatkan SVP, Gen Counsel & Secretary	50			X				0	1,247,253	97,716

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Victoria Zatkan VP, Off of Brd & Corp Gov Svcs	4 0			X				0	311,369	83,647
Mark Zemelman SVP, Gen Counsel & Secretary	4 0			X				0	806,199	150,636
Pamela Hara VP, Quality/Service	30 0				X			0	385,158	63,558
Greg Mercer VP, Health Plan Mgr - OH	30 0				X			0	159,286	31,810
Thomas Revis VP, Chief Financial Offcr-OH	30 0				X			0	320,424	82,464
Belva Tibbs VP, Medical Operations	30 0				X			0	313,984	85,546
Timothy Alberts VP, Human Resources	30 0					X		0	306,873	81,650
Heather Bossin DIR, FINANCIAL SERVICES	30 0					X		181,871	0	75,177
Carolyn Hightower VP, Regional HP Admin OH	30 0					X		0	318,391	82,916
Michelle Richter DIR, GROUP SALES & ACCT MGMT	30 0					X		204,591	0	38,903
Jeffrey Wallace DIRECTOR, PHARMACIES	30 0					X		162,401	0	85,434
Christine Malcolm Former SVP	0 0						X	0	568,721	12,021

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

4d. Other program services				
(Code) (Expenses \$	955,455	including grants of \$	0) (Revenue \$
SCH O, COMMUNITY BENEFIT REPORT				