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Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))For calendar year 2008 or other tax year beginning _____, 2008, and
ending _____, 2008. See separate instructions.

OMB No 1545-0087

2008Open to Public Inspection
for 501(c)(3) Organizations Only**A** ☒ Check box if
address changedName of organization (☐ Check box if name changed and see instructions)**KAISER FOUNDATION HEALTH PLAN, INC**

Number, street, and room or suite no. If a P O box, see page 9 of instructions

ONE KAISER PLAZA, SUITE 15L

City or town, state, and ZIP code

OAKLAND, CA 94612**D Employer identification number**
(Employees trust, see instructions for Block D
on page 9)**94-1340523****E Unrelated business activity codes**
(See instructions for Block E on page 9)**446110 561000****B Exempt under section**☒ 501(c)(3) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)Print
or
Type**C** Book value of all assets
at end of year**F** Group exemption number (See instructions for Block F on page 9) ▶**10147368928.****G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity ▶**SEE STATEMENT 1****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation ▶**J** The books are in care of ▶ **NATIONAL DIRECTOR OF TAX,** Telephone number ▶ **510.271.6385****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 11,677,062.			
b Less returns and allowances c Balance ▶ 1 c	11,677,062.		
2 Cost of goods sold (Schedule A, line 7)	1,774,817.		
3 Gross profit Subtract line 2 from line 1c	9,902,245.		9,902,245.
4 a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See page 11 of the instructions, attach schedule)			
13 Total. Combine lines 3 through 12	9,902,245.		9,902,245.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	2,039,924.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	390,360.
20 Charitable contributions (See page 13 of the instructions for limitation rules)	20	585,134.
21 Depreciation (attach Form 4562)	21	NONE
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion		NONE
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	652,546.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 2	28	968,077.
29 Total deductions. Add lines 14 through 28	29	4,636,041.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	5,266,204.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	5,266,204.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	5,265,204.

KAISER FOUNDATION HEALTH PLAN, Inc
TIN: 94-1340523
DECEMBER 31, 2008

**CONSENT TO PLAN OF APPORTIONMENT FOR ALTERNATIVE MINIMUM TAX EXEMPTION
BY CONTROLLED GROUP MEMBERS**

PURSUANT TO REGULATIONS ISSUED UNDER INTERNAL REVENUE CODE SECTION 1561(a)(3), THE UNDERSIGNED
CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS, WITHIN THE
MEANING OF IRC SECTION 1563(a), HEREBY CONSENT TO THE APPORTIONMENT PLAN LISTED BELOW
WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2008.

EMPLOYER TAX ID #	NAME AND ADDRESS	TAX FORM	ALLOCATION OF \$40,000 EXEMPTION
KAISER FOUNDATION HEALTH PLAN GROUP:			
94-1340523	KAISER FOUNDATION HEALTH PLAN, INC.	990-T	NONE
93-0798039	KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	990-T	\$1,663
84-0591617	KAISER FOUNDATION HEALTH PLAN OF COLORADO	990-T	\$8,518
58-1592076	KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC	990-T	NONE
52-0954463	KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES INC	990-T	\$2,505
34-0922268	KAISER FOUNDATION HEALTH PLAN OF OHIO	990-T	\$2,107
94-3299124	KAISER HEALTH PLAN ASSET MANAGEMENT, INC	990-T	NONE
93-0954562	KAISER HEALTH ALTERNATIVES	990-T	NONE
94-3299123	CAMP BOWIE SERVICE CENTER	990-T	NONE
93-0480268	OHP	990-T	NONE
91-2171891	LOKAHI ASSURANCE, LTD.	990-T	NONE
94-3317484	1800 HARRISON FOUNDATION	990-T	NONE
03-0329760	OAK TREE ASSURANCE, LTD.	1120-PC	NONE
94-3259432	KAISER PROPERTIES SERVICES, INC	1120	\$437
20-2961620	KP CAL	1120	NONE
KAISER FOUNDATION HOSPITALS GROUP:			
94-1105628	KAISER FOUNDATION HOSPITALS	990-T	NONE
94-3299125	KAISER HOSPITAL ASSET MANAGEMENT, INC	990-T	\$8,559
94-3245176	KAISER PERMANENTE INTERNATIONAL	1120	\$16,211
20-3774729	ARCHIMEDES, INC.	1120	

TOTAL ALTERNATIVE MINIMUM TAX EXEMPTION

\$40,000

THE COMMON ADDRESS OF ALL ENTITIES JOINING IN THIS ELECTION OF
APPORTIONMENT AS LISTED ABOVE IS:

c/o KAISER FOUNDATION HEALTH PLAN, INC.
PROGRAM OFFICE CONTROLLER'S DEPARTMENT-TAX
ONE KAISER PLAZA, 15L
OAKLAND, CA 94612



DEBORAH STOKES, VICE PRESIDENT, CONTROLLER, AND CHIEF ACCOUNTING OFFICER OF
KAISER FOUNDATION HEALTH PLAN, INC. AND OF KAISER FOUNDATION HOSPITALS
THE ULTIMATE PARENT CORPORATION AND/OR SOLE MEMBER OF EACH OF THE ABOVE
ENTITIES JOINING IN THIS ELECTION OF APPORTIONMENT

KAISER FOUNDATION HEALTH PLAN, Inc
TIN: 94-1340523
DECEMBER 31, 2008

**CONSENT TO PLAN OF APPORTIONMENT FOR TAXABLE INCOME BRACKETS
BY CONTROLLED GROUP MEMBERS**

PURSUANT TO REGULATIONS ISSUED UNDER INTERNAL REVENUE CODE SECTION 1561(a)(1), WITH RESPECT TO THE TAXABLE INCOME BRACKETS AS ENUMERATED IN THE TAX TABLES AT IRC SECTION, 11(b), THE UNDERSIGNED CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS, WITHIN THE MEANING OF IRC SECTION 1563(a), HEREBY CONSENT TO THE APPORTIONMENT PLAN LISTED BELOW WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION THAT INCLUDES DECEMBER 31, 2008.

EMPLOYER TAX ID #	NAME AND ADDRESS	TAX FORM	Tax Bracket Allocations				
			First \$50,000	Next \$25,000	Next \$25,000	Next \$235,000	Next \$9,665,000
			15%	25%	34%	39%	34%
TAX BRACKET RATE							
KAISER FOUNDATION HEALTH PLAN GROUP							
94-1340523	KAISER FOUNDATION HEALTH PLAN, INC.	990-T	\$50,000	\$25,000	\$25,000	\$235,000	\$4,930,204
93-0798039	KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	990-T	NONE	NONE	NONE	NONE	
84-0591617	KAISER FOUNDATION HEALTH PLAN OF COLORADO	990-T	NONE	NONE	NONE	NONE	
58-1592076	KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC	990-T	NONE	NONE	NONE	NONE	
52-0954463	KAISER FOUNDATION HP OF THE MID-ATLANTIC STATES, INC	990-T	NONE	NONE	NONE	NONE	
34-0922268	KAISER FOUNDATION HEALTH PLAN OF OHIO	990-T	NONE	NONE	NONE	NONE	\$4,652
94-3299124	KAISER HEALTH PLAN ASSET MANAGEMENT, INC	990-T	NONE	NONE	NONE	NONE	
93-0954562	KAISER HEALTH ALTERNATIVES	990-T	NONE	NONE	NONE	NONE	
94-3299123	CAMP BOWIE SERVICE CENTER	990-T	NONE	NONE	NONE	NONE	
93-0480268	OHP	990-T	NONE	NONE	NONE	NONE	
91-2171891	LOKAHI ASSURANCE, LTD	990-T	NONE	NONE	NONE	NONE	
94-3317484	1800 HARRISON FOUNDATION	990-T	NONE	NONE	NONE	NONE	
03-0329760	OAK TREE ASSURANCE, LTD.	1120-PC	NONE	NONE	NONE	NONE	\$1,594,021
94-3259432	KAISER PROPERTIES SERVICES, INC.	1120	NONE	NONE	NONE	NONE	NONE
20-2961620	KP CAL	1120	NONE	NONE	NONE	NONE	NONE
KAISER FOUNDATION HOSPITALS GROUP.							
94-1105628	KAISER FOUNDATION HOSPITALS	990-T	NONE	NONE	NONE	NONE	NONE
94-3299125	KAISER HOSPITAL ASSET MANAGEMENT, INC	990-T	NONE	NONE	NONE	NONE	NONE
94-3245176	KAISER PERMANENTE INTERNATIONAL	1120	NONE	NONE	NONE	NONE	NONE
20-3774729	ARCHIMEDES, INC	1120	NONE	NONE	NONE	NONE	NONE

THE COMMON ADDRESS OF ALL ENTITIES JOINING IN THIS ELECTION OF APPORTIONMENT AS LISTED ABOVE IS:

C/O KAISER FOUNDATION HEALTH PLAN, INC.
PROGRAM OFFICE CONTROLLER'S DEPARTMENT - TAX
ONE KAISER PLAZA, 15L
OAKLAND, CA 94612



DEBORAH STOKES, VICE PRESIDENT, CONTROLLER AND CHIEF ACCOUNTING OFFICER OF KAISER FOUNDATION HEALTH PLAN, INC. AND OF KAISER FOUNDATION HOSPITALS THE ULTIMATE PARENT CORPORATION AND/OR SOLE MEMBER OF EACH OF THE ABOVE ENTITIES JOINING IN THIS ELECTION OF APPORTIONMENT.

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T	5,265,204.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	50,000.
3	SUBTRACT LINE 2 FROM LINE 1	5,215,204.
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	25,000.
5	SUBTRACT LINE 4 FROM LINE 3	5,190,204.
6	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	5,190,204.
7	SUBTRACT LINE 6 FROM LINE 5	
8	ENTER 15% OF LINE 2	7,500.
9	ENTER 25% OF LINE 4	6,250.
10	ENTER 34% OF LINE 6	1,764,669.
11	ENTER 35% OF LINE 7	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE EXCESS OVER \$100,000 OR (B) \$11,750	11,750.
13	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 3% OF THE EXCESS OVER \$15 MILLION OR (B) \$100,000	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T	1,790,169.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col (A)		Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals ▶						

Schedule J - Advertising Income (see instructions on page 21)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Enter here and on page 1, Part I, line 11, col (A).		Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form **4626****Alternative Minimum Tax—Corporations**

OMB No. 1545-0175

2008Department of the Treasury
Internal Revenue Service▶ See separate instructions.
▶ Attach to the corporation's tax return.

Name

KAISER FOUNDATION HEALTH PLAN INC

Employer identification number

94-1340523

Part I Alternative Minimum Tax Computation**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	5,266,204.
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	5,266,204.
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	5,266,204.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You <i>must</i> enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment.		
	• If line 4b is zero or more, enter the amount from line 4c		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	5,266,204.
6	Alternative tax net operating loss deduction (see instructions)	6	0.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions.	7	5,266,204.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	
b	Multiply line 8a by 25% (.25)	8b	0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	5,266,204.
10	If the corporation had qualified timber gain, complete Part II and enter the amount from line 24 here. Otherwise, multiply line 9 by 20% (.20)	10	1,053,241.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	1,053,241.
13	Regular tax liability before applying all credits except the foreign tax credit	13	1,790,169.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0.

Part II **Alternative Tax for Corporations with Qualified Timber Gain.** Complete Part II only if the corporation had qualified timber gain under section 1201(b). See instructions.

15	Enter qualified timber gain from Schedule D (Form 1120), line 15, as refigured for the AMT, if necessary. If you are filing Form 1120-RIC, see instructions for the amount to enter	15	
16	Enter the amount from Schedule D (Form 1120), line 13, as refigured for the AMT, if necessary	16	
17	Enter the amount from Part I, line 9.....	17	5,266,204.
18	Enter the smallest of the amount on line 15, line 16, or line 17.....	18	0.
19	Multiply line 18 by 15% (.15).....	19	0.
20	Subtract line 18 from line 17	20	5,266,204.
21	Multiply line 20 by 20% (.20).....	21	1,053,241.
22	Enter the total of line 19 and line 21	22	1,053,241.
23	Multiply line 17 by 20% (.20).....	23	1,053,241.
24	Enter the smaller of line 22 or line 23 here and on Part I, line 10.....	24	1,053,241.

Form **4626** (2008)

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS
=====

OTHER NON-PAYROLL DEDUCTIONS	204,089.
NETWORK CHARGES	90,339.
ALLOCATED REGIONAL ADMIN EXPENSE	511,118.
OTHER COSTS	162,531.

PART II - LINE 28 - OTHER DEDUCTIONS	968,077.
	=====

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

=====

REVENUE IS FROM SALES OF PHARMACY AND OPTICAL PRODUCTS AND SERVICES TO INDIVIDUALS WHO ARE NOT MEMBERS OF PLANS AFFILIATED WITH OUR HEALTH CARE PROGRAMS. REVENUE IS ALSO FROM LABORATORY SERVICES AND TESTING PROVIDED FOR THOSE OUTSIDE OF THE HEALTH CARE PROGRAM.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
 (see instructions on page 19)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).

Totals ▶

Total dividends-received deductions included in column 8 ▶

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) <u>50,000.</u> (2) <u>25,000.</u> (3) <u>5,190,204.</u>	
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750).	<u>11,750.</u>	
(2) Additional 3% tax (not more than \$100,000)		
c Income tax on the amount on line 34	<u>STMT 3</u>	35c <u>1,790,169.</u>
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See page 16 of the instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 <u>1,790,169.</u>

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a		
b Other credits (see page 17 of the instructions)	40b		
c General business credit. Attached Form 3800	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d	40e		
41 Subtract line 40e from line 39	41	<u>1,790,169.</u>	
42 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax. Add lines 41 and 42	43	<u>1,790,169.</u>	
44a Payments: A 2007 overpayment credited to 2008	44a	<u>1,282,318.</u>	
b 2008 estimated tax payments	44b	<u>900,000.</u>	
c Tax deposited with Form 8868	44c	<u>1,320,000.</u>	
d Foreign organizations Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	44f		
45 Total payments. Add lines 44a through 44f	45	<u>3,502,318.</u>	
46 Estimated tax penalty (see page 4 of the instructions) Check if Form 2220 is attached <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	<u>NONE</u>	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	<u>1,712,149.</u>	
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax <u>1,712,149.</u> Refunded	49		

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <u>BERMUDA</u>	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		<u>X</u>
3 Enter the amount of tax-exempt interest received or accrued during the tax year <u>\$ NONE</u>		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation FIFO

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2	<u>1,774,817.</u>	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	<u>1,774,817.</u>
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				<u>X</u>
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	<u>1,774,817.</u>			

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	DEBORAH STOKES	10-16-2009	VP, CONTROLLER & CAO	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Signature of officer	Date	Title	
Paid Preparer's Use Only	Preparer's signature	Regina L. Prince CPA	Date	8-19-09
	Firm's name (or yours if self-employed), address, and ZIP code	KPMG LLP	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
		55 SECOND STREET	EIN	13-5565207
		SAN FRANCISCO, CA 94105	Phone no.	415.963.5100

SAN FRANCISCO, CA 94105

Form 990-T (2008)