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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))

OMB No. 1545-0087

2011Open to Public Inspection for
501(c)(3) Organizations OnlyFor calendar year 2011 or other tax year beginning _____, 2011, and
ending _____, 20____. **See separate instructions****A** ☐ Check box if
address changed**B Exempt under section**

<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 220(e)
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)
<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)

C Book value of all assets
at end of year

15335859355.

**Print
or
Type**Name 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 instructions

ONE KAISER PLAZA, SUITE 15L

City or town, state, and ZIP code

OAKLAND, CA 94612

D Employer identification number
(Employees' trust see instructions)

94-1340523

E Unrelated business activity codes
(See instructions)

446110 561000

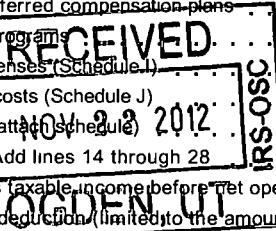
F Group exemption number (See instructions) **▶****G** Check organization type **▶** ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity **▶** **ATTACHMENT 1****I** During the tax year, was the corporation a subsidiary 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 **▶** VP - NATIONAL TAX COMPLIANCE Telephone number **▶** 510.271.6385**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 9,306,720.			
b Less returns and allowances c Balance ▶			
1c 9,306,720.			
2 Cost of goods sold (Schedule A, line 7)	2 1,692,957.		
3 Gross profit Subtract line 2 from line 1c	3 7,613,763.		7,613,763.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach schedule)	12		
13 Total. Combine lines 3 through 12	13 7,613,763.		7,613,763.

Part II Deductions Not Taken Elsewhere (See 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	1,112,840.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	466,601.
20 Charitable contributions (See instructions for limitation rules)	20	471,801.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	567,633.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	748,682.
29 Total deductions. Add lines 14 through 28	29	3,367,557.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	4,246,206.
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	4,246,206.
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	4,245,206.

SCANNED NOV 27 2012



ATTACHMENT 2

95 46

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ☒ **See instructions and**

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
(1) \$ **(2)** \$ **(3)** \$ 4,245,206.

b Enter organization's share of **(1)** Additional 5% tax (not more than \$11,750) \$ 2,341.
(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 ATCH 3 **35c** 1,445,711.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36**

37 Proxy tax See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. **39** 1,445,711.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 (see instructions) **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** 1,445,711.

42 Other taxes. Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule). **42**

43 Total tax. Add lines 41 and 42. **43** 1,445,711.

44a Payments. A 2010 overpayment credited to 2011 **44a** 444,527.

b 2011 estimated tax payments **44b** 1,800,000.

c Tax deposited with Form 8868 **44c** 100,000.

d Foreign organizations. Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments ☐ Form 2439 ☐ Form 4136 ☐ Other **Total** **44g**

45 Total payments. Add lines 44a through 44g. **45** 2,344,527.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. ☐ **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 898,816.

49 Enter the amount of line 48 you want **Credited to 2012 estimated tax** 898,816. **Refunded** **49**

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

1 At any time during the 2011 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 BERMUDA, IRELAND **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 instructions for other forms the organization may have to file **Yes** ☐ **No** ☒

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

1 Inventory at beginning of year **1**

2 Purchases **2** 1,692,957.

3 Cost of labor **3**

4a Additional section 263A costs (attach schedule) **4a**

b Other costs (attach schedule) **4b**

5 Total. Add lines 1 through 4b **5** 1,692,957.

6 Inventory at end of year **6**

7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. **7** 1,692,957.

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** ☐ **No** ☒

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 **11-2-12** **SVP, CC & CAO**

Signature of officer Date Title

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

Print/Type preparer's name **Preparer's signature** **Date** **Check ☐ if self-employed** **PTIN**

ROBERT W. FRIZ 11/7/12 ☐ **P00438748**

Firm's name **Firm's EIN** **13-4008324**

Firm's address **2001 MARKET ST, SUITE 1700** **Phone no** **267.330.3000**

PHILADELPHIA, PA 19103

Form 990-T (2011)

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

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)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8 ▶**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

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 ▶

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

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)

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)**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)

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

Form

4626**Alternative Minimum Tax - Corporations**

OMB No 1545-0175

Department of the Treasury
Internal Revenue Service▶ See separate instructions.
▶ Attach to the corporation's tax return.**2011**

Name

Employer identification number

KAISER FOUNDATION HEALTH PLAN, INC.

94-1340523

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	4,246,206
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	4,246,206
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	4,246,206
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	
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 must 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	
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT	5	4,246,206
6	Alternative tax net operating loss deduction (see instructions)	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	4,246,206
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	
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	4,246,206
10	Multiply line 9 by 20% (.20)	10	849,241
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	849,241
13	Regular tax liability before applying all credits except the foreign tax credit	13	1,445,711
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	NONE

For Paperwork Reduction Act Notice, see the instructions.

Form **4626** (2011)

ATTACHMENT 1

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 PARKING, LABORATORY SERVICES AND TESTING PROVIDED FOR THOSE OUTSIDE OF THE HEALTH CARE PROGRAM.

ATTACHMENT 2FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

OTHER NON-PAYROLL DEDUCTIONS	141,052.
NETWORK CHARGES	124,096.
ALLOCATED REGIONAL ADMIN EXPENSE	280,060.
OTHER COSTS	203,474.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>748,682.</u>
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FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T	4,245,206.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	
3	SUBTRACT LINE 2 FROM LINE 1	4,245,206.
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	
5	SUBTRACT LINE 4 FROM LINE 3	4,245,206.
6	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	4,245,206.
7	SUBTRACT LINE 6 FROM LINE 5	
8	ENTER 15% OF LINE 2	
9	ENTER 25% OF LINE 4	
10	ENTER 34% OF LINE 6	1,443,370.
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	2,341.
13	MEMBER'S SHARE OF ADDITONAL 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	1,445,711.

KAISER FOUNDATION HEALTH PLAN, Inc
TIN: 94-1340523
DECEMBER 31, 2011


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, 2011.

EMPLOYER TAX ID #	NAME AND ADDRESS	TAX FORM	Tax Bracket Allocations				
			First	Next	Next	Next	Next
			\$50,000	\$25,000	\$25,000	\$235,000	\$9,665,000
TAX BRACKET RATE			15%	25%	34%	39%	34%
KAISER FOUNDATION HEALTH PLAN GROUP							
94-1340523	KAISER FOUNDATION HEALTH PLAN, INC.	990-T	NONE	NONE	NONE	\$46,822	\$4,198,384
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	\$9,372	NONE	NONE	NONE	
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	
94-3259432	KAISER PROPERTIES SERVICES, INC	1120	NONE	NONE	NONE	NONE	
KAISER FOUNDATION HOSPITALS GROUP							
94-1105628	KAISER FOUNDATION HOSPITALS	990-T	NONE	NONE	NONE	NONE	
94-3299125	KAISER HOSPITAL ASSET MANAGEMENT, INC	990-T	\$40,628	\$25,000	\$25,000	\$188,178	
31-1779500	KAISER HOSPITAL ASSISTANCE CORPORATION	990-T	NONE	NONE	NONE	NONE	
94-3245176	KAISER PERMANENTE INTERNATIONAL	1120	NONE	NONE	NONE	NONE	
20-3774729	ARCHIMEDES, INC	1120	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.
CORPORATE CONTROLLER'S DEPARTMENT - TAX
ONE KAISER PLAZA, 15L
OAKLAND, CA 94612



DEBORAH STOKES, SENIOR VICE PRESIDENT, CORPORATE 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, 2011

**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, 2011

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	15,055
84-0591617	KAISER FOUNDATION HEALTH PLAN OF COLORADO	990-T	2,822
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	994
34-0922268	KAISER FOUNDATION HEALTH PLAN OF OHIO	990-T	10,372
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	NONE
KAISER FOUNDATION HOSPITALS GROUP:			
94-1105628	KAISER FOUNDATION HOSPITALS	990-T	NONE
94-3299125	KAISER HOSPITAL ASSET MANAGEMENT, INC	990-T	NONE
31-1779500	KAISER HOSPITAL ASSISTANCE CORPORATION	990-T	NONE
94-3245176	KAISER PERMANENTE INTERNATIONAL	1120	2,771
20-3774729	ARCHIMEDES, INC	1120	NONE
TOTAL ALTERNATIVE MINIMUM TAX EXEMPTION			\$32,014

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

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



DEBORAH STOKES, SENIOR VICE PRESIDENT, CORPORATE 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

KFHP Inc
2011 Charitable Contribution Carryforward

<u>TAX YEAR ENDING</u>	<u>ORIGINAL CONTRIBUTIONS</u>	<u>CONTRIBUTIONS CARRYFORWARD</u>	<u>YEAR CONTRIBUTIONS UTILIZED</u>	<u>CONTRIBUTIONS USED</u>	<u>CONTRIBUTIONS CARRY FORWARD</u>
12/31/2009	39,434,008	-	2009	386,980	39,047,028
12/31/2010	1,118,726	39,047,028	2010	552,924	39,612,830
12/31/2011	6,537,029	39,612,830	2011	471,801	45,678,058
 TOTAL	 <u>47,089,763</u>			 <u>1,411,705</u>	

FEDERAL FOOTNOTES

FORM 990-T, PART V, LINE 1

KAISER FOUNDATION HEALTH PLAN, INC'S (KFHP INC) FOREIGN INVESTMENTS
ARE HELD IN A US THIRD PARTY CUSTODIAN BANK. KFHP INC PERSONNEL CAN
NOT DIRECTLY ACCESS THE FOREIGN INVESTMENTS.

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

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐ ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☒ X

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of exempt organization or other filer, see instructions

KAISER FOUNDATION HEALTH PLAN, INC.

☒ X 94-1340523

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

ONE KAISER PLAZA, SUITE 15L

☐ Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions

OAKLAND, CA 94612

Enter the Return code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► VP - NATIONAL TAX COMPLIANCE

Telephone No. ► 510-271-6385

FAX No ► 510-271-2611

- If the organization does not have an office or place of business in the United States, check this box ☐ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ X calendar year 20 11 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	2,344,527
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	2,244,527
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	100,000

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2012)