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**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No 1545-0687

2013

For calendar year 2013 or other tax year beginning _____, 2013, and ending _____, 20

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) C Book value of all assets at end of year 1333718570.	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST Number, street, and room or suite no. If a P O box, see instructions ONE KAISER PLAZA, 15L City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612	D Employer identification number (Employees' trust, see instructions) 93-0798039
		E Unrelated business activity codes (See instructions) 621400
F Group exemption number (See instructions) ▶		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

H Describe the organization's primary unrelated business activity ▶ **ATTACHMENT 1**

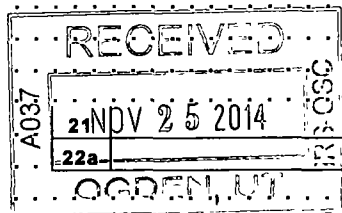
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation ▶ **ATTACHMENT 2**

J The books are in care of ▶ **VP - TAX SERVICES** Telephone number ▶ **510.271.6385**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	6,496,000.			
b Less returns and allowances				
c Balance ▶		1c 6,496,000.		
2 Cost of goods sold (Schedule A, line 7)		2 2,382,035.		
3 Gross profit Subtract line 2 from line 1c		3 4,113,965.		3 4,113,965.
4a Capital gain net income (attach Form 8949 and 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 4,113,965.		13 4,113,965.

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	1,414,730.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22b	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	856,111.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) ATTACHMENT 3	28	1,453,197.
29 Total deductions. Add lines 14 through 28	29	3,724,038.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	389,927.
31 Net operating loss deduction (limited to the amount on line 30)	31	389,927.
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	
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	0



SCANNED NOV 28 2014

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. 37 Proxy tax. 38 Alternative minimum tax. 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 40 b Other credits (see instructions). 40 c General business credit. 40 d Credit for prior year minimum tax. 40 e Total credits. 41 Subtract line 40e from line 39. 42 Other taxes. 43 Total tax. 44 a Payments. 44 b 2013 estimated tax payments. 44 c Tax deposited with Form 8868. 44 d Foreign organizations. 44 e Backup withholding. 44 f Credit for small employer health insurance premiums. 44 g Other credits and payments. 45 Total payments. 46 Estimated tax penalty. 47 Tax due. 48 Overpayment. 49 Enter the amount of line 48 you want credited to 2014 estimated tax.

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

1 At any time during the 2013 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? 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 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. 2 Purchases. 3 Cost of labor. 4 a Additional section 263A costs (attach schedule). 4 b Other costs (attach schedule). 5 Total. 6 Inventory at end of year. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 10-13-14 SVP, CC AND CAO May the IRS discuss this return with the preparer shown below (see instructions)? Yes X No

Paid Preparer Use Only Print/Type preparer's name ROBERT W FRIZ Preparer's signature Date 9/4/14 Check if self-employed PTIN P00438748 Firm's name PRICEWATERHOUSECOOPERS LLP Firm's EIN 13-4008324 Firm's address 2001 MARKET ST., SUITE 1700 PHILADELPHIA, PA 19103 Phone no 267-330-3000

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)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

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)						
Totals ▶		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

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 I, 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)						
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. ▶			

Alternative Minimum Tax - Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

2013

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

Name KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	Employer identification number 93-0798039
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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	389,927
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	389,927
4 Adjusted current earnings (ACE) adjustment:		
a ACE from line 10 of the ACE worksheet in the instructions	4a	
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	389,927
6 Alternative tax net operating loss deduction (see instructions)	6	350,934
7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	38,993
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	16,995
9 Subtract line 8c from line 7. If zero or less, enter -0-	9	21,998
10 Multiply line 9 by 20% (20)	10	4,400
11 Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12 Tentative minimum tax Subtract line 11 from line 10	12	4,400
13 Regular tax liability before applying all credits except the foreign tax credit	13	
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	4,400

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

OPTICAL, MEDICAL LABS, PARKING, NON-MBR FOOTCARE, HEARING, DENTAL,
AND COSMETIC SURGERY

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

KAI SER FOUNDATION HEALTH PLAN, INC
94-1340523

ATTACHMENT 3

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

OPERATING EXPENSES	1,281,235.
MISCELLANEOUS EXPENSES	171,962.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>1,453,197.</u>

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST
93-0798039
12/31/2013
ATTACHMENT TO FORM 990-T

NET OPERATING LOSS DEDUCTION

<u>LOSS YEAR ENDING</u>	<u>ORIGINAL LOSS</u>	<u>LOSS AVAILABLE</u>	<u>YEAR NOL UTILIZED</u>	<u>NOL PREVIOUSLY USED</u>	<u>NOL USED IN CURRENT YEAR</u>	<u>NOL CARRY FORWARD</u>
12/31/1996	1,354,894	-	2000	477,461		877,433
		877,433	2002	278,038		599,395
		599,395	2003	231,639		367,756
		367,756	2007	95,511		272,245
		272,245	2008	16,634		255,611
		255,611	2009	130,160		125,451
		125,451	2010	122,127		3,324
		3,324	2011	3,324		-
12/31/1997	1,097,518	-	2011	147,227		950,291
		950,291	2012	453,951		-
12/31/1998	387,806	-				387,806
12/31/1999	375,334	387,806	2013		389,927	373,213
12/31/2000	-	373,213				373,213
12/31/2001	307,245	373,213				680,458
12/31/2002	-	680,458				680,458
12/31/2003	-	680,458				680,458
12/31/2004	21,545	680,458				702,003
12/31/2005	186,183	702,003				888,186
12/31/2006	180,343	888,186				1,068,529
12/31/2007	-	1,068,529				1,068,529
12/31/2008	-	1,068,529				1,068,529
12/31/2009	-	1,068,529				1,068,529
12/31/2010	-	1,068,529				1,068,529
12/31/2011	-	1,068,529				1,068,529
12/31/2012	-	1,068,529				1,068,529
12/31/2013	-	1,068,529				1,068,529
TOTAL	<u>3,910,868</u>			<u>1,956,072</u>	<u>389,927</u>	

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST
93-0798039
12/31/2013
ATTACHMENT TO FORM 990-T

NET OPERATING LOSS DEDUCTION - AMT

<u>LOSS YEAR ENDING</u>	<u>ORIGINAL LOSS</u>	<u>LOSS AVAILABLE</u>	<u>YEAR NOL UTILIZED</u>	<u>NOL PREVIOUSLY USED</u>	<u>NOL USED IN CURRENT YEAR</u>	<u>NOL CARRY FORWARD</u>
12/31/1996	1,354,894	-	2000	429,715		925,179
		925,179	2002	250,234		674,945
		674,945	2003	208,475		466,470
		466,470	2007	85,960		380,510
		380,510	2008	14,971		365,539
		365,539	2009	117,144		248,395
		248,395	2010	109,914		138,481
		138,481	2011	135,496		-
12/31/1997	1,097,518	-	2012	408,556		-
12/31/1998	387,806	-				387,806
12/31/1999	375,334	387,806	2013		350,934	412,206
12/31/2000	-	412,206				412,206
12/31/2001	307,245	412,206				719,451
12/31/2002	-	719,451				719,451
12/31/2003	-	719,451				719,451
12/31/2004	21,545	719,451				740,996
12/31/2005	186,183	740,996				927,179
12/31/2006	180,343	927,179				1,107,522
12/31/2007	-	1,107,522				1,107,522
12/31/2008	-	1,107,522				1,107,522
12/31/2009	-	1,107,522				1,107,522
12/31/2010	-	1,107,522				1,107,522
12/31/2011	-	1,107,522				1,107,522
12/31/2012	-	1,107,522				1,107,522
12/31/2013	-	1,107,522				1,107,522
TOTAL	<u>3,910,868</u>			<u>1,760,465</u>	<u>350,934</u>	

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST
TIN: 93-0798039
DECEMBER 31, 2013

**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, 2013

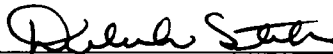
EMPLOYER TAX ID #	NAME AND ADDRESS	TAX FORM	ALLOCATION OF \$40,000 EXEMPTION
<u>KAISER FOUNDATION HEALTH PLAN GROUP</u>			
94-1340523	KAISER FOUNDATION HEALTH PLAN, INC	990-T	NONE
93-0798039	KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	990-T	16,995
84-0591617	KAISER FOUNDATION HEALTH PLAN OF COLORADO	990-T	15,000
58-1592076	KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC	990-T	3,287
52-0954463	KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES INC	990-T	1,384
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
<u>KAISER FOUNDATION HOSPITALS GROUP</u>			
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	3,334

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.
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 OF THE NORTHWEST
TIN: 93-0798039
DECEMBER 31, 2013

**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, 2013.

EMPLOYER TAX ID #	NAME AND ADDRESS	TAX FORM	Tax Bracket Allocations				
			First \$50,000 15%	Next \$25,000 25%	Next \$25,000 34%	Next \$235,000 39%	Next \$9,665,000 34%
KAISER FOUNDATION HEALTH PLAN GROUP							
94-1340523	KAISER FOUNDATION HEALTH PLAN, INC	990-T	\$40,858	\$6,503	\$25,000	NONE	\$4,034,490
93-0798039	KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	990-T	NONE	NONE	NONE	NONE	NONE
84-0591617	KAISER FOUNDATION HEALTH PLAN OF COLORADO	990-T	NONE	NONE	NONE	NONE	NONE
58-1592076	KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC	990-T	\$9,142	NONE	NONE	NONE	NONE
52-0954463	KAISER FOUNDATION HP OF THE MID-ATLANTIC STATES, INC	990-T	NONE	NONE	NONE	NONE	NONE
94-3299124	KAISER HEALTH PLAN ASSET MANAGEMENT, INC	990-T	NONE	NONE	NONE	NONE	NONE
93-0954562	KAISER HEALTH ALTERNATIVES	990-T	NONE	NONE	NONE	NONE	NONE
94-3299123	CAMP BOWIE SERVICE CENTER	990-T	NONE	NONE	NONE	NONE	NONE
93-0480268	OHP	990-T	NONE	NONE	NONE	NONE	NONE
91-2171891	LOKAHI ASSURANCE, LTD	990-T	NONE	NONE	NONE	NONE	NONE
94-3317484	1800 HARRISON FOUNDATION	990-T	NONE	NONE	NONE	NONE	NONE
03-0329760	OAK TREE ASSURANCE, LTD	1120-PC	NONE	NONE	NONE	\$235,000	\$1,870,764
94-3259432	KAISER PROPERTIES SERVICES, INC	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	\$18,497	NONE	NONE	NONE
31-1779500	KAISER HOSPITAL ASSISTANCE CORPORATION	990-T	NONE	NONE	NONE	NONE	NONE
94-3245176	KAISER PERMANENTE INTERNATIONAL	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.
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

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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

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 OF THE NORTHWEST	Employer identification number (EIN) or 93-0798039
	Number, street, and room or suite no. If a P O box, see instructions ONE KAISER PLAZA, 15L City, town or post office, state, and ZIP code. For a foreign address, see instructions OAKLAND, CA 94612	Social security number (SSN)

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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 - FINANCE COMPLIANCE

Telephone No ▶ 510 271.6649 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 11/17, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 2013 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 \$	0
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 \$	10,000.
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 \$	0

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