Form **990**

Treasury

Service

Department of the

Internal Revenue

DLN: 93490319017316

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)

OMB No 1545-0047 Open to Public

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A F	or the	2005 ca	lendar yea	r, or tax year beginning	01-01-2005	and ending	12-31-2	2005				
В	heck if a	pplicable	Please	C Name of organization KAISER FOUNDATION HEA	LTH PLAN OF GE	ORGIA INC					oloyeri 1592	identification number 076
ГА	ddress ch	nange	use IRS label or									
Γ N	lame cha	nge	print or	Number and street (or P C ONE KAISER PLAZA SUITE		ot delivered to	street ad	ldress) Ro	om/suite			
Г	nıtıal retu	rn	type. See Specific							E Tele	phone	number
F	ınal retur	n	Instruc- tions.	City or town, state or coul OAKLAND, CA 94612	ntry, and ZIP + 4	1				(51	0)27:	1-6611
┌ A	mended	return		,						E A 222	untina n	nethod Cash Accrual
_	pplication									_	_	pecify) ►
, ,	ррпсасіот	Pending						. Ты	and Tare i			section 527 organizations
				501(c)(3) organizations a nust attach a completed S				ie				for affiliates? Yes V No
٠,	Alabait	NI / A						н(b) If "Yes	s" enter i	number	of affiliates 🕨
	web sit	e: ► N/A	\					н(c) Are all	affiliates	sinclude	ed?
J (Organiza	ation type	check only	one) 🕨 🔽 🕏 501(c) (3)	◀ (insert no)	ー 4947(a)(1)	or ┌ 5	27	(If "No	o," attacl	n a list	See instructions)
<u>к</u>	Check hei	re ▶ □ ıf	the organizat	tion's gross receipts are norm	ally not more tha	an \$25.000 Th	e	н(rn filed by an organization
C	organizati	on need n	ot file á returi	n with the IRS, but if the organithout financial data Somes	anization receive	d a Form 990 l	Package II			ed by a g		
	ile IIIali,	it should h	ile a return wi	ithout financial data. Some s	tates require a	complete ret	uiii.	_ I			•	Number 🕨
L	Gross re	eceipts	Add lines 6	5b, 8b, 9b, and 10b to li	ne 12 🕨 895	5,101,323		М	Check attach	Sch B (the or Form 99	ganization is not required to 90, 990-EZ, or 990-PF)
Р	art I	Reve	nue, Exp	enses, and Chang	es in Net A	ssets or	Fund E	Balanc	es (See	the ir	ıstruc	tions.)
	1	Contrib	utıons, gıft	s, grants, and sımılar an	nounts receiv	e d						
	а	Directi	oublic supp	ort			1a		83	3,506		
	ь	Indirec	t public sup	pport			1b		76	5,982		
	С	Govern	ment contr	ibutions (grants)			1c					
	d	Total (a	idd lines 1a	a through 1c) (cash \$ $\frac{1}{2}$,	599,488	nonc	ash\$_)	1d	1,599,488
	2	Progran	n service r	evenue including govern	ment fees and	d contracts	(from Pa	art VII, I	ıne 93)		2	887,772,032
	3	Membe	rship dues	and assessments .							3	
	4	Interes	t on saving	ıs and temporary cash ır	nvestments						4	2,574
	5	Divider	ids and inte	erest from securities .							5	
	6a	Gross	ents				6a					
	b	Less r	ental exper	nses			6b					
	С	Net ren	tal ıncome	or (loss) (subtract line	6b from line 6	a)					6с	
ıb	7	Otherı	nvestment	ıncome (describe 🕨)							7	
Revenue	8a	Gross	mount fron	n sales of assets	(A) Sec	urities		(1	3) O ther			
Ω Ω		other th	nan invento	ry			8a			10,350		
	b	Less cos	t or other bas	sis and sales expenses			8b			363,142		
	С	Gain or	(loss) (att	ach schedule)			8c		-	352,792		
	d			(combine line 8c, colum							8d	-352,792
	9	Special	events and	d activities (attach sche	edule) Ifany a	amount is fro	om gami	i ng , ched	k here 🕨	· [
	а	Gross	evenue (no	ot including \$		_of						
				rted on line 1a)			9a					
	b		•	nses other than fundrais	• .		9b					
	C			ss) from special events (• •	• •	9с	
	10a			entory, less returns and			10a					
	b		-	Is sold			10b	102)			10-	
	11		, ,	rom sales of inventory (attacl om Part VII, line 103)				•		•	10c 11	5,716,879
	12			d lines 1d, 2, 3, 4, 5, 6c							12	894,738,181
_	13			(from line 44, column (E							13	837,828,842
99	14			general (from line 44, co							14	60,582,000
3X	15	_	•	line 44, column (D))							15	00,302,000
Expenses	16			ates (attach schedule)							16	
	17			dd lines 16 and 44, colu							17	898,410,842
	18) for the year (subtract l							18	-3,672,661
Assets	19		` '	l balances at beginning		•					19	95,293,787
ج ار ا	20			net assets or fund balan							20	1 1 , 2 2 2 , 1 0 1
Ī	21		-	I balances at end of year	•					.	21	91,621,126
				k Reduction Act Notice	·	<u> </u>						Form 990 (2005)

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 1,105,366 noncash \$ 0) If this amount includes foreign grants, check here	22	1,105,366	1,105,366		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	0			
26	Other salaries and wages	26	83,983,201	83,983,201		
27	Pension plan contributions	27	0			
28	Other employee benefits	28	28,548,674	28,548,674		
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	602,000	602,000		
32	Legal fees	32	1,075	1,075		
33	Supplies	33	20,490,448	20,490,448		
34	Telephone	34	218,983	218,983		
35	Postage and shipping	35	1,578,249	1,578,249		
36	Occupancy	36	8,699,307	8,699,307		
37	Equipment rental and maintenance	37	4,660,125	4,660,125		
38	Printing and publications	38	2,055,312	2,055,312		
39	Travel	39	1,063,152	1,063,152		
40	Conferences, conventions, and meetings	40	553,763	553,763		
41	Interest	41	10,298,131	10,298,131		
42	Depreciation, depletion, etc (attach schedule)	42	6,580,765	6,580,765		
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	898,410,842	837,828,842	60,582,000	0

Part III	Statement of Program Service Accomplishments	(See the instructions.)	٦
		(Occ are mod accomon	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

CORPORATION ORGANIZED FOR THE PUBLIC UNDER INTERNAL REVENUE CODE SECTION PROVIDE A PROGRAM OF HEALTHCARE AND PRACTICE HEALTH MAINTENANCE ORGANIZ FOUNDATION HEALTH PLAN, INC AN ORGAN REVENUE CODE SECTION 501(C)(3) HEALTH (HOSPITALS) AND SOUTHEAST PERMANENTE ARRANGE FOR HOSPITAL AND MEDICAL SERVITH COMMUNITY HOSPITALS TO PROVIDE NOT OWN OR OPERATE FACILITIES CONTRAGROUP REPRESENT A SUBSTANTIAL PORTIO	C ("HC BENE 501(C MEDIC ATION IZATI PLAN E MEDI VICES SUCH CT PA N OF T	EALTH PLAN"), A GEORGIA NOT-FOR-PROFIT FIT AND GENERALLY EXEMPT FROM INCOME TAX)(3), AND COMPARABLE STATE STATUTE, IS TO CAL SERVICES AS A PREPAID DIRECT CARE GROUP N HEALTH PLAN IS A SUBSIDIARY OF KAISER ON ALSO EXEMPT FROM TAX UNDER INTERNAL CONTRACTED WITH KAISER FOUNDATION HOSPITALS ICAL GROUP, INC (MEDICAL GROUP) TO PROVIDE OR FOR ITS MEMBERS HOSPITAL IN TURN CONTRACTS HOSPITAL MEDICAL CARE WHERE HOSPITALS DOES INMENTS TO COMMUNITY HOSPITALS AND MEDICAL In a clear and concise manner State the number of clients served, ble (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(c)(3) ar (4) orgs , and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 2	llocation	is to others)	
(Grants and allocations \$ 1,105,366)		If this amount includes foreign grants, check here 🕨 🦵	837,828,84
b			
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
с			
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
d			
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
• Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here	
		e 44, column (B), Program services)	837,828,84

Milener required, attached schedules and amounts within the description Segmining System End of year amounts on the form of many part of the segmining System	Pa	rt IV	Balance Sheets (See the instruction	ons.)				
46 Savings and temporary cash investments	Not	e:			thin the description			1
47a 24.103.285 13.971.153 47c 19.556.938 19.571.153		45	Cash—non-interest-bearing			32,044	45	32,761
B Less allowance for doubtful accounts		46	Savings and temporary cash investments			105,000	46	105,000
48a Pledges receivable		47a	Accounts receivable	47a	24,108,293			
See Less allowance for doubtful accounts 48b 48c 49c		ь	Less allowance for doubtful accounts	47b	4,551,355	13,971,153	47c	19,556,938
See Less allowance for doubtful accounts 48b 48c 49c		195	Pladges receivable	185				
49 Grants raceivable 49							180	
So Receivables from officers, directors, trustees, and key employees (attach schedule) So So		_		460				_
Size State Schedule Size State St				· · bre and	key employees		43	_
Schedule Sib		30		es, anu • •	· · · · ·		50	
b Less allowance for doubtful accounts S1b S1c		51a	•		1			
53 Prepaid expenses and deferred charges	క్ష						E1.	
53 Prepaid expenses and deferred charges	Š.	_		310		6 <i>4</i> 59 1 <i>4</i> 5		6.019.929
S4 Investments—securities (attach schedule)	∢							
558 Investments—land, buildings, and equipment basis 558 556 56			· · · ·		E Cost E EMV	700,100		004,231
b Less accumulated depreciation (attach schedule) 56 Investments—other (attach schedule) 57a Land, buildings, and equipment basis b Less accumulated depreciation (attach schedule) 57b 192,717,933 b Less accumulated depreciation (attach schedule) 57b 97,880,177 58 Other assets (describe ►			·	•	F COST FMV		54	
Schedule		55a	,	55a				
57a Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) S7b 94,737,756 96,950,271 57c 97,980,177 58 S75 S75 94,737,756 96,950,271 57c 97,980,177 58 S75 S75,012,134 59 Total assets (describe ►		ь	·	55b			55c	
b Less accumulated depreciation (attach schedule)		56	Investments—other (attach schedule) .	· · ·			56	
Schedule		57a	Land, buildings, and equipment basis	57a	192,717,933			
58 Other assets (describe		ь		57b	94,737,756	96,950,271	57c	97,980,177
59 Total assets (must equal line 74) Add lines 45 through 58		58)	69,068,774	58	53,012,134
60 Accounts payable and accrued expenses					,			
61 Grants payable		59	Total assets (must equal line 74) Add lines	s 45 th	rough 58	187,319,582	59	177,571,190
62 Deferred revenue		60	Accounts payable and accrued expenses			60,133,543	60	59,193,601
Solution of the second of the		61	Grants payable				61	
Schedule		62	Deferred revenue		[0	62	960,876
Schedule	ç)	63	Loans from officers, directors, trustees, and	d key e	mployees (attach			
b Mortgages and other notes payable (attach schedule)	•		schedule)				63	
65 Other liabilities (describe ▶	! ;	64a	Tax-exempt bond liabilities (attach schedu	le) .			64a	
General liabilities Add lines 60 through 65		Ь	Mortgages and other notes payable (attach	sched	ule)		64b	
Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted		65	Other liablilities (describe ►)	31,892,252	65	25,795,587
Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted		66	Total liabilities Add lines 60 through 65 .			92,025,795	66	85,950,064
67 Unrestricted		Orga		▶	nd complete lines			
68 Temporarily restricted 68	vn.	67					67	
Organizations that do not follow SFAS 117, check here F and complete lines 70 through 74 70 Capital stock, trust principal, or current funds	5							
Organizations that do not follow SFAS 117, check here F and complete lines 70 through 74 70 Capital stock, trust principal, or current funds	層		·		-			
70 Capital stock, trust principal, or current funds	<u>Б</u>				- F			
70 Capital stock, trust principal, or current funds	⋽	•••			- • 4114			
71 Paid-in or capital surplus, or land, building, and equipment fund		70	Capital stock, trust principal, or current fun	nds .		5,665,218	70	5,665,218
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 95,293,787 73 91,621,126		71	Paid-in or capital surplus, or land, building,	and eq	uipment fund		71	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 95,293,787 73 91,621,126	ي 2	72	Retained earnings, endowment, accumulate	d incor	ne, or other funds .	89,628,569	72	85,955,908
column (A) must equal line 19, column (B) must equal line 21) 95,293,787 73 91,621,126	ď	73		s 67 th	rough 69 or lines			
74 Total liabilities and net assets / fund balances Add lines 66 and 73	_			must e	qual line 21)	95,293,787	73	91,621,126
	_	74	Total liabilities and net assets / fund balances	Add line	es 66 and 73 • •	187,319,582	74	177,571,190

Part	IV-A	the instructions.)	enue per Audited Finai	ncial Sta	itements V	Vith Reven	ue per	Return (See
а	Total	revenue, gains, and other su	pport per audited financial sta	tements			а	893,901,859
b	A mou	ints included on line a but no	t on line 12					
1	Netu	nrealized gains on investmer	nts	b1				
2	Dona	ted services and use of facili	ties	b2				
3	Recov	veries of prior year grants .		b3			1	
4	Other	r (specify) 🏂					1	
				_ b4	-	1,189,114		
		· ·					ь	-1,189,114
c	Subtr	act line b from line a					С	895,090,973
d	A mou	ints included on line 12, but	not on line a					
1	Inves	tment expenses not included	donline 6b	d1				
2	Other	r (specify) 🏂						
				d2		-352,792		
							d	-1,189,114
e			c and d				e	894,738,181
	IV-B		enses per Audited Fina					
a			dited financial statements .			• •	a	897,574,520
b		ints included on line a but no		Í	ı			
1			ties	b1				
2			n line 20	b2				
3				Ь3				
4	Other	r (specify) 🧏						
				_ b4		352,792		
		-					Ь	352,792
С							C	897,221,728
d		ints included on line 17, but		Ĩ				
1			d on line 6b	d1				
2	Other	r (specify)		d2		1 100 114		
	V 44 I	unas d1 and d2				1,189,114	4	1,189,114
e			s c and d				e	898,410,842
	V-A		ctors, Trustees, and Ke					<u> </u>
		director, trustee, or key	employee at any time dur					
		instructions.)				(D) Contrib	utions to	1-1-1-
	(A)	Name and address	(B) Title and average hours		mpensation	employee ben	efıt plans &	(E) Expense account and other
	` ,		per week devoted to position	(It not ba	nid, enter -0)	deferred com plan	•	allowances
	STATEM		SEE STATEMENT					
		AZA SUITE 1550L A 94612	40		0		0	0
	EMENT							
		AZA SUITE 1550L	SEE STATEMENT 17A		0		0	0
OAKI	_AND,C	A 94612	1					
				<u> </u>				

Part V-A C	urrent Officers, Directors	s, Trustees, and Key	, Employees (conti	inued)		Yes	No
'5a Enter the	total number of officers, directors	s, and trustees permitted	to vote on organizatioi	n business at board			
meetings			<u>*</u> 8				
b Are any of	fficers, directors, trustees, or ke	y employees listed in For	m 990, Part V-A, or hig	ghest compensated			
employees	s listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	lependent			
contracto	rs listed in Schedule A , Part II-A	or II-B, related to each	other through family or	business			
relationsh	ips? If "Yes," attach a statement	t that identifies the indivi	duals and explains the	relationship(s) .	75b	Yes	
c Doany off	cers, directors, trustees, or key	employees listed in Forn	n 990, Part V - A , or hig	hest compensated			
employees	s listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	lependent			
contracto	rs listed in Schedule A , Part II-A	or II-B, receive comper	nsation from any other o	organizations, whether			
tax exemp	ot or taxable, that are related to t	this organization through	common supervision o	r common control?	75c	Yes	
Note. Rela	ated organizations include sectio	n 509(a)(3) supporting o	rganizations				
If "Yes," a	ttach a statement that identifies	the individuals, explains	the relationship betwe	en this			
organizati	on and the other organization(s),	and describes the compe	ensation arrangements	ı			
including a	amounts paid to each individual	by each related organizat	ion				
	organization have a written confl	· · ·			75d	Yes	
	ormer Officers, Director						
	Benefits (If any former office described below) during the						
	penefits in the appropriate co			amount of compens	ation	or our	- 1
	lame and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation		oense acc ner allowa	
STATEMENT 1	7 Δ			plans			
	ZA SUITE 1550L	0	0	0	ı		0
DAKLAND, CA	94612						
					ı		
					ı		
					ı		
					ı		
					ı		
					ı		
Part VI Ot	her Information (See the l	instructions.)				Yes	No
76 Did the orga	nızatıon engage ın any actıvıty not prev	ously reported to the IRS? If "	Yes," attach a detailed desc	nption of each activity	76		Νο
77 Were any	changes made in the organizing	or governing documents b	out not reported to the	IRS?	77	Yes	
If"Yes," a	attach a conformed copy of the c	hanges					
78a Did the orga	inization have unrelated business gross i	ıncome of \$1,000 or more durır	ng the year covered by this	return?	78a	Yes	
	nas it filed a tax return on Form 9				78b	Yes	
	liquidation, dissolution, termination, or	•			79		Νο
30a Is the organ	ızatıon related (other than by associatio	n with a statewide or nationwic	de organization) through cor	nmon membership,			
governing bo	odies, trustees, officers, etc , to any oth	er exempt or nonexempt orga	nızatıon?		80a	Yes	
b If "Yes," e	enter the name of the organizatio	n ► SEE STATEMENT					
•	-		ether it is 🔽 exempt 🕻	r C nonevernet			
	ct or indirect political expenditui		1 1	or I nonexempt 0			
	ct of munect political expenditui		10113 / 1 1 GIA	0	g ₁ h		N o

-			Tage 7
Par	t VI Other Information (continued)	Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	a	No
Ь	If "Yes," you may indicate the value of these items here Do not include this amount as revenue		
	ın Part I or as an expense ın Part II(See ınstructions ın Part III)...... 82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	a Yes	
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 831	b Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	a	No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	ь	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a	a	†
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	b	†
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year		
c	Dues assessments, and similar amounts from members 85c		
d	Section 162(e) lobbying and political expenditures 85d		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g	g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	h	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0		
b	Gross receipts, included on line 12, for public use of club facilities 86b 0		
37	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under		
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	ь	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		(
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed 🕨 GA		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b		1,709
91a	The books are in care of NATIONAL DIRECTOR OF TAX Telephone no (510) 271	-6385	
	ONE KAISER PLAZA Located at OAKLAND, CA ZIP +4 94612		
b	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)? 91	Yes	N o
	If "Yes," enter the name of the foreign country 🛌		†
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	с	No
	If "Yes," enter the name of the foreign country 🛌		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		► Γ
	and enter the amount of tax-exempt interest received or accrued during the tax year • 92		

Part VIII A	nalysis of Inco	me-Producing Activ	ities (See	the instructions	.)		
		otherwise indicated.		ed business income		ection 512, 513, or 514	(E)
			(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Progran	n service revenue						
a MEMBE	RS HLTH CARE						709,127,794
b SUPPLE	EMENTAL CHARG						51,682,959
c NON-P	LAN & INDUSTR		621400	56,110			1,383,025
d OTHER	PROGRAM SERV						8,174,144
е							
f Medicai	re/Medicaid paymer	nts					117,348,000
	id contracts from go						<u> </u>
_	rship dues and asse	_					
	on savings and temporar				14	2,574	
		n securities			1	,	
	tal income or (loss)				+ +		
	•	· · · · · ·			1		
					+		
	I income or (loss) from	· · · ·			+		
	nvestment income				10	252 702	
•	loss) from sales of asset	•			18	-352,792	
	, ,	pecial events					
	profit or (loss) from s	•			1		
103 Otherro	evenue a <u>INTIN</u>	C-AFFILIATE			14	5,716,879	
b							
с							
d		_					
е							
104 Subtota	ıl (add columns (B),	(D), and (E))		56,110		5,366,661	887,715,922
		s (B), (D), and (E))	<u> </u>	<u> </u>			893,138,693
		should equal the amount on					
	e organization's exe STATEMENT	mpt purposes (other than	by providin	g funds for such pu	rposes)		
Part IX I	Information Reg	garding Taxable Sub	sidiaries	and Disregard	led Entitie	s (See the instru	ctions.)
	(A) ress, and EIN of corporations, or disregarded entited	y ownership interest		(C) Nature of activities	:	(D) Total income	(E) End-of-year assets
			%				
			%				
			%				
Part X I	Information Red	garding Transfers A	ssociate	d with Personal	Benefit Co	ontracts (See th	e instructions.)
		-				· · · · · · · · · · · · · · · · · · ·	☐ Yes ☑ No
·		ear, receive any funds, directly o					
		the year, pay premiums, o			onal benefit co	ontract?	Yes No
		870 and Form 4720 (see 11					
		, I declare that I have examine ct, and complete Declaration of					
Please	ia belief, it is trae, corre-	sty and complete becardion of	r preparer (ou	ier than officery is base.	1		is any knowledge
Sign	Signature of officer				2006- Date	11-13	
Here	•						
- IN	Type or print name and						
<u> </u>	Type or print name and	- title					
	Preparer's		Da	nte	Check If	Preparer's SSN or P	TIN (See Gen Inst W)
Paid	signature				self- empolyed •	-	
Preparer's	· 				omponyed r		
Use	Firm's name (or yours if self-employed),						
Only	address, and ZIP + 4	KPMG LLP				EIN 🕨	
•						. —	
		55 SECOND STREET				Phone no	
		CAN EDANGISCO CA 0410E					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93490319017316

SCHEDULE A (Form 990 or 990EZ) 牣

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Supplementary Information—(See separate instructions.)

2005

OMB No 1545-0047

Name of the organization KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC **Employer identification number**

58-1592076

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions (e) Expense (a) Name and address of each employee (b) Title and average hours to employee benefit (c) Compensation account and other per week devoted to position plans & deferred paid more than \$50,000 allowances compensation SEE STATEMENT SEE STATEMENT 0 0 0 1 KAISER PLAZA SUITE 1550L 40 OAKLAND, CA 94612 Total number of other employees paid over 542 \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

Notic.)		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PIEDMONT HOSPITAL		
PO BOX 102526	MEDICAL SERVICES	47,865,485
ATLANTA,GA 303682526		
NORTHSIDE HOSPITAL		
PO BOX 101818	MEDICAL SERVICES	53,159,151
ATLANTA, GA 30392		
SOUTHEAST PERMANENTE MEDICAL GROUP		
3495 PIEDMONT RD	MEDICAL SERVICES	295,967,141
ATLANTA, GA 30305		
CHILDREN AT SCOTTISH RITE		
PO BOX 116101	MEDICAL SERVICES	15,767,850
ATLANTA, GA 30368		
BERGEN BRUNSWIG CORP		
1500 SOUTHPOINT DR S 100	MEDICAL SERVICES	39,654,406
FOREST PARK, GA 30298		
Total number of others receiving over \$50,000 for 378		
professional services		

Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individual or

firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor pair	ıd more than \$50,000	(b) Type of service	(c) Compensation
RAPP COLLINS			
11 MADISON AVE 12TH FLOOR NEW YORK, NY 30368		MARKETING	1,473,671
MOORE BUSINESS COMMUNICATIONS			
135 S LASALLE DEPT 4904 CHICAGO,IL 606744904		BUSINESS SERVICES	1,217,684
BEERS CONSTRUCTION COMPANY			
70 ELLIS ST NE ATLANTA, GA 30303		CONSTRUCTION	1,119,754
AVESISINC			
3724 N THIRD ST SUITE 300 PHOENIX,AZ 85012		ADMINISTRATION SVC	1,033,558
THE HOWARD LAW FIRM			
1479 BROCKETT RD STE 200 TUCKER, GA 30084		LEGAL SERVICES	933,053
Total number of other contractors receiving over \$50,000 for other services	267		

1	Statements About Activities (See page 2 or the instr	actions.)	Yes	
	During the year, has the organization attempted to influence national, s	tate, or local legislation, include any attempt		
	to influence public opinion on a legislative matter or referendum? If "Ye	s," enter the total expenses paid or incurred in		
	connection with the lobbying activities 📭 \$ 273,604 (Musi	equal amounts on line 38, Part VI-A, or line		
	ı of Part VI-B)		L Yes	
	Organizations that made an election under section 501(h) by filing Form	n 5768 must complete Part VI-A Other		
	organizations checking "Yes" must complete Part VI-B AND attach a s	tatement giving a detailed description of the		
	lobbying activities			
	During the year, has the organization, either directly or indirectly, enga	ged in any of the following acts with any		
	substantial contributors, trustees, directors, officers, creators, key em	ployees, or members of their families, or with		
	any taxable organization with which any such person is affiliated as an	officer, director, trustee, majority owner, or		
	principal beneficiary? (If the answer to any question is "Yes," attach a det	ailed statement explaining the transactions.) 📆 📗		
1	Sale, exchange, or leasing property?	2	a Yes	
)	Lending of money or other extension of credit?	2	b Yes	
:	Furnishing of goods, services, or facilities?	2	c Yes	
ı	Payment of compensation (or payment or reimbursement of expenses if	more than \$1,000)?	d Yes	
•	Transfer of any part of its income or assets?	2	e	N
1	Do you make grants for scholarships, fellowships, student loans, etc ?	(If "Yes," attach an explanation of how you		
	determine that recipients qualify to receive payments)	j 3	a	N
•	Do you have a section 403(b) annuity plan for your employees?	3	b Yes	
	During the year, did the organization receive a contribution of qualified	real property interest under section 170(h)?	с	N
	Did you maintain any separate account for participating donors where d	onors have the right to provide advice		
	on the use or distribution of funds?	4	a	ĺИ
	Do you provide credit counseling, debt management, credit repair, or de	ebt negotiation services?	b	N
Pa	organization is not a private foundation because it is (Please check only	ONE applicable box)		
Pa	<u> </u>	ONE applicable box)		
Pa	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches Se	ONE applicable box) ction 170(b)(1)(A)(i)		
°a	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches Se A school Section 170(b)(1)(A)(ii) (Also complete Part V)	ONE applicable box) ction 170(b)(1)(A)(i)		
•а	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches Se A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section	ONE applicable box) ction 170(b)(1)(A)(i) i 170(b)(1)(A)(iii) on 170(b)(1)(A)(v)	al's nam	e, cit
°a	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches Se A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section A Federal, state, or local government or governmental unit Section	ONE applicable box) ction 170(b)(1)(A)(i) i 170(b)(1)(A)(iii) on 170(b)(1)(A)(v)	al's nam	e, ci
°a	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches Se A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section A Federal, state, or local government or governmental unit Section A medical research organization operated in conjunction with a hospital service.	ONE applicable box) ction 170(b)(1)(A)(i) 170(b)(1)(A)(iii) on 170(b)(1)(A)(v) ospital Section 170(b)(1)(A)(iii) Enter the hospit	al's nam	e, ci
•а	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches Se A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section A Federal, state, or local government or governmental unit Section A medical research organization operated in conjunction with a head of the state and state	ONE applicable box) ction 170(b)(1)(A)(i) i 170(b)(1)(A)(iii) on 170(b)(1)(A)(v) ospital Section 170(b)(1)(A)(iii) Enter the hospit owned or operated by a governmental unit	al's nam	e, ci
0	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches. See A school Section 170(b)(1)(A)(ii) (Also complete Part V.) A hospital or a cooperative hospital service organization. Section A Federal, state, or local government or governmental unit. Section A medical research organization operated in conjunction with a homogeneous and state. An organization operated for the benefit of a college or university. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in	ONE applicable box) ction 170(b)(1)(A)(i) i 170(b)(1)(A)(iii) on 170(b)(1)(A)(v) ospital Section 170(b)(1)(A)(iii) Enter the hospit owned or operated by a governmental unit		e, ci
• • • • • • • • • • • • • • • • • • •	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches. See A school. Section 170(b)(1)(A)(ii). (Also complete Part V.). A hospital or a cooperative hospital service organization. Section. A Federal, state, or local government or governmental unit. Section. A medical research organization operated in conjunction with a homand state. An organization operated for the benefit of a college or university. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in An organization that normally receives a substantial part of its section. 170(b)(1)(A)(vi). (Also complete the Support Schedule in Section. 170(b)(1)(A)(vi).	ONE applicable box) ction 170(b)(1)(A)(ii) i 170(b)(1)(A)(iii) on 170(b)(1)(A)(v) ospital Section 170(b)(1)(A)(iii) Enter the hospit owned or operated by a governmental unit i Part IV-A) upport from a governmental unit or from the general i Part IV-A)		e, ci
0	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches. See A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section A Federal, state, or local government or governmental unit. Section A medical research organization operated in conjunction with a homand state. An organization operated for the benefit of a college or university. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in An organization that normally receives a substantial part of its support Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust.	ONE applicable box) ction 170(b)(1)(A)(ii) in 170(b)(1)(A)(iii) on 170(b)(1)(A)(v) ospital Section 170(b)(1)(A)(iii) Enter the hospit owned or operated by a governmental unit in Part IV-A) upport from a governmental unit or from the general in Part IV-A) Support Schedule in Part IV-A)	l public	
0	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches. See A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section A Federal, state, or local government or governmental unit. Section A medical research organization operated in conjunction with a homogeneous and state. An organization operated for the benefit of a college or university. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in An organization that normally receives a substantial part of its section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the An organization that normally receives. (1) more than 331/3% of	ONE applicable box) ction 170(b)(1)(A)(ii) in 170(b)(1)(A)(iii) on 170(b)(1)(A)(v) ospital Section 170(b)(1)(A)(iii) Enter the hospit owned or operated by a governmental unit in Part IV-A) upport from a governmental unit or from the general in Part IV-A) Support Schedule in Part IV-A) fits support from contributions, membership fees,	l public	:s
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0	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches. See A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section A Federal, state, or local government or governmental unit. Section A medical research organization operated in conjunction with a homand state. An organization operated for the benefit of a college or university. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in An organization that normally receives a substantial part of its support in Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the An organization that normally receives. (1) more than 331/3% or receipts from activities related to its charitable, etc., functions—its support from gross investment income and unrelated business.	ONE applicable box) ction 170(b)(1)(A)(ii) in 170(b)(1)(A)(iii) on 170(b)(1)(A)(v) ospital Section 170(b)(1)(A)(iii) Enter the hospit owned or operated by a governmental unit in Part IV-A) support from a governmental unit or from the general in Part IV-A) Support Schedule in Part IV-A) fits support from contributions, membership fees, subject to certain exceptions, and (2) no more that is taxable income (less section 511 tax) from busin	l public and gros n 331/3' esses	:s ?/o o
0	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches. See A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section A Federal, state, or local government or governmental unit. Section A medical research organization operated in conjunction with a homand state. An organization operated for the benefit of a college or university. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in An organization that normally receives a substantial part of its support. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the An organization that normally receives. (1) more than 331/3% or receipts from activities related to its charitable, etc., functions—its support from gross investment income and unrelated business acquired by the organization after June 30, 1975. See section 50.	ONE applicable box) ction 170(b)(1)(A)(ii) in 170(b)(1)(A)(iii) on 170(b)(1)(A)(v) ospital Section 170(b)(1)(A)(iii) Enter the hospit owned or operated by a governmental unit in Part IV-A) inport from a governmental unit or from the general in Part IV-A) Support Schedule in Part IV-A) if its support from contributions, membership fees, is subject to certain exceptions, and (2) no more that is taxable income (less section 511 tax) from busin 19(a)(2) (Also complete the Support Schedule in P	l public and gros n 331/3 ' esses art IV-A	:s % of
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Pa	A church, convention of churches, or association of churches. See A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section A Federal, state, or local government or governmental unit. Section A medical research organization operated in conjunction with a homogenization operated for the benefit of a college or university. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in An organization that normally receives a substantial part of its section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170	ONE applicable box) ction 170(b)(1)(A)(iii) on 170(b)(1)(A)(v) ospital Section 170(b)(1)(A)(iii) Enter the hospit owned or operated by a governmental unit of Part IV-A) upport from a governmental unit or from the general of Part IV-A) Support Schedule in Part IV-A) fits support from contributions, membership fees, subject to certain exceptions, and (2) no more that is taxable income (less section 511 tax) from busin 19(a)(2) (Also complete the Support Schedule in P (other than foundation managers) and supports or c)(4), (5), or (6), if they meet the test of section 56 Type 1 Type 2 Type 3 d organizations (see page 5 of the instructions)	I public and gros n 331/3 ' esses art IV-A ganizatio 19(a)(2)))))
Pa	A church, convention of churches, or association of churches. See A school Section 170(b)(1)(A)(ii) (Also complete Part V.) A hospital or a cooperative hospital service organization. Section A Federal, state, or local government or governmental unit. Section A medical research organization operated in conjunction with a homand state. An organization operated for the benefit of a college or university. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in An organization that normally receives a substantial part of its section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the An organization that normally receives. (1) more than 331/3% or receipts from activities related to its charitable, etc., functions—its support from gross investment income and unrelated business acquired by the organization after June 30, 1975. See section 50 An organization that is not controlled by any disqualified persons described in (1) lines 5 through 12 above, or (2) sections 501(c) Check the box that describes the type of supporting organization.	ONE applicable box) ction 170(b)(1)(A)(iii) on 170(b)(1)(A)(v) ospital Section 170(b)(1)(A)(iii) Enter the hospit owned or operated by a governmental unit of Part IV-A) apport from a governmental unit or from the general of Part IV-A) Support Schedule in Part IV-A) fits support from contributions, membership fees, subject to certain exceptions, and (2) no more that is taxable income (less section 511 tax) from busin 19(a)(2) (Also complete the Support Schedule in P (other than foundation managers) and supports or c)(4), (5), or (6), if they meet the test of section 56 Type 1 Type 2 Type 3 d organizations (see page 5 of the instructions)	l public and gros n 331/3 ' esses art IV-A ganizatio	oper
Pa	organization is not a private foundation because it is (Please check only A church, convention of churches, or association of churches. Se A school Section 170(b)(1)(A)(ii) (Also complete Part V.) A hospital or a cooperative hospital service organization. Section A Federal, state, or local government or governmental unit. Section A medical research organization operated in conjunction with a homand state. An organization operated for the benefit of a college or university. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in An organization that normally receives a substantial part of its sit. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in A community trust. Section 170(b)(1)(A)(vi). (Also complete the An organization that normally receives. (1) more than 331/3% or receipts from activities related to its charitable, etc., functions—its support from gross investment income and unrelated business acquired by the organization after June 30, 1975. See section 50. An organization that is not controlled by any disqualified persons described in. (1) lines 5 through 12 above, or. (2) sections 50.1 (Check the box that describes the type of supporting organization. Provide the following information about the supporter.	ONE applicable box) ction 170(b)(1)(A)(iii) on 170(b)(1)(A)(v) ospital Section 170(b)(1)(A)(iii) Enter the hospit owned or operated by a governmental unit of Part IV-A) apport from a governmental unit or from the general of Part IV-A) Support Schedule in Part IV-A) fits support from contributions, membership fees, subject to certain exceptions, and (2) no more that is taxable income (less section 511 tax) from busin 19(a)(2) (Also complete the Support Schedule in P (other than foundation managers) and supports or c)(4), (5), or (6), if they meet the test of section 56 Type 1 Type 2 Type 3 d organizations (see page 5 of the instructions)	and grose and grose art IV - Aganization (2)	oper

Schedule A (For	m 990 or 990-EZ) 2005	Page 3
	Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash se the worksheet in the instructions for converting from the accrual to the cash method of accounting.	

Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received (Do not	1,599,488	1,095,365	0	524,174	3,219,027
16	include unusual grants See line 28)	, ,	, ,		,	· · ·
16	Membership fees received Gross receipts from admissions, merchandise					
17	sold or services performed, or furnishing of					
	facilities in any activity that is related to the	817,560,129	730,184,134	670,317,462	608,717,497	2,826,779,222
	organization's charitable, etc , purpose					
18	· · · · · · · · · · · · · · · · · · ·					
	received from payments on securities loans					
	(section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section	3,648,615	2,676,595	8,281,385	271,222	14,877,817
	511 taxes) from businesses acquired by the					
	organization after June 30, 1975					
19	Net income from unrelated business activities					(
	not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its					(
	behalf					(
21	The value of services or facilities furnished to					
	the organization by a governmental unit without					
	charge Do not include the value of services or					(
	facilities generally furnished to the public without					
	charge Other income Attach a schedule Do not include					
22	gain or (loss) from sale of capital assets					(
23	Total of lines 15 through 22	822,808,232	733,956,094	678,598,847	609,512,893	2,844,876,066
24	Line 23 minus line 17	5,248,103	3,771,960	8,281,385		18,096,844
25	Enter 1% of line 23	8,228,082	7,339,561	6,785,988	·	, ,
26	Organizations described on lines 10 or 11: a Er				▶ 26a	
	Prepare a list for your records to show the name of				a	
•						
	governmental unit or publicly supported organizati				eu	
	the amount shown in line 26a Do not file this list	with your return.	Enter the total of	all these excess		
	amounts	24 ()			26b	
	Total support for section 509(a)(1) test Enter line	e 24, column (e)			► 26c	
C	Add Amounts from column (e) for lines 18		_ 19			
	22 _		_ 26b 		► 26d	
€	Public support (line 26c minus line 26d total)				▶ 26e	
f	Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))		► 26f	
27	Organizations described on line 12: a For amou	ınts ıncluded ın lır	nes 15, 16, and 1	7 that were recei	ved from a "dısqu	alıfıed person,"
	prepare a list for your records to show the name of	, and total amount	s received in eac	h year from, each	n "disqualified per	son "
	Do not file this list with your return. Enter the sun	n of such amounts	for each year			
	(2004)0 (2003)0		(2002)0		(2001)0	
Ŀ	For any amount included in line 17 that was receiv	ed from each pers	on (other than "d	ısqualıfıed persor	ns"), prepare a lis	t for your
	records to show the name of, and amount received	for each year, tha	t was more than t	the larger of (1) t	he amount on line	25 for the year
	or (2) \$5,000 (Include in the list organizations de					•
	return. After computing the difference between the					
	these differences (the excess amounts) for each y		a		(_, (_,,	
	(2004)0 (2003)0	Cui	(2002)0		(2001)0	
	(2004) 0 (2003) 0		(2002)			
	Add American from column (a) for lines 1.5	2 210	027 16	0		
•	Add Amounts from column (e) for lines 15	3,219,	,027 16	0	s	
	17 2,826,779,222 20		0 21	0	► 27c	2,829,998,24
	Add Line 27a total 0	and line 27b tot	al	0	► 27d	
•	Public support (line 27c total minus line 27d total))			▶ 27e	2,829,998,24
f	Total support for section 509(a)(2) test Enter am	ount from line 23,	column (e) 🕨	27f 2,84	4,876,066	
ç	Public support percentage (line 27e (numerator) d	ivided by line 27f	(denominator))		▶ 27g	99 48 %
ŀ	Investment income percentage (line 18, column (e	e) (numerator) div	ided by line 27f ((denominator))	▶ 27h	0 52 %
28	Unusual Grants: For an organization described in li	ne 10, 11, or 12 t	hat received any	unusual grants d	urıng 2001 throu	jh 2004,
			•		•	

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part	Private School Questionnaire (See page 7 of the instructions.)			
29 D	(To be completed ONLY by schools that checked the box on line 6 in Part IV) oes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	ther governing instrument, or in a resolution of its governing body?	29		
	oes the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	rochures, catalogues, and other written communications with the public dealing with student admissions,			
	rograms, and scholarships?	30		
-	as the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	ne period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
		31		
	nat makes the policy known to all parts of the general community it serves? f "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
11	Tes, please describe, it into, please explain (11 you need more space, attach a separate statement)			
_		4		
_		4		
_		4		
_		4		
	oes the organization maintain the following			
a R	ecords indicating the racial composition of the student body, faculty, and administrative staff?	32a		
bR	ecords documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
b	asıs?	32b	İ	
c C	opies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	ith student admissions, programs, and scholarships?	32c	i	
	opies of all material used by the organization or on its behalf to solicit contributions?	32d		
u -				
T f	fyou answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
11	you answered two to any of the above, please explain (II you need more space, attach a separate statement)			
_		4		
33 <u>-</u>		4		
33 D	oes the organization discriminate by race in any way with respect to			
_				
a S	tudents' rights or privileges?	33a		
ЬΑ	dmissions policies?	33Ь		
c E	mployment of faculty or administrative staff?	33c		
d S	cholarships or other financial assistance?	33d		
e E	ducational policies?	33e		
_				
اء	se of facilities?	33f		
, ,	50 of facilities	33.		
^	thletic programs?	33g		
g A	thetic programs.	33g		
_				
h O	ther extracurricular activities?	33h		
Ιf	fyou answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
_				
_		_		
_				
_				
34a D	oes the organization receive any financial aid or assistance from a governmental agency?	34a		
ьΗ	as the organization's right to such aid ever been revoked or suspended?	34b		
Ιf	fyou answered "Yes" to either 34a or b, please explain using an attached statement			
35 D	oes the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	f Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule A (Form 9)			200=

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Check 🟲 a	~	ıf the organızatıon belongs to an affılıated group	Check 🟲 b 🦵	ıf you checked	"a" and	"limited control	" provisions apply

		bbbying Expenditures " means amounts paid or incurred)			(a) Affiliated group totals	(b) To be completed for ALL electing
						organizations
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)		36		
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		37		
38	Total lobbying expenditures (add line	es 36 and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures	(add lines 38 and 39)		40		0
41	Lobbying nontaxable amount Enter t	he amount from the following table—				
	If the amount on line 40 is—	The lobbying nontaxable amount is—				
	Not over \$500,000	20% of the amount on line 40	ì			
	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	}	41		
	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	J			
42	Grassroots nontaxable amount (ente	r 25% of line 41)		42		
43	Subtract line 42 from line 36 Enter	-0- if line 42 is more than line 36		43		0
44	Subtract line 41 from line 38 Enter	-0- ıf lıne 41 ıs more than lıne 38		44		0
	Caution If there is an amount on outh	er line 43 or line 44, you must file Form 4720.				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section $501(\bar{h})$ election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lol	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total					
45 Lobbying nontaxable amount										
46 Lobbying ceiling amount (150% of line 45(e))									
47 Total lobbying expenditures										
48 Grassroots nontaxable amount										
49 Grassroots ceiling amount (150% of line 4	8(e))									
50 Grassroots lobbying expenditures										

Part VI-B Lobbying Activity by Nonelecting Public Charities

						_
/For reporting only b	Larganizations that did	not complete Dart VI A \ /	Caa aaaa 11	of the inct	rustions / 🖼	æ.
(roi reporting only b	y organizations that the	not complete Part VI-A) (See page 11	or the mst	.rucuons.) a	_

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- Paid staff or management (Include compensation in expenses reported on lines ${f c}$ through ${f h.}$)
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)
 - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

<u> </u>	or the mondiculous.)								
	Yes	No	A mount						
		Νo							
	Yes								
		Νo							
	Yes		9,96						
	Yes		12,54						
	Yes		24,98						
	Yes		166,20						
	Yes		59,92						
			273,60						

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section

) organizations) or in section 527 ncharitable exempt organization o		_	Yes	Na
	Cash	g organization to a no	inchantable exempt organization (. -	51a(i)		No No
	O ther assets			H	a(ii)	\dashv	No
	transactions			<u> </u>		\dashv	
_		of assets with a nonc	harıtable exempt organızatıon	i	b(i)	ł	No
	Purchases of assets			<u> </u>	b(ii)	\dashv	Νο
	Rental of facilities, ed			<u> </u>	b(iii)	$\overline{}$	Νο
	Reimbursement arrar			⊢	b(iv)	\dashv	Νο
	Loans or loan guaran				b(v)		Νο
(vi)	Performance of servi	ces or membership o	r fundraising solicitations		b(vi)	\neg	Νo
c Sharın	ng of facilities, equipm	ient, mailing lists, oth	ner assets, or paid employees		С		Νo
d If the	answer to any of the a	above is "Yes," comp	lete the following schedule Colum	ם nn (b) should always show the fair	market	value	e of th
goods	, other assets, or serv	vices given by the rej	oorting organization If the organiz	zation received less than fair marl	ket valu	eına	ny
			ımn (d) the value of the goods, oth				·
		<u>-</u>		(d)			
(a) Line no	(b) A mount involved	Name of nonch	(c) arıtable exempt organızatıon	Description of transfers, transa	actions,	and s	sharır
Line no	Amount mvorved	Walle of holicil	aritable exempt organization	arrangement	ts		
3- T- bb-			J				
			d with, or related to, one or more t		_ 、		-
	s," complete the follow		han section 501(c)(3)) or in secti	on 5277	Į Y	es (10
D II Te:		wing schedule	T				
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of relati	ionshin		
	Warne or organize		Type of organization	Description of relati			
·							
			į l				

Form **4797**

Department of the

Internal Revenue Service (99)

Name(s) shown on return

Treasury

Sales of Business Property

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

► Attach to your tax return.

► See separate instructions.

OMB No 1545-0184

Sequence No 27

Identifying number

KAI	SÈR FOUNDATION H	IEALTH PLA	N OF GEOR	GIA INC					
_	F-446	d - 6	-1		f 2005 F (-) 10	00 B	58-1592 T	076	
1					for 2005 on Form(s) 10 10, or 20 (see instructi		1		
Pa					de or Business and			nver	sions
					perty Held More Th				
		(b) Date	(c) Date sold		(e) Depreciation	(f) Cos	t or other		g) Gain or (loss)
((a) Description of property	acquired (mo , day,	(mo , day,	(d) Gross sales price	allowed or allowable since		s, plus ments and		tract (f) from the sum
		yr)	yr)	p.100	acquisition		e of sale		of (d) and (e)
2									
								-	
3	Gain, if any, from Fo	rm 4684, lın	e 42					3	
4	, .,	· ·		m Form 6252, line 26	or 37			4	
5	_			changes from Form 88				5	
6	Gain, if any, from lin			-			-	6	
7		•		·	appropriate line as follo		• •	7	
′		-	-	• •				├-	
					ns. Report the gain or (lo chedule K, line 9 Skip l				
	from line 7 on line 1 section 1231 losse	1 below and s, or they we	skıp lines 8 re recapture	and 9 Ifline 7 is a gai d in an earlier year, en	line 7 is zero or a loss, on in and you did not have ter the gain from line 7 8, 9, 11, and 12 below	any prior y	ear		
8	Nonrecaptured net	section 1231	. losses from	n prior years (see instr	uctions)			8	
9	below If line 9 is mo	ore than zero	, enter the a		o, enter the gain from li ne 12 below and enter t (see instructions)			9	
Pa	rt III Ordinary (Gains and	Losses (s	ee instructions)					
10					lude property held 1 ye	ar or less)			
SA	LE OF FIXED ASSETS	06- 15- 2001	09- 22- 2005	10,350			363,14	12	352,792
					1				
11	Loss, if any, from lin	<u> </u>	1					11	()
				3, ıf applıcable				12	
							• •		
13								13	
14								14	
15				rm 6252, line 25 or 36				15	
16								16	
17	Combine lines 10 th	_						17	-352,792
18	lines a and b below	For individua	al returns, co	mplete lines a and b b					
а				•	ımn (b)(ıı), enter that pa dule A (Form 1040), lınd				
	the loss from proper	ty used as a	n employee	on Schedule A (Form 1	.040), line 22 Identify	as from "Fo		18a	
b					on line 18a Enter here			18b	

Part III Gain From Disposition of Propert (see instruction)	y Und	ler Sections 12	45, 1	L250,	1252	, 1254,	and	1255	
19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	perty							(b) Date acquired(mo , day, yr)	(c) Date solo (mo , day, yr)
В									
c									
D			1						
hese columns relate to the properties on lines 19A through 19D		Property A	P	ropert	у В	Prop	erty C	Pro	perty D
20 Gross sales price (Note: See line 1 before completing)	20								
21 Cost or other basis plus expense of sale	21								
Depreciation (or depletion) allowed or allowable	22								
23 Adjusted basis Subtract line 22 from line 21 .	23		-						
24 Total gain Subtract line 23 from line 20	24								
25 If section 1245 property:									
a Depreciation allowed or allowable from line 22	25a								
b Enter the smaller of line 24 or 25a	25b								
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291									
a Additional depreciation after 1975 (see instructions)	26a								
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b								
c Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c								
d Additional depreciation after 1969 and before 1976	26d								
e Enter the smaller of line 26c or 26d	26e								
${f f}$ Sections 291 amount (corporations only)	26f								
g Add lines 26b, 26e, and 26f	26g								
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)									
a Soil, water, and land clearing expenses	27a								
b Line 27a multiplied by applicable percentage (see instructions)	27b								
c Enter the smaller of line 24 or 27b	27с								
8 If section 1254 property:									
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a								
b Enter the smaller of line 24 or 28a	28b		1						
29 If section 1255 property:									
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a								
b Enter the smaller of line 24 or 29a (see instructions)	29b								
Summary of Part III Gains. Complete prope	erty c	olumns A throug	h D th	nrougl	h line 2	9b befor	e go	ing to line 3	
30 Total gains for all properties Add property column	ıs A th	rough D, line 24					30		
Add property columns A through D, lines 25b, 26	ј, 27с,	28b, and 29b Ent	er her	e and o	n line 1	. 3	31		
32 Subtract line 31 from line 30 Enter the portion from portion from other than casualty or theft on Form 4						nter the	32		
Part IV Recapture Amounts Under Sectio (see instructions)	ns 17	'9 and 280F(b)	(2) V	Vhen	Busin	ess Use	Dro	ps to 50%	or Less
22 Cookion 170 overses deductive and access	lla!	lo in prior ver-		33	(8	a) Section 179			ection (b)(2)
Section 179 expense deduction or depreciation aRecomputed depreciation (see instructions) .	nowab	ie ili pilot years .	•	34				1	
Recomputed depreciation (see instructions) . Recapture amount Subtract line 34 from line 33 See the ins	tniction	c for where to report	•	35				1	

TY 2005 Cash Grants Paid Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Class of Activity	Recipient's name	Address	Amount	Relationship
	SEE STATEMENT 15	1 KAISER PLAZA SUITE 1550L OAKLAND, CA 94612	1,105,366	SEE STATEMENT 15

TY 2005 Other Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Beginning of Year Amount	End of Year Amount
DUE FROM KAISER AFFILIATES	66,748,537	50,634,396
INTANGIBLE PENSION ASSETS	2,320,237	1,996,738
OTHER ASSETS	0	381,000



TY 2005 Other Expenses Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Amount
RECLASS	352,792



TY 2005 Other Expenses Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Amount
BAD DEBT EXPENSE - RECLASS	1,189,114

TY 2005 Other Liabilities Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Beginning of Year Amount	End of Year Amount
RESERVE FOR PREMIUMS COLLECTED	5,948,962	5,712,907
RESERVE-MEDICARE REC'D ADVANCE	9,658,468	0
OTHER LIABILITIES	1,373,237	587,857
SELF INS RISK-PROF PUBLIC LIAB	14,911,585	19,494,823

Software ID:

Software Version:

EIN: 58-1592076

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a PURCHASED MEDICAL SVCS - BCP	43a	469,719,881	469,719,881		
b OTH BENEFIT-MEDICARE/NON MEDIC	43b	40,176,974	40,176,974		
c PURCHASED MEDICAL SVCS - OTHER	43c	1,378,279	1,378,279		
d IN AND OUT OF AREA CLAIMS	43d	9,666,426	9,666,426		
e PURCHASED SERVICES - PROFESSIO	43e	3,714,907	3,714,907		
f PURCHASED SERVICES - OTHER	43f	8,556,374	8,556,374		
g PROFESSIONAL & PUBLIC LIAB INS	43g	25,000,522	25,000,522		
h OTHERINSURANCE	43h	391,643	391,643		
i INFORMATION TECHNOLOGY SERVICE	43i	57,404,445	57,404,445		
j BUSINESS LICENSES & TAXES	43j	5,039,019	5,039,019		
k DUES & SUBSCRIPTIONS - PROFL	43k	124,315	124,315		
I MEMBERSHIP DUES & SUBSCRIPTION	431	62,793	62,793		
m AMORTIZATION OF DEFERRED EXP	43m	124,452	124,452		
n EMPLOYEE RELATED/DEVELOPMT EXP	43n	1,557,596	1,557,596		
• ADVERTISING & MARKETING EXP	43o	18,034,940	18,034,940		
p INTER-REGIONAL CHARGES	43p	18,005,879	18,005,879		
q BANK CHARGES	43q	1,551,890	1,551,890		
r HEALTH CARE DUES SUBSIDIES	43r	4,299,811	4,299,811		
s MISCELLANEOUS & OTHER EXPENSES	43s	1,391,031	1,391,031		
t ALLOCATED ADMIN EXPENSES	43t	60,582,000		60,582,000	
u BAD DEBT EXPENSE	43u	1,189,114	1,189,114		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490319017316

TY 2005 Other Revenues Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Amount
BAD DEBT EXPENSE - RECLASS	-1,189,114

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490319017316

TY 2005 Other Revenues Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Amount
RECLASS	-352,792

TY 2005 Non Electing Public Charities Statement

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

EIN: 58-1592076

Statement:



TY 2005 Self Dealing Statement

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Line Number	Explanation
2a	SEE STATEMENT

Line Number	Explanation
2b	SEE STATEMENT

Line Number	Explanation
2c	SEE STATEMENT

Line Number	Explanation
2d	FORM 990, PART V

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2005 Supplemental Support Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005	1,599,488		817,560,129	3,648,615					822,808,232
2004	1,095,365		730,184,134	2,676,595					733,956,094
2003	0		670,317,462	8,281,385					678,598,847
2002	524,174		608,717,497	271,222					609,512,893

58-1592076

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC. FORM 990 TAX YEAR 2005

FORM 990 PART I, LINE 8.C, COLUMN (B) GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

DESCRIPTION AND TO WHOM SOLD	DATE & HOW ACQ'RD (NOTE #1)	DATE SOLD	SALES PRICE	COST/ EXPENSE OF SALE	ACCUM DEPREC	GAIN OR (LOSS)
SALE OF ASSETS:			_		• • • •	_
Compaq Prolinea	06/25/95	10/25/01	0	3,209	3,209	0
MOHS Surgery Equipmt	07/25/04	03/07/05	9,400	16,400	957	-6,043
MOHS Surgery Equipmt	07/25/04	03/08/05	950	4,461	260	-3,251 -343,498
Miscellaneous Disposals	Various	Various	0	963,111 	619,613	-343,490
TOTAL SALES/DISPOSAL OF FIXED ASSETS			10,350	987,181	624,039	-352,792
DECAD OF NET CAIN/// OSS	21					
RECAP OF NET GAIN/(LOSS	<u> </u>					
ORIGINAL COST AND EXPE	NSE OF SALE			987,181		
DEPRECIATION				624,039		
NET COST OR OTHER BASI		363,142				
LESS GROSS SALES PROC		10,350				
NET GAIN/(LOSS)		-352,792				



PEIN: 58-1592076

December 31, 2005

Form 990, Part II, Line 22

Grants and Allocations



NAME	ADDRESS	AMOUNT	PURPOSE
Atlanta Women's Foundation	The Hurt Bldg Suite 401	100,000	Program Support
_	Atlanta, GA 30303		
CCSU Foundation	Clayton State University	25,000	Program Support
	Marrow, GA 30294		
Community Foundation of Gr. Atlanta	50 Hurt Plaza-Ste 449	50,000	Program Support
	Atlanta, GA 30303		
Community Foundation of Gr. Atlanta	50 Hurt Plaza-Ste 449	50,000	Program Support
	Atlanta, GA 30303		
Georgia Perimeter College Foundation	3251 Panthersville RD A2700	27,584	Program Support
	Decatur, GA 30034		
Georgia State Univ	University Plaza	25,000	Program Support
	Atlanta, GA 30303		
Kennesaw State Un	1000 Chastain RD	39,700	Program Support
	Kennesaw, GA 30144		
Metro Atlanta Task Force for the Homeless	777 Peachtree St.	5,000	Program Support
	Atlanta, GA 30308		
New Prospect Elem. School	3055 Kimball Bridge RD	10,000	Program Support
	Alpharetta, GA 30022	1	
Prevent Child Abuse	1720 Peachtree St. #600	10,000	Program Support
	Atlanta, GA 30309		
Snapfinger Elem School	65 Snapfinger RD	5,000	Program Support
	Decatur, GA 30032		
The Foundation for Med. Fragile Children	6666 Powers Ferry Rd Ste 328	5,000	Program Support
	Atlanta, GA 30339		
Aid Atlanta	1438 West Peachtree Street	50,000	Program Support
	Atlanta, GA 30309		
American Red Cross	1955 Monroe Drive	10,000	Program Support
	Atlanta, GA 30324		
Atlanta Habitat For Humanitarian	519 Memorial Drive SE	7,500	Program Support
	Atlanta, GA 30312		
Georgia Conservancy	1776 Peachtree St Ste400	5,000	Program Support
	Atlanta, GA 30309		
Georgia Partnership of Caring Foundation	2300 Henderson Mill Rd.Ste421	20,000	Program Support
	Atlanta,GA 30345		
Missouri Assn of Hlth Plans Education		5,000	Program Support
Salvation Army	1000 Center Place	10,000	Program Support
	Norcross, GA 30093		
Sandy Springs Revitalization, Inc	100 Allen Rd	5.000	Program Support
	Atlanta, GA 30328	<u> </u>	
Travelers Aid of Metro Atlanta	Walton Street Ste 200	5.000	Program Support
	Atlanta, GA 30303		- 3
Atlanta Track Club	3097 E. Shadowlawn Ave	5.000	Program Support
-,	Atlanta, GA 30305	2,500	3-3
Dekalb County Board of Health	7.1101, 07.10000	5.000	Program Support
			
Family First, Inc	P.O. Box 7948 Station C	5.000	Program Support



FEIN: 58-1592076 December 31, 2005 Form 990, Part II, Line 22 Grants and Allocations



NAME	ADDRESS	AMOUNT	PURPOSE
Georgia Center for Non-Profits	50 Hurt Plaza-Ste 845	10,000	Program Support
	Atlanta, GA 30303		
Georgia Dept Human Resources	Peachtree Street Ste15-480	50,000	Program Support
	Atlanta, GA 30306		
Georgia Dept of Community Health	Peachtree Street NW 36th Flr	5,000	Program Support
	Atlanta GA		
Georgia Perimeter College Foundation	3251 Panthersville RD A2700	2,500	Program Support
	Decatur, GA 30034		
Healthy Mother Healthy Babies	3562 Habersham at Northlake	10,000	Program Support
	Bldg J Suite 3		-
March of Dimes	1776 Peachtree St NW#100	97,500	Program Support
	Atlanta, GA 30309		
My House-Home for Abused Children	PO Box 55127	5,000	Program Support
	Atlanta, GA 30308		
News for Student Foundation	3691 Via Mercado Ste 21	10,000	Program Support
	La Mesa. CA 91941		
Partnership Against Domestic Violence	619 Edgewood Avenue Ste 151	10,000	Program Support
	Atlanta, GA 30312		
Piedmont Hospital Foundation		10,000	Program Support
Piedmont Park Conservancy, Inc	P.O. Box 7795	25,000	Program Support
	Atlanta, GA 30357		
Susan G Komen Breast Cancer	P.O. BOX 530109 Dept G00125	10,000	Program Support
	Atlanta, GA 30353-0109		
The King Center	449 Auburn Ave	15,000	Program Support
	Atlanta, GA 30312		
Women's Resource Center	P.O. BOX 55553	5,000	Program Support
	Atlanta, GA 30308		
WSB Radio Atlanta -CXRI WEB Channel	P.O. Box 102043 Annex 68	46,662	Program Support
	Atlanta, GA 30368		
YMCA of Metro Atlanta	555 Luckie St NW	5,000	Program Support
	Atlanta, GA 30313		
Corporate Run Walk	Address available upon request	80,000	Program Support
Dekalb County Schools	Address available upon request	2,000	Program Support
Dunwoody Springs	Address available upon request	3,333	Program Support
Junior Achievement of Georgia	Address available upon request	2,000	Program Support
Mary Hall Freedom House	Address available upon request		Program Support
Miller Grover High Sch Parent Teacher	Address available upon request		Program Support
Woodland Elementary Charter School	Address available upon request		Program Support
American Lung Association	Address available upon request		Program Support
B'Nai B'Rith	Address available upon request		Program Support
Campbell Middle	Address available upon request		Program Support
Capital Ideas	Address available upon request		Program Support
Dunwoody Springs	Address available upon request		Program Support
Dutchtown High School	Address available upon request	<u> </u>	Program Support
Girl Scout Of Northwest GA, INC	Address available upon request		Program Support
Hands of Hope	Address available upon request	+	Program Support



FEIN: 58-1592076 December 31, 2005 Form 990, Part II, Line 22 Grants and Allocations



NAME	ADDRESS	AMOUNT	PURPOSE
Hearts to Nourish Hope Inc.	Address available upon request	500	Program Support
Homestretch	Address available upon request		Program Support
Inroads -Atlanta	Address available upon request	12,000	Program Support
Jerusalem House	Address available upon request	2,500	Program Support
MUST Ministries	Address available upon request		Program Support
New Life Community Ministries, Inc	Address available upon request	500	Program Support
New Prospect Elem. School	Address available upon request		Program Support
Newspaper in Education	Address available upon request	250	Program Support
Nie Solutions LP	Address available upon request	250	Program Support
Northview High School	Address available upon request	500	Program Support
Partnership for Community Actions, Inc	Address available upon request	2,500	Program Support
Pitner Elem. School	Address available upon request	1,000	Program Support
Rainbow House	Address available upon request	500	Program Support
Snapfinger Elem School	Address available upon request	246	Program Support
Sickle Cell Foundation	Address available upon request		Program Support
Sickle Cell Foundation	Address available upon request		Program Support
South Fulton Senior Services	Address available upon request		Program Support
The FrazierCenter	Address available upon request		Program Support
The Winshape Home	Address available upon request	4,000	Program Support
Trees Atlanta	Address available upon request	4,500	Program Support
Univ. of Rhode Island Foundation #5557	Address available upon request	2,000	Program Support
Wachovia Bank	Address available upon request		Program Support
Woodland Elem Charter School	Address available upon request		Program Support
Alpharetta Family	Address available upon request		Program Support
Atlanta Medical Assn, Inc	Address available upon request		Program Support
Benjamin Benneker	Address available upon request		Program Support
Bicycle River Across GA	Address available upon request		Program Support
Cherokee Senior	Address available upon request		Program Support
Clayton County Chamber of Commerce	Address available upon request		Program Support
Cystic Fibrosis	Address available upon request		Program Support
Dekalb County Partners in Edu Foundation, Inc	Address available upon request		Program Support
Georgia Legislative Black Caucus, Inc	Address available upon request		Program Support
Georgia Partnership	Address available upon request		Program Support
Georgia State Univ	Address available upon request		Program Support
Heritage Fund of Atlanta Med. Assn.	Address available upon request		Program Support
Hospice Atlanta	Address available upon request		Program Support
Inroads -Atlanta	Address available upon request		Program Support
Interdenominational Theological Center	Address available upon request		Program Support
Kell High School Cheerleading Booster Club	Address available upon request		Program Support
Kennesaw Girls Softbass Association	Address available upon request		Program Support
Leukemia & Lymphoma Society	Address available upon request		Program Support
Marietta High School	Address available upon request		Program Support
Mary Hall Freedom House	Address available upon request		Program Support
Medical Association	Address available upon request		Program Support
Mercer University	Address available upon request		Program Support
Morehouse School of Medicine	Address available upon request	2,500	Program Support

Kaiser Indation Health Plan Georgia

FEIN: 58-1592076 December 31, 2005 Form 990, Part II, Line 22 Grants and Allocations



NAME	ADDRESS	AMOUNT	PURPOSE
National Mental Health Assn of GA	Address available upon request	2,500	Program Support
No Small Affair	Address available upon request	964	Program Support
No Small Affair	Address available upon request	722	Program Support
Northside Hospital Foundation	Address available upon request	1,000	Program Support
Oregon Park Baseball Association	Address available upon request	150	Program Support
Pink Ribbons	Address available upon request	3,300	Program Support
Radiant Charity	Address available upon request	1,000	Program Support
Smyrna Youth Football	Address available upon request	100	Program Support
The Foundation Center	Address available upon request	2,500	Program Support
West Cobb Girls Softball	Address available upon request	150	Program Support
Women's Policy Group	Address available upon request	2,500	Program Support
YMCA of Greater Atlanta	Address available upon request	2,500	Program Support
Youthfest	Address available upon request	500	Program Support
UPCW Leukemia	Address available upon request	1,000	Program Support
Various Small amts	Address available upon request	68,321	Program Support
	Total Grants & Allocations	1,105,366	

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC. FORM 990 TAX YEAR 2005

58-1592076

STATEMENT OF FIXED ASSETS AND DEPRECIATION

FORM 990 PART IV, LINE 57 - LAND, BUILDING AND EQUIPMENT, LESS ACCUMULATED DEPRECIATION AND AMORTIZATION; AND PART II, LINE 42, COLUMN (B) - DEPRECIATION AND AMORTIZATION EXPENSE.

	COST		ACCUMULATED	ACCUMULATED DEPREC/AMORT		
	BEGINNING OF YEAR	END OF YEAR	ACCUM. DEPREC.	END OF YEAR	DEP/AMORT EXPENSE	
LAND	22,299,195	22,706,445	0	0	0	
LAND IMPROVEMENTS	0	0	0	0	0	
BUILDINGS	86,532,578	88,640,545	30,286,046	33,681,303	3,242,639	
LEASEHOLD IMPROVEMENTS	8,380,908	9,555,961	3,326,365	4,101,518	763,349	
EQUIPMENT	58,475,914	56,991,467	49,190,086	46,772,911	2,549,450	
CAPITALIZED SOFTWARE	10,184,592	10,184,592	10,156,697	10,182,024	25,327	
CAPITALIZED LEASES	0	0	0	0	0	
CONSTRUCTION IN PROGRESS	4,036,278	4,638,923	0	0	0	
DEPRECIATION SHOWN AS OTHER	EQUIPMENT USE C	CHARGES				
TOTALS TO: PART IV, LINE 57(A) PART IV, LINE 57(B)	189,909,465	192,717,933	92,959,194	94,737,756		
PART IV, LINE 57(C)	96,950,271	97,980,177	02,000,104	54,101,100		
PART II, LINE 42 COLUMN (B)					6,580,765	

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC 58-1592076 12/31/2005

STATEMENT FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

(A) NAME	(B) TITLE/ HOURS* WEEKLY		(C1) COMPENSATION PRE 2005	(C2) COMPENSATION 2005	(D1) BENEFIT 2005	(D2) BENEFIT PAID 2006	(E) EXP ACCT/ OTHER ALLOW.
see note 2	*see note 7		see notes 3 & 4	see notes 3 & 4	See Notes 3, 4 & 5	See Notes 3, 4 & 5	see notes 3, 4 & 6
DIRECTORS:							
Leslie A Margolin	Director & Chair		O	0	0	0	0
Gregory T Baranco	Director	2	0	13,034	4,418	Õ	Ŏ
J Veronica Biggins	Director	2	0	14,217	8,837	Ö	ō
Laura J Hardman	Director	2	0	13,917	8,837	Ō	Ō
Robert C Hudson	Director	2	0	11,250	0	Ŏ	ō
Carolyn M Kenny	Director		0	·			-
J. Neal Purcell	Director	2	0	14,817	8,837	0	0
Cynthia Telles	Director from June 11, 2004	2	0	10,750	0	0	Ö
OFFICERS AND KEY EMPLOYEES:							
			0	0	0	0	0
Carolyn M Kenny	Regional President	40	0	0	0	0	0
Robert E Briggs *	Senior Vice President to February 2005	40	0	0	0	0	0
Kathryn Lancaster	Senior Vice President	40	0	0	0	0	0
Arthur M Southam, MD	Senior Vice President	40	0	0	. 0	0	0
Steven R Zatkin	Senior Vice President	40	0	0	0	0	0
Thomas R Meier	Vice President/Treasurer	40	0	0	0	0	0
Deborah Stokes	Vice President/Controller	40	0	0	0	0	0
Julie R Fortin	Assistant Secretary	40	0	0	0	0	0
Victoria B Zatkin	Assistant Secretary	40	0	0	0	0	0

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC 58-1592076 12/31/2005

STATEMENT FORM 990 PART V, LINE 75 - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

(A) NAME	(C1) COMPENSATION PRE 2005	(C2) COMPENSATION 2005	(D1) BENEFIT 2005	(D2) BENEFIT PAID 2006	(E) EXP ACCT/ OTHER ALLOW.
see note 2	see notes 3 & 4	see notes 3 & 4	See Notes 3, 4 & 5	See Notes 3, 4 & 5	see notes 3, 4 & 6
Leslie A Margolin	1,417,493	1,276,512	475,781	483,580	0
Gregory T Baranco	0	0	0	0	0
J Veronica Biggins	0	0	0	0	0
Laura J Hardman	0	0	0	0	0
Robert C Hudson	0	0	0	0	0
J. Neal Purcell	0	0	0	0	0
Cynthia Telles	0	162,475	0	0	0
Carolyn M Kenny	1,019,382	529,482	140,484	148,974	0
Robert E Briggs *	3,798,344	3,893,545	114,996	3,334	0
Kathryn Lancaster	156,539	577,854	240,701	323,499	0
Arthur M Southam, MD	1,308,033	1,364,458	359,644	533,681	0
Steven R Zatkin	512,031	815,098	657,832	333,189	0
Thomas R Meier	166,555	330,101	123,589	154,818	0
Deborah Stokes	184,465	387,744	125,771	114,031	0
Julie R Fortin	304,499	198,815	46,722	39,370	0
Victoria B Zatkin	33,467	225,589	60,622	66,581	0

NOTES for current and future compensation, benefits and other reimbursements.

Note #1 - This Organization is one of the corporate entities listed on Part VI, Line 80 "Related and Controlled Entities" which is included as a part of this return. This Organization is a participating member of a vertically integrated direct service prepaid health care program.

Note #2 - The Officers and Directors can be contacted in care of:

Kaiser Foundation Health Plan, Inc. Program Office Controller's Department One Kaiser Plaza, Suite 15L Ordway Oakland, CA 94612

Note #3 - The executive compensation program for Kaiser Foundation Health Plan, Inc. and Subsidiaries and Kaiser Foundation Hospitals and Subsidiaries (KFHP/H) 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 an independent committee of the Board of Directors of KFHP/H, which evaluates and approves all programs and payments to 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. 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.

Note #4 - Compensation, benefit plan contributions and reimbursement for certain expenses (collectively referred to as "compensation") of Directors, Officers and Key Employees are paid by Kaiser Foundation Health Plan, Inc. (Health Plan) as common paymaster and disbursement agent for the participating member organizations of KFHP/H. Certain Directors, Officers and/or Key Employees perform services for several of the KFHP/H member organizations.

Some of the amounts shown as Compensation were actually earned in years prior to 2005. This compensation is effectively reported in Part V twice – once in the year deferred and again in the year paid. However, the compensation is only paid once. The disclosure rules mandate that significant amounts of compensation are double-counted in both 2004 and 2005. For instance, column C1 includes amounts paid in 2005 for achievement of performance goals for prior years, and column D2 includes payments scheduled for 2006 for performance goals achieved in 2005.

Note #5 – The Organization offers various benefit plans, both qualified and non-qualified. Among the benefits offered to the officers listed on Form 990, Part V-A line 75 c are a qualified Defined Benefit Plan (Plan A), a qualified Defined Contribution Plan (Plan B), a Section 403(b) Tax Sheltered Annuity Plan (TSA), a Section 457(b) Deferred Compensation Plan (CAP), and health and welfare benefit plans. Included in Benefits reported for this purpose are the value of the annual contributions to Plan B, TSA, CAP and certain health and welfare benefit plans. Estimates for 2005 accruals for future benefits under Plan A are included in column D1.

For other benefit plans available to executives which provide future benefits earned during 2005 (where the specific amounts are available and determinable by the time this tax report is filed), the amount is included in the Benefits column D1 reported in this return. Amounts determinable at year-end under termination of employment arrangements calling for future payments in a subsequent year are included in the D1 Benefit Plans column for this purpose. Individuals noted with (*) may have amounts included by reason of termination of employment and from benefit plan accounts that were previously earned.

Certain officers, directors and key employees are eligible for post-retirement medical and life insurance benefits if they meet certain eligibility requirements. Payments are not made to these post-retirement benefit plans on behalf of individuals until retirement, and thus, payments to these plans are not reported on Part V, column D. However, when the retiree benefits are actually paid, they are reported on Part V-B of the Form 990.

Note #6 - The amounts reported as Expense Account/ Other Allowance include amounts for reimbursement of expenses. Under IRS rules, ordinary and necessary business expenditures such as travel, transportation, lodging, meals, business meetings and conferences are not included here. These items are reimbursed on an accountable plan basis, consistent with policies and procedures based on prudent fiduciary responsibilities and standards. The policies under which these individuals account to the payer meet the substantiation requirements of Internal Revenue Code Section 274. This reporting includes taxable moving and relocation reimbursements and allowances.

Note #7 — The average weekly time spent on the organization's affairs during 2005 is estimated to be two hours. Actual time spent by Board member may vary based on different responsibilities during the year. Key employees, who work full-time, may work in excess of the standard 40-hour work week.

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC. 58-1592076 December 31, 2005

STATEMENT FORM 990 PART V-B - LIST OF FORMER OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

	(A) NAME see note 2	(B) LOANS AND ADVANCES	(C1) COMPENSATION PRE 2005 See Notes 3 & 4	(C2) COMPENSATION 2005 See Notes 3 & 4	(D1) BENEFIT 2005 See Notes 3, 4 & 5	(D2) BENEFIT PAID 2006 See Notes 3, 4 & 5	(E) EXP ACCT/ OTHER ALLOW. see notes 3, 4 & 6
GA	RON HOSTETTLER	0	16,104	0	0	0	0

KAISER FOUNDATION HEALTH PLAN OFGEORGIA, INC FEIN: 58-1592076

12/31/05

FAMILY AFFILIATIONS REPORTED

NAME	FAMILY MEMBER AFFILIATION
STEVE R ZATKIN	SPOUSE EMPLOYEE OF KFHP INC.
VICTORIA B ZATKIN	SPOUSE, SR. VP, GENERAL COUNSEL AND SECRETARY OF KFH, KFHP INC. AND REGIONAL HEALTH PLANS
CAROLYN KENNY	SIBLING, PHYSICIAN NORTHWEST MEDICAL GROUP



ATTACHMENT FOR:

FORM 990 PART VI, QUESTION 80 - RELATED AND AFFILIATED ENTITIES AND/OR

FORM 1120, SCHEDULE K, QUESTIONS 3, 4 AND 5

KAISER FOUNDATION HEALTH PLAN, INC. AND KAISER FOUNDATION HOSPITALS, CALIFORNIA NOT-FOR PROFIT CORPORATIONS, EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(X), HAVE A CONTROLLING OR AFFILIATED INTEREST IN THE FOLLOWING CORPORATIONS AS OF DECEMBER 31, 2005:

KAISER FOU

EMPLOYER	ENTITY NAME		DIRECT & INDIRECT % CONTROLLED BY KFHP, INC.
	ENTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY KAISER FOUNDATION I, INC., THAT ARE ALSO EXEMPT FROM FEDERAL INCOME TAX UNDER IRC 501(C)(3):		
93-0798039	KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST		100%
84-0591617	KAISER FOUNDATION HEALTH PLAN OF COLORADO		100%
58-1592076	KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.		100%
52-0954463	KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC		100%
34-0922268	KAISER FOUNDATION HEALTH PLAN OF OHIO COMMUNITY HEALTH PLAN		100%
23-7425486 94-3299124	KAISER HEALTH PLAN ASSET MANAGEMENT, INC		100% 100%
93-0954562	KAISER HEALTH ALTERNATIVES		100%
94-3299123	CAMP BOWIE SERVICE CENTER		100%
93-0480268	OHP		100%
91-2171891	LOKAHI ASSURANCE, LTD		100%
	ENTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY KAISER FOUNDATION I, INC THAT ARE TAXABLE FOR FEDERAL AND STATE INCOME TAX PURPOSES:		
03-0329760	OAK TREE ASSURANCE, LTD		100%
94-3113684	KAISER PERMANENTE HEALTH ALTERNATIVES, INC		100%
94-3259432	KAISER PROPERTIES SERVICES, INC		100%
91-1814507	CHP COMPANIES, INC		100%
	DATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING ENTITIES EXEMPT AL INCOME TAX UNDER IRC SECTION 501(C)(3):		
94-1105628 94-3299125	KAISER FOUNDATION HOSPITALS KAISER HOSPITALS ASSET MANAGEMENT, INC	*(1) *(2)	N/A N/A
34-3299123	MISER HUSPITALS ASSET MANAGEMENT, INC	(2)	NA
	DATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING TARE NOT EXEMPT FROM FEDERAL INCOME TAX		
94-3245176	KAISER PERMANENTE INTERNATIONAL	*(2)	N/A
94-3292262	KAISER PERMANENTE VENTURES	*(2)	N/A
68-0444615	CARETOUCH, INC	*(2)	N/A
91-2166347	KP ONCALL, LLC (elected to be treated as a disregarded entity for tax purposes)	*(2)	N/A
94-3203402	KAISER PERMANENTE INSURANCE COMPANY	*(3)	50%
N/A 20-2961620	HAMI - COLORADO, LLC (elected to be treated as a disregarded entity for tax purposes) KP CAL	*(4)	N/A 100%
20-2712661	KPCAL, LLC (elected to be treated as a disregarded entity for tax purposes)		100%
NOTE *(1)	KAISER FOUNDATION HOSPITALS, A CALIFORNIA NOT-FOR-PROFIT CORPORATION, EXEMPT FROM INCOME TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(X)), SHARES A COMMON BOARD OF DIRECTORS WITH KAISER FOUNDATION HEALTH PLAN, INC		
NOTE *(2)	THESE ENTITIES ARE SUBSIDIARIES OF KAISER FOUNDATION HOSPITALS		
NOTE *(3)	KAISER PERMANENTE INSURANCE COMPANY IS A NON-EXEMPT LIFE, ACCIDENT AND HEALTH INSURANCE COMPANY OF WHICH 100% OF THE PREFERRED STOCK AND 50% OF THE COMMON STOCK ARE OWNED BY KAISER FOUNDATION HEALTH PLAN, INC THE REMAINING 50% OF COMMON STOCK IS OWNED BY NON-AFFILIATED PHYSICIANS PRACTICE GROUPS		
NOTE *(4)	HAMI - COLORADO, LLC - THE SOLE MEMBER OF THIS LIMITED LIABILITY COMPANY IS KAISER HOSPITALS ASSET MANAGEMENT, INC		

THE COMMON ADDRESS FOR ALL ENTITIES LISTED ABOVE IS:

C/O KAISER FOUNDATION HEALTH PLAN, INC PROGRAM OFFICE CONTROLLER'S DEPARTMENT - TAX ONE KAISER PLAZA, 1550 ORDWAY OAKLAND, CA 94612

TIN: 58-1592076 DECEMBER 31, 2005

STATEMENT FORM 990 PART VIII RELATIONSHIP OF ACTIVITIES TO EXEMPT PURPOSE

LINE NUMBER 93:

93A MEMBERS HEALTH CARE PREMIUMS

Revenue received from or on behalf of members, for prepaid health care coverage under the HMO care plans offered by Health Plan to its members. Revenue excluded under the provisions of Revenue Ruling 68-27.

93B SUPPLEMENTAL CHARGES / PHARMACY

Revenue received for co-payments from or on behalf of members for health care services provided under the plans referred to in 93A above. Pharmaceutical sales to members. Revenue excluded under the provisions of Internal Revenue Regulation 1.501(c)(3)-1.

93C NON-PLAN AND INDUSTRIAL REVENUE

Revenue received from non-members for health care and from outside insurers for reimbursement for health care services provided to members for work-related injuries or conditions. Revenue excluded under the provisions of Internal Revenue Regulation 1.501(c)(3)-1.

93D OTHER PROGRAM SERVICE REVENUE

Revenue received from or on behalf of members for health care services provided under the plans referred to in 93A above.

93F MEDICARE / MEDICAID PAYMENTS

Revenue received from the Social Security Administration for medical and health care services provided to Plan members covered under Part B of Medicare. Revenue excluded under the provisions of Internal Revenue Regulation 1.501(c)(3)-1.

KAISER FOUNDATION HEALTH PLAN GEORGIA EMPLOYEE COMPENSATION FOR FORM 990 REPORTING PURPOSES FOR TAX YEAR 2005

TOP FIVE EMPLOYEES

NAME	TITLE	HOURS see note 7	(C1) COMPENSATION PRE-2005 see notes 3 & 4	(C2) COMPENSATION 2005 see notes 3 & 4	(D1) BENEFITS 2005 see notes 3, 4 & 5	(D2) BENEFITS PAID 2006 see Notes 3, 4 & 5	(E) EXP ACCT/ OTHER ALLOW. see notes 3, 4 & 6
BEVERLY D THOMAS	VP	40	131,486	194,774	70,820	32,257	0
TAMMY H JONES	VP	40	110,517	230,925	56,766	42,483	0
CAROLYN M JOHNSON	VP	40	198,762	268,069	64,865	34,095	0
ANDREW WEINTRAUB	VP	40	0	306,587	47,016	52,132	12,000
F. MERRILL BOONE	VP	40	143,062	240,411	56,271	45,897	0

NOTES: See Statement for notes applicable to the above reporting.

FEIN: 58-1592076 December 31, 2005

Schedule A, Part III, Question 2a:

Kaiser Foundation Health Plan of Georgia, Inc. (KFHP) is organized for the public benefit and provides health and medical care services for its members. KFHP and Kaiser Foundation Health Plan, Inc. (KFHP Inc.) and Kaiser Foundation Hospitals (KFH) have common Boards of Directors. Many of the officers of KFHP are also officers of KFHP, Inc. and KFH. KFHP, KFHP, Inc. and KFH are operated as separate charitable corporations. See **Statement 19** for a list of tax-exempt and non-exempt related entities.

Based on a review of KFHP records and Conflict of Interest (COI) statements for these directors, officers and key employees for 2005, KFHP did not engage in the sale, exchange, or leasing of property with any of the persons listed on Form 990, Part V.

Based on a review of the records of the affiliated taxable entities for transactions with these individuals, none of these taxable entities engaged in any sale, exchange or lease of property with KFHP individual directors or officers.

In the normal course of business in carrying out its charitable purposes, KFHP may have entered into the sale, exchange, or leasing of property with some of the related entities described in **Statement 19**. KFHP relationships with such organizations are conducted at a price which is not less than cost nor more than fair market value.

Schedule A, Part III, Question 2b:

Statement 18, page 2 provides a list of the directors, officers and key employee family members with whom KFHP did business or who were employed by KFHP or any KFHP affiliate. KFHP does not have trustees, creators or substantial contributors.

Based on a review of KFHP records and COI statements for these directors, officers and key employees for 2005, KFHP did not engage in the lending of money or other extension of credit with any of these persons in 2005. KFHP, Inc. has a program that provides loans to relocate executives. The program was modified in August 2002 to take into consideration the Section 402 provisions of the Sarbanes Oxley Act, limiting certain employees' eligibility for loans. **Statement 17** provides information regarding officer and key employee loans made by KFHP, Inc. as disclosed in the KFHP, Inc. 2005 Form 990, Part IV and Schedule A, Part III, question 2b.

FEIN: 58-1592076 December 31, 2005

Based on the COI questionnaires for 2005, **Statement 18, page 1** lists non-affiliated taxable organizations which did business with KFHP in 2005 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. KFHP relationships with such organizations are conducted on a fair market value basis and the KFHP officer director or key employee abstained from voting on any such matter.

Schedule A, Part III, Question 2c:

Form 990, Part V lists the officers, directors and key employees of KFHP in 2005. Based on a review of COI statements for these directors, officers and key employees for 2005, **Statement 18, page 2** provides a list of their family members with whom KFHP did business or who were employed by KFHP or any KFHP affiliate. KFHP does not have trustees, creators or substantial contributors. Any such transactions are conducted on a fair market value basis.

Based on a review of KFHP records and COI statements for these directors, officers and key employees for 2005, KFHP did not engage in the furnishing of goods, services, or facilities with any of the persons in 2005.

In the normal course of business in carrying out its charitable purposes, KFHP may have entered into the furnishing of goods, services, or facilities with some of the related taxable entities. **Statement 24** generally describes the transactions between KFHP and those entities.

Based on the COI questionnaires for 2005, **Statement 18, page 1** lists non-affiliated taxable organizations, which did business with KFHP in 2005 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. **Statement 18, page 1** also provides a general summary of the transactional relationship (if any) between KFHP and such organizations. KFHP relationships with such organizations are conducted on a fair market value basis and the officer, director or key employee abstained from voting on any such transaction.

TIN: 58-1592076 DECEMBER 31, 2005

LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES FORM 990, SCHEDULE A, PART VI-B

The Organization is a member of the Kaiser Permanente Medical Care Program and participated and benefited from lobbying activities conducted at the national level by Kaiser Foundation Health Plan, Inc. 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 did not participate in or conduct political campaigns.

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 h. Health Plan has not intervened in any political campaign.

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:

- Collecting, analyzing and distributing within the Organization, public and private
 policy recommendations regarding proposed legislation and enacted laws 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.
- 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 notfor-profit community.
- 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.
- 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.

TAXABLE ENTITY RELATIONSHIPS KAISER FOUNDATION HOSPITALS AND HEALTH PLAN INC.

EMPLOYER TAX ID #	ENTITY NAME		Purpose of Entity
KAISER FOU	NDATION HOSPITAL SUBSIDIARIES (TAXABLE):		
94-3245176	KAISER PERMANENTE INTERNATIONAL	Txbl	An International consulting company
94-3292262	KAISER PERMANENTE VENTURES	Txbl	Inactive.
68-0444615	CARETOUCH, INC.	Txbl	Retail health products (web based) enterprise. Winding up its business affairs.
91-2166347	KP ONCALL, LLC	LLC	Owns & operates nurse telemedicine services call center.
KAISER FOU	NDATION HEALTH PLAN INC. SUBSIDIARIES (TAXABLE)	<u>:</u>	
94-3113684	KAISER PERMANENTE HEALTH ALTERNATIVES	Txbl	Provides dental plans and Point of Service medical plans in Washington state to groups/individuals.
94-3259432	KAISER PROPERTIES SERVICES, INC.	Txbl	Holds a CA real estate brokerage license.
94-3203402	KAISER PERMANENTE INSURANCE COMPANY	Txbl	Insurance company offering indemnity benefit plans
03-0329760	OAK TREE ASSURANCE, LTD.	Txbl	Captive insurance company to insure workers compensation & auto insurance coverage
91-2171891	LOKAHI ASSURANCE LTD	Txbl	A captive insurance company to insure and secure reinsurance for property & casualty risks
	ORDWAY INTERNATIONAL, LTD.	Txbl	A holding company to provide offshore risk management tools.
	ORDWAY INDEMNITY, LTD.	Txbl	An offshore company used as a risk management tool.
91-1814507	CHP COMPANIES, INC.	Txbl	Holding company, sole member of CHP. CHP is an inactive health plan in New York.



2005 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF GEORGIA. INC.

Kaiser Foundation Health Plan of Georgia, Inc. or "Georgia Health Plan" is a tax-exempt subsidiary health plan of Kaiser Foundation Health Plan, Inc. (KFHP). KFHP, with its five principal operating tax-exempt subsidiary health plans—Kaiser Foundation Health Plan of Colorado; Kaiser Foundation Health Plan of Georgia, Inc.; Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.; Kaiser Foundation Health Plan of Ohio—as well as Kaiser Foundation Hospitals (KFH) are all nonprofit corporations that are part of the integrated health care delivery system known as the Kaiser Permanente Medical Care Program or "Kaiser Permanente."

This report describes the structure of Kaiser Permanente and documents the National Community Benefit activities, programs and services of KFHP, its subsidiaries, and KFH, combined, as well as the specific community benefit provided in the Georgia Region.

In 2005, Kaiser Permanente served over 8.4 million people in nine states: California, Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia, Washington and the District of Columbia. The program is the largest private nonprofit health care program in the United States and has more than 148,000 employees and 13,000 physicians and 120 dentists. In the Georgia Region, Health Plan served more than 27,394 members with 1,920 administrative, clerical and technical employees as well as 239 Permanente physicians.

In the Georgia Region, three separate legal organizations comprise Kaiser Permanente: Georgia Health Plan, a Georgia nonprofit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3); KFH, a California nonprofit public benefit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3); the Southeast Permanente Medical Group, an independent multi-specialty group of physicians organized as a professional corporation.

Persons enroll in Kaiser Permanente through KFHP or one of the Health Plan subsidiaries or "Health Plan." 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 KFH and a Permanente Medical Group to provide the required health care services.

Members receive services from various Permanente Medical Groups in the respective Kaiser Permanente regions. The Permanente Medical Groups accept responsibility for professional care of Health Plan members and are responsible for their own physician recruitment, selection and staffing; they are legally separate entities independent from Health Plan, KFH and each other. The Permanente Medical Groups generally treat members in facilities owned, leased or contracted by Health Plan or KFH.

KFHP and KFH are separate corporations governed by identical boards of directors. KFH accepts responsibility to provide or arrange necessary hospital services and facilities for Health Plan members. In the Georgia Region, KFH contracts with community hospitals to provide hospital services to members for specialized care and other 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

Through the Kaiser Permanente mission, the organization contributes to the health of the communities in two related ways. First, Kaiser Permanente strives for excellence in serving its more than eight million members through market-leading performance in quality, service and affordability. By doing so, Kaiser Permanente provides a discipline in the marketplace by demonstrating meaningful value and affordability, and generating resources to reinvest in the community's health.

Second, Kaiser Permanente directly invests in improvements to community health by working to increase access for the underserved, disseminating care improvements, altering the social determinants of health, educating healthcare workers and consumers, and informing public policy.

This latter approach, which Kaiser Permanente calls the 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 Health Coverage Programs.

In 2001, the Board reaffirmed DCBI as a national program and set the following four goals:

- Address critical questions in American health care that the Program's history, culture and competencies position it uniquely to examine
- Build the reputation of Kaiser Permanente for its leadership in helping to solve major health challenges
- Create a program that engages the creativity and spirit of the people of Kaiser Permanente at all levels
- Meet the requirements placed on KFH, KFHP, and its subsidiary health plans as tax-exempt organizations that return value to the communities served beyond the provision of health care to members

The Board directed that this new DCBI program be guided by a national strategy, with continued local flexibility and implementation. The program is supported by national and regional funding pools, and built on the organization's integrated healthcare system. Community benefit investments are concentrated in four areas:

- Vulnerable Populations Address the financing and delivery problems of populations that are vulnerable due to socioeconomic status, illness, ethnicity, age, or other disabling factors
- Evidence-based Medicine Develop and communicate the evidence base to determine what form of medical care works, for which patients and populations, under what circumstances, at what cost and in which delivery settings
- Education Evaluate and demonstrate educational models for the health professions in integrated
 care systems and for health care consumers in managing their own health and obtaining health care
 services
- Public Policy Develop and disseminate public policy information that reflects the interests of the nation as a whole

The Board elaborated that at least 75% of total community benefit funding will be directed to the Program priorities within the four focus areas 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.

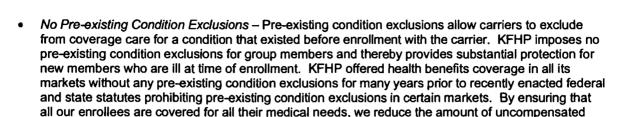
As part of the new approach, the Board approved the formation of a National Community Benefit Governance Council, and established a standing Community Benefit Committee of the Board of Directors to oversee the new program. The Board also designated a national executive of KFHP and KFH to lead Kaiser Permanente's Community Benefit Program as a full-time assignment. Raymond J. Baxter, PhD is the Senior Vice President for Community Benefit, reporting to the CEO and Chairman of the Board.

COMMUNITY BENEFIT PROVIDED BY KAISER FOUNDATION HEALTH PLAN, INC.

KFHP provides comprehensive health care services on a prepaid basis through an integrated health care delivery system, available to the community as a whole. Because the Health Plan is a nonprofit organization, revenues that exceed the cost of operations and provision of care are reinvested in the program to improve facilities and service, increase benefits, fulfill our charitable mission and provide affordable rates rather than to pay dividends to stockholders.

KFHP provides care that emphasizes prevention, minimizes medical indigence and contributes to quality of life in the communities we serve. To serve the community by providing affordable, comprehensive health care and support in its social mission, KFHP is organized and operated as a fully integrated delivery system.

- Integrated Services and Facilities KFHP has organized and integrated the professional and physical resources required to provide comprehensive health care. In hospital-based Kaiser Permanente regions, this care primarily occurs at major medical centers, as well as at nearby outpatient medical offices owned by KFH and at medical office buildings owned or leased by KFHP. Our members typically have all the services and professional care they require available in one place, which facilitates a coordinated approach to care. Equipment and supporting personnel are shared and high-technology services such as neurosurgery, open-heart surgery, and cancer treatment are also centralized to facilitate development and transfer of best clinical practices among all Permanente providers.
- Group Practice Contracting Permanente Medical Groups are organized into large multi-specialty group practices that take responsibility for providing comprehensive care to a defined population in facilities owned or leased by KFH or KFHP. The income that Permanente Medical Groups and their physicians receive is in consideration of their professional medical and related services. The amounts paid to the Permanente Medical Groups are negotiated annually. By altering the direct relationship between service performed and income received, KFHP removes incentives to perform unneeded services, and encourages use of the most appropriate medical care. Group practice enhances quality and appropriateness of care for members and for the community by facilitating development and sharing of "best clinical practices" throughout the community and across the nation.
- Prepayment -- Generally, KFHP pays the Permanente Medical Groups a per member payment on a budgeted, prepaid basis that does not vary with the amount of service provided. Permanente Medical Group physicians are generally not compensated on a fee-for-service.
- Benefits Plans KFHP offers a variety of coverage options for unlimited hospital days, physician
 visits, preventive services, immunizations, well-baby care and prenatal care. In order to maximize
 affordability and encourage people at different income levels to purchase coverage, KFHP offers a
 variety of cost-sharing options. Comprehensive, prepaid coverage with differing levels of premium
 and cost sharing minimizes financial barriers to care, promoting early consultation, detection and
 treatment of disease. KFHP actively encourages members to maintain their health through regular
 preventive self-care.



- Participation in Medicare KFHP has participated in Medicare since it was first implemented in 1965.
 KFHP and its subsidiaries enrolled approximately 896,000 Medicare beneficiaries, providing
 Medicare Part A and Part B services, plus additional drug, optical and inpatient coverage.
- Participation in Medicaid KFHP began enrolling Medicaid beneficiaries in the mid-1960s. Currently, KFHP and certain of its subsidiaries provide care to over 139,000 Medicaid managed-care members and in addition serve a large number of Medicare and Medicaid patients on a fee-for-service basis. KFHP also participates in the State Child Health Insurance Program (SCHIP) and served an additional 91,000 children in 2005.

THE COMMUNITY BENEFIT PROGRAM IN THE GEORGIA REGION

care, promote the health of our members, and prevent medical indigence.

In 2005, KFHP and KFH spent approximately \$668 million or approximately 2.2% of revenue to support Community Benefit Programs in the community. In Georgia, the Health Plan spent approximately \$5.4 million in community benefit activities, nearly 1% of total revenue. A breakdown of the 2005 DCBI dollars attributable to KFHP and KFH nationally is described in Attachment A; dollars attributable to the Georgia Health Plan are in Attachment B.

The following identifies many of the signature community benefit programs and services funded by **Georgia Heal**th Plan according to the national focus areas.

YULNERABLE POPULATIONS

In 2005, the Georgia Health Plan spent approximately \$4.2 million to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age or other factors in 2005. A complete description of the community benefits is described below:

MEDICAL CARE SERVICES

The Georgia Health Plan provides medical care services for vulnerable populations in many ways. These include Charitable Care Programs, participation in public programs for low-income individuals such as Medicaid and the State Children's Health Insurance Program (S-CHIP).

Charitable Care (Medical Financial Assistance Program and Charitable Health Coverage)
In the Georgia Region, Health Plan provides charity care to low-income vulnerable populations through two programs — the Medical Financial Assistance Program and Charitable Health Coverage Program. In 2005, the Georgia Health Plan spent approximately \$3.3 million on under- and uninsured residents.

Medical Financial Assistance Program

The Georgia Health Plan's *Medical Financial Assistance Program* provides patients with incomes at or below 200% of federal poverty guidelines assistance with the payment of out of pocket costs and/or medically necessary pharmacy related items. In 2005, this program assisted 345 patients. In 2005, Kaiser Permanente formally expanded its charity care program to include discounted charges for uninsured patients below 400% federal income guidelines and aligned contracted collection agency practices with Kaiser Permanente social values.

In response to Hurricane Katrina, Georgia Health Plan provided assistance to 43 displaced families. We assisted those individuals by providing a clinical assessment and 90 days of medication - free of charge through the end of 2005. For those who needed further care, we helped them in identifying resources in the community.



The Kaiser Permanente Bridge Program enrolls and subsidizes for up to two years, up to 95% of the premium for income-eligible individuals who do not have access to any other form of health insurance. This program partners with community agencies to identify eligible clients whose income falls at or below 250% of the federal income guidelines. In 2005, the Georgia Health Plan enrolled 1,214 members in the Kaiser Permanente Bridge Program, providing more than 4,700 primary and specialty outpatient visits; 6,800 prescriptions; and 470 mental health/substance abuse outpatient visits. Partners included 15 community organizations: Families First, Jewish Family and Career Services, Atlanta Workforce Development, Atlanta Community Foundation, and the Dekalb Board of Health. This program also provides additional support to uninsured nursing students at four state-supported nursing schools for students who would not otherwise be able to complete their hospital rotations without health insurance.

Grants and Donations for Medical Care Services

The Georgia Health Plan donated \$185,000 to support the delivery of medical care services by community providers. A total of seven grants were made to organizations in this category. Following is an example of a contribution made in 2005.

- Georgia Health Plan gave Aid Atlanta, the area's largest AIDS' organization, a \$50,000 donation
 to support general operations, and specifically for the development of the Aid Atlanta Youth
 Education web component the Ask Us Program, www.askusteens.org. In 2005, the site drew
 more than 81,000 website hits and served approximately 47,852 students. With nearly 28,000
 reported cases, Georgia ranks among the top 10 states in the U.S. for cumulative AIDS cases
 among its residents.
- Georgia Partnership for Caring (GPC) is a private, nonprofit organization that improves access to
 care by arranging health care services and pharmaceuticals for uninsured persons living below
 the federal poverty level. The Georgia Health Plan made a \$20,000 contribution to helped GPC
 organization meet the medical care needs of 7,713 low-income uninsured Georgians in 2005.
 Nearly half of those served were from the Metro Atlanta area and most of which suffered from
 chronic diseases such as diabetes and hypertension.

COMMUNITY-BASED SERVICES FOR VULNERABLE POPULATIONS

The Georgia Health Plan spent approximately \$387,000 to provide programs to nonmembers who live and work in the communities served by Health Plan. The following are examples of community-based programs funded in 2005:

Youth and Other Employment Programs

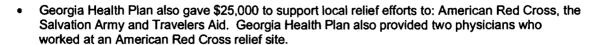
The Georgia Health Plan spent \$34,000 to support three INROADS interns in 2005. The INROADS program is aimed at improving education and job skills or providing employment opportunities for targeted populations. INROADS is an organization focused on developing minority college students for leadership roles in corporations and in the community. Student interns typically work two to five summers with the organization with the goal of permanent placement upon graduation from college.

Grants and Donations for Community-Based Programs

The Georgia Health Plan contributed \$352,000 to more than 70 nonprofit community organizations to support a variety of other programs and services for vulnerable populations. The following are examples of programs and services funded in 2005:

According to the Georgia Division of Public Health data, 59% of Georgians are overweight. To
address the obesity epidemic, the Georgia Health Plan awarded three-year grants to the YMCA
of Metro Atlanta, the Boys & Girls Club, and the Atlanta Women's Foundation to promote
improved nutrition and increased physical activity among youths and adults. Each organization
received a \$100,000 grant to fund programs that supported nutrition and physical activity.





Ten organizations received the Georgia Region's Healthy Eating Active Living (HEAL) grants.
Senior Connections Health and Wellness Program was one of the 2005 grant recipients. Senior
Connections Health and Wellness Program provided exercise and nutritional education to 112
seniors. The participants in the program also learned the importance of healthy foods, and
gained knowledge regarding proper exercise techniques. After the program, self reported survey
findings indicated that the seniors ate more fruits and vegetables (76%), consumed more
calcium-rich foods and fiber (63%) and were more physically active (82%).

EVIDENCE-BASED MEDICINE

For more than 40 years, Kaiser Permanente researchers have leveraged modest grants financed through the community benefit budget into major discoveries that have served the community, influenced national policy, and informed medical practice throughout the nation and the world. A complete description attributable to the Georgia Health Plan is described below:

Clinical and Health Services Research

The Georgia Health Plan Research Department partners with research programs at Emory University, Morehouse School of Medicine, University of Michigan, as well as the Centers for Disease Control and Prevention, National Institute of Health – National Heart Lung and Blood Institute, International Life Sciences Institute Research Foundation and the Robert W. Woodruff Foundation on various health-related initiatives. Examples of studies conducted in 2005 include:

Study: Action to Control Cardiovascular Risk in Diabetics (ACCORD) Clinical Trial

• This large scale national trial funded by NHLBI is in the fourth year of a seven-year longitudinal study. The goal is to establish the role of careful glycemic control (blood sugar) in postponing heart complications, along with sub-studies of the contribution of lipid control and hypertension. Each of the enrolled participants receives diabetes case management and therapy along with extensive lifestyle counseling by dedicated study nurses. This successful diabetes education program is in the published literature and is readily adoptable by any provider in the community.

Study: Racial Disparities in Pneumococcal Vaccination in Managed Care: The Effects of Randomized Telephone Outreach

• This randomized intervention study was to determine the effectiveness of a telephone reminder to increase the pneumococcal vaccination in a managed care population that has already received mail reminders. And to determine whether intervention impact was similar across race, gender, education and age groups. We determined that the primary reason for non-vaccination across all groups was that they, "did not know they needed the vaccine." Patients who received the telephone intervention were 2.3 times more likely to be vaccinated than control-group patients. Considering potential cost of hospitalization for pneumococcal illness, telephone intervention was relatively inexpensive and proved success at raising vaccination rates. A manuscript of results has been submitted for publication to be available for dissemination to interested parties in managed care and the greater health care community.

Study: Design, Implementation and Evaluation of Training to Improve Management of Pediatric Overweight

• This affordable, and practical in-service training in the clinical setting achieved substantial improvements in adherence to recommended practices for the assessment and management of pediatric overweight including body mass index (BMI), BMI-for-age percentile and a nutrition and activity self-history form. Results of this successful clinician and staff CME training have been published in *The Journal of Continuing Education in the Health Professions, Volume 25, 2005*. Attainment of similar results may be feasible and cost effective in many healthcare settings.



EDUCATION

The Georgia Health Plan spent \$866,000 on programs to educate consumers and health care professionals during 2005. A complete description of these community benefit contributions follows:

CONSUMERS

The Georgia Health Plan spent approximately \$641,000 on community wellness and health education programs for consumers in Georgia.

Community Health Education and Prevention Programs

The Georgia Health Plan provides a variety of health education classes, events and programs to both members and the general public. During 2005, the Health Education Department organized 15 health education programs and 38 health fairs and screenings, which were open to the general public, distributing more than 1,000 complimentary copies of *Health Wise* books to non-member participants. The following provides two examples of these community activities:

- My House This program provides a safe home for medically fragile children who are unable to return to their families upon discharge from the hospital. In 2005, three physicians and two nurses volunteered to provide clinical care to 18 children at My House. Over the year, 41 wellchild and 57 acute-care visits were recorded for these children.
- Diabetes Alert Day & Skin Cancer Screening Day As a community service, the Georgia Health Plan invited both members and non-members into its medical offices to be screened for these diseases. Over 106 nonmembers were screened for skin cancer and six were diagnosed with some form of skin cancer.

Educational Theatre Programs (ETP)

The Georgia Health Plan spent nearly \$393,000 to produce a variety of free, award-winning health education plays for youth and adults. In 2005, ETP celebrated its 10th Anniversary in Georgia, and in the last 10 years, more than 600,000 students and 50,000 adults have benefited from one of their productions. During the last year, over 50,000 children and adults have seen or participated in one or more of the eight different shows that are offered free-of-charge as a community benefit to the Georgia Region. Educational Theatre programs, which reach children, teens and adults, promote individual responsibility for one's health, instill positive attitudes about healthy lifestyle choices, and demonstrate the benefits of positive action. Topics addressed in the performances range from AIDS awareness and stress management to grief counseling and health and wellness messages, such as nutrition and asthma education. Three examples of programs from the ETP repertoire include:

- Give Peas A Chance Children's production for grade levels 3 to 5, focusing on nutrition, physical activity and obesity prevention. This interactive puppet show teaches kids how to make healthier nutrition choices and the benefits of physical activity. The program rolled out in early 2005 and had more than 250 performances seen by over 25,000 children and nearly 3,000 adults in schools and other community groups.
- Acting on Stress Dramatic production portraying real-life situations in today's classroom and workplace, such as workload and burnout, apathy, and increased violence. During the performance, a facilitator guides the audience through the different scenes, providing feedback and explanations as it relates to their personal situations. In 2005, more than 50 performances were held in schools and worksites.
- Uncle Gehrkin's Magical Show The loss of a loved one can be a devastating experience for a
 child. Uncle Gherkin's Magical Show focuses on the grieving process and helps elementaryschool age children understand that what they are feeling is normal. The audience and the
 characters learn coping skills and come to understand that grieving is an individual process that
 takes time. The show ends joyously with a magic show celebrating the memory of Uncle Gherkin
 and life. Created for children under the age of 10, this 45-minute program incorporates puppets,
 audience participation and magic.



The Georgia Health Plan contributed \$239,000 in community benefit funds to support seven nonprofit organizations providing consumer health education programs and services. The following provides examples of some of the programs supported in 2005.

- According to the March of Dimes, the average cost of delivery for a healthy, full-term baby is \$1,210 while the average cost of delivery and care for a premature infant is \$35,034. There are 323 premature babies born in Georgia each week. That's why Kaiser Permanente of Georgia has been the presenting sponsor for five consecutive years of the annual March of Dimes WalkAmerica. Georgia Region employees and clinicians exceeded their goal and raised an additional \$83,000 for March of Dimes WalkAmerica.
- In response to cardiovascular disease being the leading cause of death in Georgia, the Georgia Health Plan in collaboration with the American Red Cross of Metropolitan Atlanta for the past 10 years to presenting "CPR Saturday". In addition to a grant, the Georgia Region made available five of their medical centers as public training and education locations. Red Cross instructors and volunteers trained over 1,201 people in life-saving skills in 2005.

HEALTH CARE PROFESSIONALS

In 2005, the Georgia Health Plan spent approximately \$225,000 to support the education and training of health care professionals. The following provides a description of the efforts undertaken to alleviate health care workforce shortages in the community.

Grants and Donations for the Education of Health Care Professionals

- The Georgia Health Plan contributed approximately \$120,000 in support of scholarships for 39 nursing students at four local colleges and universities. The goal of this ongoing effort is to increase the number of registered nurses in the community. Participating schools include Kennesaw State University, Clayton State College and University, Georgia Perimeter College, and Georgia State University.
- Georgia Health Plan also provided scholarship funds for medical and pharmacy students through support given to the Atlanta Medical Association and Mercer University Southern School of Pharmacy.

PUBLIC POLICY

During 2005, the Georgia Health Plan assisted various organizations in developing and disseminating information on health policy issues that reflect the interests of the residents of Georgia. For example, a representative from the Georgia Health Plan participated in efforts of the Philanthropic Collaborative for a Healthy Georgia to understand and address issues associated with childhood overweight and obesity. A Georgia Health Plan representative was involved with the Atlanta Regional Health Forum's initiative to increase access to health care coverage for small employers.

Grants and Donations for Public Policy

The Georgia Health Plan spent \$20,000 to sponsor advocacy events for the Georgia Health Policy Center, the Atlanta Regional Health Forum, Healthy Mothers Healthy Babies and the Georgia Breast Cancer Coalition. Through our support of these organizations we have been able to help advocates reach close to 500 elected officials, community leaders and policy makers.

OTHER COMMUNITY BENEFITS

The Georgia Health Plan spent approximately \$20,000 on other community benefits beyond the national areas of focus. In recognition of the Kaiser Permanente's 20th Anniversary in Georgia, the Georgia Health Plan partnered with EarthShare and Trees Atlanta to plant 20 oak trees in a local community park. Middle school students, along with the Regional President, Medical Director and community leaders participated in the tree planting.



2005 NATIONAL DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM

The following charts summarize 2005 Community Benefit investments nationally for KFHP and for KFH. The investments in the community reflected in the charts are unaudited.

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VULNERABLE POPULATIONS		a fili de la la la coma de la del de la coma de la como	The state of the state of the second state of
Medical Care Services	\$317,528,265	\$202,427,756	\$519,956,021
Community-Based Programs	930,380	13,391,455	14,321,835
Other Vulnerable Populations	20,957,834	6,663,432	27,621,266
Subtotal:	\$339,416,479	\$222,482,643	\$561,899,122
EVIDENCE-BASE			
Research	1,272,089	15,144,352	16,416,441
Medical Libraries	91,309	3,614,633	3,705,942
Tumor Board & Cancer Registry	309,976	1,833,846	2,143,822
Subtotal:	1,673,374	20,592,831	22,266,205
EDUCATION			
Consumer	3,516,584	8,082,297	11,598,881
Health Professionals	4,250,165	55,304,203	59,554,368
Subtotal:	7,766,749	63,386,500	71,153,249
PUBLIC POLICY			
Public Policy Grants/Expenses	1,314,750	1,066,257	2,381,007
Subtotal:	1,314,750	1,066,257	2,381,007
OTHER COMMUNITY BENEFITS			
Other CB Grants/Expense	3,142,977	6,371,103	9,514,080
Community Giving	215,468	560,304	775,772
Subtotal:	3,358,445	6,931,407	10,289,852
TOTAL	\$353,529,797	\$314,459,638	\$667,989,435



ATTACHMENT B

DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM 2005 GEORGIA REGIONAL COMMUNITY BENEFIT FINANCIALS

The following chart summarizes 2005 community benefit investments by the Georgia Health Plan. The investments in the community reflected in the chart are unaudited.

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	SETTING SETTING SET		
VULNERABLE POPULATIONS	 Company of the Character and the Comment of the Comme	and and the second section of the second section of the second section of the second section of the second section sec	allegatification distribution to the control of the
Medical Care Services	\$3,510,681	\$0	\$3,510,681
Community-based Programs	386,667	0	\$386,667
Other Vulnerable Populations	334,836	0	\$334,836
Subtotal:	4,232,184	0	4,232,184
EVIDENCE-BASED MEDICINE			
Research	281,412	0	281,412
Subtotal:	281,412	0	281,412
EDUCATION			
Consumers	640,934	0	640,934
Health Professionals	225,297	0	225,297
Subtotal:	866,231	_ 0	866,231
PUBLIC POLICY			
Public Policy Grants/Expenses	20,000	_0	20,000
Subtotal:	20,000	0	20,000
OTHER COMMUNITY BENEFITS			
Other CB Grants/Expenses	20,500	_0	20,500
Subtotal:	20,500	0	20,500
TOTAL	\$5,420,327	\$0	\$5,420,327

CERTIFICATE

I, the undersigned, Victoria B. Zatkin, hereby certify that I am Assistant Secretary of Kaiser Foundation Health Plan of Georgia, Inc., a Georgia nonprofit corporation, and I further certify that the attached is a full, true, and correct copy of the Bylaws of Kaiser Foundation Health Plan of Georgia, Inc., as amended on April 25, 2005. I further certify that these Bylaws of Kaiser Foundation Health Plan of Georgia, Inc. have not been amended, modified, superseded, or repealed, and remain as of this date in full force and effect.

Executed this 1st day March, 2006.

√ictoria B. Zatkin,

Assistant Secretary

BYLAWS OF

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

ARTICLE A

PURPOSES

Section A-1. Principal Purpose.

This corporation exists for the principal purpose of establishing and maintaining a nonprofit comprehensive, predominantly prepaid, direct service health care plan at reasonable cost for members of the public, without regard to sex, race, religion or national origin.

Section A-2. Related Purposes.

This corporation's related purposes are to promote and encourage the advancement and improvement of the nation's health care delivery system, with special emphasis on organizing and providing health care services on a cost-effective basis; to participate in activities designed and carried on to promote the community's general health; and, subject to Sections A-3 and A-4, to support such other charitable, scientific, educational and hospital endeavors as the corporation may deem advisable.

Section A-3. Nonprofit Character.

This corporation is a nonprofit corporation and is not organized for the private gain of any person. This corporation is organized for, and its assets are irrevocably dedicated to, public and charitable purposes. The corporation does not and shall not have the power to distribute

gains, profits or dividends to its Directors or officers, and no part of its net earnings shall inure to the benefit of any Director or officer of the corporation or to any other individual, but the corporation may compensate Directors and officers for the reasonable value of goods or services that they furnish to the corporation.

Section A-4. <u>Disposition of Assets on Liquidation or Dissolution.</u>

Upon the corporation's liquidation or dissolution, the Board of Directors shall, after paying or adequately providing for the corporation's liabilities, distribute the corporation's assets to one or more organizations exempt from tax under §501(c)(3) of the Internal Revenue Code of 1986 or any amendment or successor thereto. The corporation's assets may not be distributed so as to inure directly or indirectly to the benefit of any Director or officer of the corporation, or to any other individual, or to any corporation, trust or organization whose net earnings inure to the benefit of any individual.

Section A-5. Non-discrimination.

This corporation, in the operation of its nonprofit comprehensive health care plan and related activities, shall conduct its activities and shall offer its services and benefits to all persons equally, without discrimination because of race, color, religion, sex, or national origin, and shall take affirmative action to maintain equality in such matters.

ARTICLE B

OFFICES

Section B-1. Principal Office.

The principal office of this corporation shall be located at the Ordway Building, Kaiser Center, One Kaiser Plaza, Oakland, Alameda County, California. The Board of Directors may change the location of the principal office at any time.

Section B-2. Other Offices.

This corporation may at any time establish other offices at such place or places as the Board of Directors may designate.

ARTICLE C

<u>MEMBER</u>

Section C-1. Status of Membership.

Kaiser Foundation Health Plan, Inc., a California nonprofit public benefit corporation, is the sole member of this corporation.

Section C-2. Changes in Membership.

Changes in membership may be effected in such manner as the member shall determine. Only the member has the power to make changes in membership.

Section C-3. Termination.

All rights, powers and privileges incident to membership shall cease upon termination of membership.

Section C-4. Dues, Assessments and Liabilities.

No member of this corporation shall be subject to any charge for dues or assessments, nor shall the member be in any way liable for any debt, liability or obligation of the corporation.

Section C-5. Meetings.

There shall be an annual meeting of the member. Meetings of the member shall be governed by Section D-6, relating to meetings of Directors, except that meetings of the member shall be held upon at least ten days' notice by first class mail.

Section C-6. Other Action by Member.

The member may, by unanimous written consent, take any action which the members of a Georgia nonprofit corporation are permitted to take without a meeting, and any action so taken shall have the same effect as, and be in all respects as valid as, action taken at a meeting duly held.

Section C-7. Power and Authority of Member.

The member shall have the maximum power and authority now or hereafter provided or permitted under Georgia law to members of Georgia nonprofit corporations, except that all such powers shall be exercised consistent with, and in furtherance of, the irrevocable dedication of the assets of this corporation to the purposes specified in Article A of these Bylaws.

ARTICLE D

DIRECTORS

Section D-1. Power and Authority of Directors.

Subject to the restrictions stated in the Articles of Incorporation and this Section D-1 and elsewhere in these Bylaws, (A) all corporate powers shall be exercised by or under the authority of the Board of Directors, and the Board of Directors shall control the business and affairs of the corporation, and (B) the Board shall have the maximum power and authority now or hereafter provided or permitted under Georgia law to directors of Georgia nonstock corporations, acting as a board, except that all such powers shall be exercised consistent with, and in furtherance of, the irrevocable dedication of the assets of this corporation to the purposes specified in the Articles of Incorporation and in these Bylaws.

The following powers of the corporation are illustrative only, and shall not be construed, except where stated in this Section and elsewhere in these Bylaws, as constituting or implying any limitation upon powers exercisable by the Board of Directors or the corporation. Subject to the foregoing, the corporation shall have power to:

- (a) Commence, conduct and defend legal proceedings;
- (b) Adopt, use and alter a corporate seal, but failure to affix a seal shall not affect the validity of any act or instrument of the corporation;
 - (c) Adopt or amend Bylaws to the extent and in the manner provided in Section H-3;
- (d) Select, remove and prescribe powers and duties of officers, agents and employees, and require security for faithful service; provided however, that removal of the Chairman of the Board or the President shall require the affirmative vote of the member;

- (e) Qualify to conduct, and conduct activities anywhere in the world:
- (f) Acquire, hold, lease, encumber, convey, exchange, transfer upon trust, or otherwise dispose of real and personal property anywhere in the world, and receive and accept inter vivos or testamentary gifts of real or personal property, or both, except that the sale, lease, exchange, or other disposition of, the mortgage, pledge or dedication to the repayment of indebtedness (whether with or without recourse), or any other encumbrance of property of the corporation, or the acquisition of assets, whether or not in the usual or regular course of the corporation's activities, where the fair market value of such corporate property or assets being disposed of, acquired or encumbered exceeds 10% of the value of the assets of the corporation as reflected in the most recent annual or quarterly financial statements that are available on the date immediately preceding the date of the relevant transaction shall in addition require the affirmative vote of the member.
- (g) Borrow money, contract debts and issue bonds, debentures, notes or other evidences of indebtedness therefor, and secure the performance of obligations by mortgage or otherwise;
- (h) Acquire, subscribe for, hold, own, pledge and otherwise dispose of and represent shares of stock, bonds and securities of any other corporation, domestic or foreign;
- (i) Purchase or acquire its own bonds, debentures or other evidences of its indebtedness or obligations;
 - (j) Make donations for charitable purposes;
- (k) Act as trustee under any trust incidental to the principal purposes of the corporation, and receive, hold, administer and expend funds and property subject to such trust;
 - (I) Participate with others in any partnership, joint venture or other association,

transaction or arrangement of any kind, whether or not such participation involves sharing or delegation of control with or to others;

- (m) Enter into any contracts, assume any obligations or do any other acts incidental to the conduct of corporate affairs or the attainment of corporate purposes;
- (n) Do all other acts necessary or expedient for administration of the affairs and attainment of the purposes of the corporation.

Section D-2. Number.

There shall be not less than five nor more than eleven Directors, as determined by resolution of the member.

Section D-3. Vacancies.

A vacancy shall exist whenever a Director resigns, for any reason becomes unable to serve, is not re-elected as provided in Section D-4, or is removed by the member at a meeting of the member's Board of Directors, provided that the notice of the meeting of the member's Board of Directors indicates the purpose of the meeting. Any Director may be removed by the member, at any time, either with or without cause, and all vacancies in the Board of Directors shall be filled by the member.

Section D-4. Qualifications, Election, Term of Office and Removal of Directors.

(a) All Directors shall be persons whose background and experience qualify them to act in the broad public interest and contribute knowledge, skills or other expertise in formulating policy for the corporation. At least one-third of the Directors shall be public Directors who shall

be representatives of enrollees under contracts issued by the corporation and of the general public.

(b) Directors shall be elected by the member at the annual meeting of the member in 1995 and every third year thereafter for a term of office which shall end at the later of the annual meeting of the member in the third year following their election or when their successors are elected except that in any event the term of a Director shall end on December 31 of the year in which he or she attains age 70, unless the Chairman of the Board specifically requests a Director to remain on the Board for an interim transition period which may continue for up to twelve months. Any vacancy may be filled only by the member. Each Director shall hold office until the end of his or her term, or until he or she shall resign, become unable to serve as a Director, or be removed in accord with Section D-3.

<u>Section D-5.</u> <u>Enrollee Participation</u>.

The Board of Directors shall establish a mechanism to afford enrollees covered by contracts issued by the corporation an opportunity to participate in matters of policy and operation through advisory panels, advisory referenda on major policy decisions, or other mechanisms.

Section D-6. Meetings.

(a) <u>Place of Meetings</u>. Meetings shall be held at the place specified in the notice of the meeting or at such place as the Board of Directors shall designate by resolution or unanimous written consent, but unless another place shall be so designated, all meetings shall be held at the principal office referred to in Section B-1.

- (b) <u>Call of Meetings</u>. Meetings of the Board of Directors may be called at any time by the Chairman of the Board or by any two Directors.
- (c) Notice. Notice of all regular or special meetings shall be mailed, telegraphed, or personally delivered to each Director and to the member, at his, her or its usual business address. Notice of special meetings shall include a description of each matter of business to be conducted at the meeting. Notice of a meeting need not be given to the member or any Director who signs a waiver of notice or a written consent to holding the meeting or an approval of the minutes thereof, whether before or after the meeting, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice to such Director.
- (d) <u>Proof of Notice</u>. A statement showing service of any notice pursuant to Section D-6(c) may be entered in the minutes of the meeting, and such entry shall be conclusive evidence that notice was duly given. Any waiver, consent or approval given in lieu of regular notice shall be entered in the minutes of the meeting.
- (e) Quorum. A majority of the Directors then in office shall constitute a quorum for the transaction of business. Directors present at a meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of Directors, if any action taken is approved by at least a majority of the required quorum for such meeting.
- (f) Meetings Without Notice. If all Directors are present at any meeting, or if a quorum is present and all Directors not present either (1) sign a waiver of notice of such meeting, or a consent to the holding thereof, whether prior to or after the meeting, or (2) approve the minutes thereof, the transactions of such meeting shall be as valid as if conducted at a meeting regularly noticed.

(g) <u>Adjourned Meetings.</u> A majority of the Directors present at any meeting, although less than a quorum, may adjourn the meeting from time to time, without further notice, until a quorum shall attend.

Section D-7. Action Without a Meeting.

Any action required or permitted to be taken by the Board of Directors may be taken without a meeting if all members of the Board individually or collectively consent in writing to such action. Such action by written consent shall have the same force and effect as a unanimous vote of the Directors. Such written consent or consents shall be filed with the minutes of the proceedings of the Board.

Section D-8. Meeting by Telephone.

A Director may participate in a meeting of the Board of Directors by means of a conference telephone or similar communication equipment enabling all Directors participating in the meeting to hear one another at the same time; participation in such a meeting shall constitute presence in person at such meeting.

ARTICLE E

<u>OFFICERS</u>

Section E-1. Officers.

The officers of this corporation shall be a Chairman of the Board, a President, one or more Executive or Senior Vice Presidents, a Secretary, a Chief Financial Officer, a Controller, a Treasurer, and one or more Assistant Secretaries. These shall be the only officers of the corporation. The Chairman of the Board or the President of Kaiser Foundation Health Plan, Inc. may assign such other titles as may be appropriate to other individuals, including the title of Vice President, but such other individuals shall not be corporate officers. One person may hold two or more offices, except that the same person may not be both President and Secretary.

Section E-2. Election and Term of Office.

Except for the Chairman of the Board and the President, who shall be elected by the member, each officer shall be elected by the Board of Directors at the first regular Board meeting each year or at any other meeting of the Board for a term of office which shall end at the first Board meeting the following year, or for such other term as the Board of Directors may specify, or until he or she shall resign or is not re-elected as provided in this section.

Section E-3. Subordinate Officials.

The Chairman of the Board or President may appoint or delegate authority to appoint such other officials as the needs of the corporation may require, each of whom shall hold office for such period, have such authority and perform such duties as the appointing officer,

pursuant to authority conferred by the Board of Directors, may from time to time determine.

These officials shall not be officers of the corporation. Such officials holding the title of Vice President shall have authority to sign contracts and other documents on behalf of the corporation.

Section E-4. Removal and Resignation.

Any officer may be removed, at any time, either with or without cause, by the Board of Directors, except that removal of the Chairman of the Board or the President shall require the affirmative vote of the member. Except for officers chosen directly by the Board of Directors, any officer may be removed, either with or without cause, by any person authorized to appoint such officer, or by any person upon whom such power of removal may be conferred by the Board of Directors.

Any officer may resign at any time by giving written notice to the Board of Directors or to the President or to the Secretary. Any such resignation shall take effect upon receipt of such notice, or at any later time specified therein; unless otherwise specified therein, a resignation shall be effective without express acceptance.

Section E-5. Vacancies.

A vacancy in any office because of death, resignation, removal, inability or disqualification to serve, or otherwise, shall be filled in the manner provided in the Bylaws for election or appointment to such office.

Section E-6. Chairman of the Board.

The Chairman of the Board shall preside at all meetings of the Board of Directors and shall have such other powers and duties as the Board of Directors shall designate or the Bylaws may provide.

Section E-7. President.

Subject to the direction of the Board of Directors, the President shall have the general powers and duties of management usually vested in the office of president of a corporation as well as such other powers and duties as the Board of Directors shall designate or as the Bylaws may provide. If there is not a Chairman of the Board of Directors in office and then acting, or if the Chairman of the Board is absent or disabled, the President shall perform all of the duties of the Chairman of the Board, and when so acting shall have the powers of, and be subject to the restrictions upon, the Chairman of the Board, as prescribed in the Bylaws or by the Board of Directors.

The President shall have primary responsibility for carrying out the policies and supervising and controlling the personnel, programs and activities of the corporation. The President shall prepare budgets for, and otherwise report to the Board of Directors regarding, the projects and activities of the corporation and the execution of the policies adopted by the Board of Directors.

Section E-8. Executive or Senior Vice President.

Each Executive or Senior Vice President shall assist the President in the performance of his or her duties. In the absence or disability of the President, the Executive Vice President, if

one is designated by the Board, or in the absence of such designation, the Senior Vice Presidents in order of their rank as fixed by the Board of Directors, shall perform the duties of the President, and when so acting, shall have all the powers of, and be subject to all restrictions upon, the President. Each Executive or Senior Vice President shall have such other powers and duties as the Board of Directors shall designate or as the Bylaws may provide.

Section E-9. Secretary.

The Secretary shall be responsible for keeping a book of minutes at the principal office of the corporation as specified in Section B-1, or at such other place as the Board of Directors shall designate, of all meetings and all formal actions of the Board of Directors. Minutes of meetings shall reflect: the time and place of the meetings; whether they were held pursuant to notice, waiver, or consent; if they were held pursuant to notice, the notice given; the names of persons present; the business transacted, and such other matters as the Board of Directors shall designate.

The Secretary shall be responsible for giving notice of meetings as required by the Bylaws. He or she shall maintain safe custody of the seal, shall make certificates and authenticate documents reflecting actions of the corporation as may be required or desirable, and shall have such other powers and perform such other duties as the Board of Directors shall designate or as the Bylaws may provide. Subject to the supervision of the Secretary, any Assistant Secretary may perform all or any part of the duties of the Secretary.

Section E-10. Chief Financial Officer.

The Chief Financial Officer shall supervise banking relations, including the handling, depositing and disbursing of all funds. The Chief Financial Officer shall render to the President and to the Board of Directors, on request, an account of his or her transactions as Chief Financial Officer and of the financial condition of the corporation. The Chief Financial Officer shall have such other powers and perform such other duties as the Board of Directors shall designate or as the Bylaws may provide. Subject to the supervision of the Chief Financial Officer, any other official may perform all or any part of the duties of the Chief Financial Officer.

ARTICLE F

COMMITTEES

Section F-1. Provision for Committees.

The corporation shall have an Executive Committee and such other committees as the Board of Directors may appoint to advise and assist the Board of Directors in managing the corporation's affairs.

Section F-2. Action Without a Meeting.

- (a) By Unanimous Consent. Any action required or permitted to be taken by a committee of the Board of Directors may be taken without a meeting if all members of the committee individually or collectively consent in writing to such action. Such action by written consent shall have the same force and effect as a unanimous vote of the committee. Such written consent or consents shall be filed with the minutes of the proceedings of the committee.
- (b) By Telephone. Meetings of committees may be held by telephone. A Director may participate in a meeting of a committee by means of a conference telephone or similar communication equipment enabling all Directors participating in the meeting to hear one another at the same time; participation in such a meeting shall constitute presence in person at such meeting.

Section F-3. Executive Committee.

(a) <u>Composition.</u> The Executive Committee shall consist of three Directors, who shall be selected by the Board of Directors, and who shall continue as members of the Executive

Committee at the pleasure of the Board.

- (b) <u>Authority and Duties.</u> The Executive Committee shall have authority to act for the Board of Directors between Board meetings. Unless otherwise provided by law, the Board of Directors, the Articles of Incorporation, or the Bylaws, any action taken by the Executive Committee shall have the same force and effect as though taken by a majority of Directors present at a meeting of the Board duly called and held pursuant to the Bylaws, except that the Executive Committee shall have no authority to:
 - 1. Adopt, amend or repeal Bylaws.
 - Amend or repeal any resolution of the Board which by its express terms is not so amendable or repealable.
 - Elect, appoint or remove Directors, designate committees of the Board of Directors or fill vacancies in the Board of Directors or in any such committee.
 - 4. Dissolve, merge or consolidate the corporation.
 - 5. Adopt, amend or repeal Articles of Incorporation.
 - 6. Sell, lease, pledge, transfer or exchange all or substantially all of the property of the corporation.
 - 7. Fix compensation of Directors for serving on the Board or on any committee.
 - 8. Authorize any direct or indirect transfer of money or other property or incur any indebtedness to or for the benefit of the member or the Directors or officers of the corporation or to or for the benefit of transferees in liquidation (other than creditors

of the corporation).

- 9. Take any other action which the Board of Directors is not authorized to take.
- (c) <u>Conduct of Business.</u> A quorum of the Executive Committee shall consist of two committee members. The Executive Committee shall report to the Board of Directors regarding its actions and decisions.

Section F-4. Other Committees.

The Board of Directors may establish such other committees, of such composition and with such duties, authority and manner of conducting business, as the Board may from time to time deem advisable. Each such committee shall consist of two or more Directors, who shall be selected by the Board of Directors.

ARTICLE G

MISCELLANEOUS

Section G-1. Inspection of Corporate Records.

The books of account, minute book and records of committee actions and proceedings shall be open to inspection upon written demand by any Director or member at any reasonable time and for any purpose reasonably related to his, her or its interests as a Director or member. Such inspection may be made in person, or by any agent or attorney designated by the Director or member, and shall include the right to make extracts and copies. Demands for inspection may be presented to the Board of Directors at any meeting, or to the President or Secretary, or if such demand relates to the books of account, to the Controller. Each such demand may be granted by the officer to whom it is presented, but unless so granted, shall be referred by such officer to the Board of Directors.

<u>Section G-2.</u> <u>Execution or Endorsement of Checks.</u>

All checks, drafts or other orders for payment of money, and notes or other evidences of indebtedness issued in the name of or payable to the corporation, shall be signed or endorsed by such person or persons, and in such manner, as the Board of Directors shall from time to time by resolution determine.

Section G-3. Execution of Contracts.

The Board of Directors may authorize any officer or officers and any agent or agents to enter into any contract or execute any instrument in the name of, and on behalf of, the

corporation, and such authority may be general or limited to specified instances. No officer, agent or employee shall have any power or authority to bind or obligate the corporation by any commitment, contract or engagement, or to pledge its credit or render it liable for any purpose or in any amount unless duly authorized by the Board of Directors.

Section G-4. Bylaws, Minutes and Membership Records.

The original or a certified copy of the Bylaws, together with all amendments thereto, and the minute book shall be kept at the principal office of the corporation referred to in Section B-1 and shall be subject to inspection as provided in Section G-1.

Section G-5. Representation of Shares of Other Corporations.

The President or any Vice President, acting together with the Secretary or any Assistant Secretary of this corporation, are authorized to vote, represent and exercise on behalf of this corporation all rights incident to any and all shares of stock of any other corporation or corporations which may be owned by or stand in the name of this corporation, and such authority may be exercised by such officers in person or by any person authorized by proxy or power of attorney duly executed by such officers.

Section G-6. Fiscal Year.

The fiscal year of this corporation shall be the calendar year.

<u>Section G-7.</u> <u>Indemnification of Directors, Officers, Employees and the Member.</u>

The corporation shall indemnify Directors, officers, employees and the member of the

corporation to the fullest extent permitted by Georgia law.

Section G-8. Insurance.

To the extent permitted by law, this corporation shall have the power to purchase and maintain insurance on behalf of any Director, officer or employee of the corporation against any liability asserted against and incurred by such person in his or her official capacity or arising out of his or her status as such, whether or not the corporation would have the power to indemnify that person under the provisions of Section G-7.

Section G-9. Annual Report.

No annual report shall be required in connection with the activities of the corporation except as required by Georgia law.

ARTICLE H

AMENDMENT AND EFFECT OF BYLAWS

Section H-1. Previous Bylaws Superseded.

These amended Bylaws supersede the previous Bylaws of this corporation and all amendments thereto.

Section H-2. Effect of Bylaws.

These Bylaws are in all respects subordinate to, and shall be controlled by, applicable provisions of the laws of the State of Georgia, other applicable laws, and the Articles of Incorporation of this corporation. Except as these Bylaws may be inconsistent with said laws and Articles, they shall regulate the conduct of the business and affairs of this corporation with respect to all matters to which they relate.

Section H-3. Manner of Amendment.

These Bylaws may be amended by a majority vote of the Board of Directors provided a quorum of the Board is present and voting, except that Articles C, D and H of these Bylaws may be amended only by the member.

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

▶ See instructions on back.

 	_
1	

For calendar year 2005, or tax year beginning ____ , 2005, and ending ___

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

OMB No 1545-1879

Department of the Treasury

Internal Revenue Service

Name of exempt organization	En	nployer identification number
KAISER FOUNDATION HEALTH PLAN OF GEORGIA	5	8-1592076
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8453-EO and enter the appany. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable, by you entered -0- on the return, then enter -0- on the applicable line below. Do not complete 1a Form 990 check here X b Total revenue, if any (Form 990, line 12)	e for the return folank (i.e. do not more than 1 line	or which you are tenter -0-). But, if in Part I 1b
Part II Declaration of Officer		
I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH to the financial institution account indicated in the tax preparation software for particle on this return, and the financial institution to debit the entry to this account. To reversity Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment institutions involved in the processing of the electronic payment of taxes to receive inquiries and resolve issues related to the payment.	nyment of the orgone oke a payment, I nt (settlement) da	ganization's federal taxes owed must contact the U.S. Treasury te I also authorize the financial
If a copy of this return is being filed with a state agency(s) regulating charities as I executed the electronic disclosure consent contained within this return all 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s)	owing disclosure	ed/State program, I certify that by the IRS of this Form
Under penalties of perjury, I declare that I am an officer of the above named organization's 2005 electronic return and accompanying schedules and statements and to titrue, correct, and complete I further declare that the amount in Part I above is the am electronic return I consent to allow my intermediate service provider, transmitter, or e organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receive an indication of any refund offset, (c) the reason for any delay in processing the return or refund, an	he best of my k ount shown on lectronic return eipt or reason fo	knowledge and belief, they are the copy of the organization's originator (ERO) to send the or rejection of the transmission,
Sign Here Signature of officer Date	VP & CONT	TROLLER
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (s	ee instructions)
I declare that I have reviewed the above organization's return and that the entries on Form of my knowledge If I am only a collector, I am not responsible for reviewing the return and the data on the return. The organization officer will have signed this form before I submit forms and information to be filed with the IRS, and have followed all other requirements IRS e-file Providers for Exempt Organization Filings If I am also the Paid Preparer, under per the above organization's return and accompanying schedules and statements, and to the becorrect, and complete This Paid Preparer declaration is based on all information of which I have any kills.	d only declare the the return I will in Publication 42 malties of perjury est of my knowle	nat this form accurately reflects give the officer a copy of all 106, Information for Authorized I declare that I have examined
ERO's signature Date Check if also paid preparer	Check If self- employed	ERO's SSN or PTIN P0029706
Only Firm's name (or yours if self-employed), address, and ZIP code Cylotha Laksel, CPA Kalsek Puaza, () Areaso (A	PAN.IX	510.271.6385 Phone no
Under penalties of perjury, I declare that I have examined the above return and accompanying schedule and belief, they are true, correct, and complete Declaration of preparer is based on all information of which the preparer	s and statements,	
Paid Preparer's signature Puni ClA Date L-10-05	Check If self- employed	Preparer's SSN or PTIN
Preparer's Use Only Firm's name (or yours if self-amployed). 55 SECOND STREET		EIN 13-5565207
address, and ZIP code		445 060 5400

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

65984C 646A

SAN FRANCISCO

Form 8453-EO (2005)

Phone no 415.963.5100

CA 94105

Form (Rev. December 2004)

Application for Extension of Time To File an Exempt Organization Return

OMB	NΛ	1545	1700

Department of the Treasury Internal Revenue Service 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.				
Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)				
Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only	•			
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax retul Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.	ns.			
Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want th (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8866 details on the electronic filing of this form, visit www.irs.gov/efile.	e additional			
Type or Name of Exempt Organization Employer identification	on number			
print KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC 58-1592076				
File by the Number, street, and room or suite no. If a P.O. box, see instructions.				
due date for ONE KAISER PLAZA, SUITE 1550L				
filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
instructions. OAKLAND, CA 94612				
Check type of return to be filed (file a separate application for each return):				
X Form 990 Form 990-T (corporation) Form 4720				
Form 990-BL Form 990-T(sec. 401(a) or 408(a) trust) Form 5227				
Form 990-EZ Form 990-T (trust other than above) Form 6069				
Form 990-PF Form 1041-A Form 8870				
• The books are in the care of ▶ <u>CYNTHIA LARSEN</u> Telephone No. ▶ <u>510 271-6385</u> FAX No. ▶ <u>510 271-2611</u> • If the organization does not have an office or place of business in the United States, check this box				
1541 : 5 - Course Detums autorabe aggregation of four digital Course Franchista Number (OFAI)	this is			
for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list wi	h the			
names and EINs of all members the extension will cover.				
1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until	<u>2006</u> ,			
to file the exempt organization return for the organization named above. The extension is for the organization's return for	or:			
x calendar year 2005 or				
tax year beginning, and ending,	•			
2 If this tax year 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				
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments				
made. Include any prior year overpayment allowed as a credit				
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit				
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See				
instructions				
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.				

Form 8868 (Rev 12-2004)

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

Form 8868 (Rev.	12-2004)	Page 2
	filing for an Additional (not automatic) 3-Month Extension, complete only	
	complete Part II if you have already been granted an automatic 3-month ex	
• If you are	filing for an Automatic 3-Month Extension, complete only Part I (on page 1).
Part II A	dditional (not automatic) 3-Month Extension of Time - Must	File Original and One Copy.
Type or	Name of Exempt Organization	Employer Identification number
print	KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC	<u>58-1592076</u>
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
extended due date for	ONE KAISER PLAZA, SUITE 1550L	
filing the return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
Instructions.	OAKLAND, CA 94612	
Check type	of return to be filed (File a separate application for each return):	
X Form	[-]	Form 5227
$\overline{}$	990-BL Form 990-T (trust other than above)	Form 6069
H	990-EZ Form 1041-A	Form 8870 .
	990-PF Form 4720	
	not complete Part II if you were not already granted an automatic 3-mol	nth extension on a previously filed Form 8868.
	oks are in the care of NATIONAL DIRECTOR OF TAX	0.071.0611
•	one No. ► <u>510 271-6385</u> FAX No. ► <u>510 anization does not have an office or place of business in the United States, c</u>	
_	or a Group Return, enter the o <u>rga</u> nization's four digit Group Exemption Numb	
	le group, check this box []. If it is for part of the group, check this bo	·
	EINs of all members the extension is for.	and attach a list with the
	est an additional 3-month extension of time until11/15/2006	
•	alendar year 2005 , or other tax year beginning	and ending .
		Final return Change in accounting period
7 State	in detail why you need the extension <u>THIS ENTITY IS A MEMBER</u>	OF A VERTICALLY
<u>inte</u>	GRATED MANAGED HEALTH CARE DELIVERY PROGRAM AND RE	QUESTS ADDITIONAL
	TO VERIFY THAT EACH MEMBER'S TAX RETURN DATA IS C	
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentative tax, less any
	fundable credits. See instructions	· · · · · · · · · · · · · · · · · · ·
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	
•	ayments made. Include any prior year overpayment allowed as a credit	and any amount paid
	ously with Form 8868	or if required deposit
	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax	
	ctions	\$
111500	Signature and Verification	n
Under penalti	es of perjury, I declare that I have examined this form, including accompanying schedules a	
it is true, corr	ect, and complete, and that I am authorized to prepare this form.	
Signature >	Decoral States The NP & CO	ONTROLLER Date > 8-1-06
	Notice to Applicant - To Be Complete	ed by the IRS
We We	have approved this application. Please attach this form to the organization's return.	
We	have not approved this application. However, we have granted a 10-day grace per of the organization's return (including any prior extensions). This grace period is o	iod from the later of the date shown below or the due
othe	rwise required to be made on a timely return. Please attach this form to the organization	on's return.
	have not approved this application. After considering the reasons stated in item 7, le. We are not granting a 10-day grace period.	we cannot grant your request for an extension of time
_	cannot consider this application because it was filed after the extended due date of t	the return for which an extension was requested.
Oth	er	
	Par.	
Director		Date
Alternate	Malling Address - Enter the address if you want the copy of this application on an address different than the one entered above.	for an additional 3-month extension
returne d t	o an address different than the one entered above.	EXTENSION APPROVED
	Name	
		AUG 2 2 2006
Type or	Number and street (include suite, room, or apt. no.) or a P.O. box number	
print		LINDA WEISKOPF, FIELD DIRECTOR
	City or town, province or state, and country (including postal or ZIP code)	SUBMISSION PROCESSING, OGDEN
JSA 5F8055 1 000		Form 8868 (Rev. 12-2004)