Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

	rnal Re	venue									Inspection	
Serv		2007 ca	lendar vea	r, or tax year beginning	g 01-01-2007 and ending	12-31-2	2007					
	heck if a			C Name of organization		, 12 31 1			D Em	ployer	identification number	
	ddress ch		Please use IRS		ALTH PLAN OF GEORGIA INC				58	-1592	076	
_	ame chai	_	label or print or	Number and street (or P	O box if mail is not delivered t	o street ac	dress	Room/suite			e number	
		_	type. See	ONE KAISER PLAZA SUIT	E 1550L				(510) 271-6611			
_	nitial retui		Specific Instruc-	City or town, state or co	untry, and ZIP + 4			L	F Acco	unting i	method Cash Accrual	
_	ınal returi		tions.	OAKLAND, CA 94612					_		specify) 🕨	
I A	mended i	return										
ΓΑ	pplication	pending						II and I am a				
					and 4947(a)(1) nonexempt Schedule A (Form 990 or 99		le				o section 527 organizations for affiliates? Tyes V No	
						/-					r of affiliates 🕨	
G \	Neb site	e: ► N/A	\					H(c) Are all			_ 	
J	Organiza	tion type	e (check only	one) 🕨 🔽 🥵 501(c) (3)	◀ (insert no)) or	527	(If "No	," attac	h a list	See instructions)	
					orting organization and its gros						ırn filed by an organization	
r	normally r	not more	than 25,000		if the organization chooses to f			covere	d by a	group n	uling?	
	e sure to	file a cor	nplete return				⊦			•	Number ►	
L	Gross re	eceipts	Add lines 6	5b. 8b. 9b. and 10b to I	ine 12 🕨 1,055,416,03	9					rganization is not required to 990, 990-EZ, or 990-PF)	
_	art I				ges in Net Assets or		<u> </u>			-	<u> </u>	
	1			s, grants, and similar a		i dila i	Ju iu	11005 (500		<i></i> 561		
	a			onor advised funds .		1a						
	ь	Direct	oublic supp	ort (not included on lin	e 1a)	1b		45	2,382			
	c			oport (not included on l	•	1c		1,109				
	d		•	· ıbutıons (grants) (not ı	•	1d		,	,			
	e	Total /	odd lings 1 s	a through 1d) (cach ¢ 1	.,562,162 noncash \$			\		1e	1,562,162	
	2				nment fees and contracts		art VI	/ T line 93)		2	1,041,404,677	
	3									3	1,011,101,077	
	4		•		investments				•	4	188,182	
	5		_	erest from securities					_		100,102	
	6a		ents	l I								
	Ь			ses 6b								
	c		•	ne or (loss) subtract line 6b from line 6a								
щ	7									7		
Revenue	8a			n sales of assets	(A) Securities			(B) O ther				
ά		other th	nan invento	ry	4,695,266	8a			4,250			
	ь	Less cos	t or other bas	sis and sales expenses	4,716,735	8b		2	48,991			
	c	Gain or	(loss) (atta	ach schedule)	-21,469	8c		-2	44,741			
	d	Netgai	n or (loss)	Combine line 8c, colun	nns (A) and (B)					8d	-266,210	
	9	Special	events and	d activities (attach sch	nedule) If any amount is fi	om gam i	ing, c	heck here 🕨	·			
	а	Gross	evenue (no	ot including \$	of							
				rted on line 1b)		9a						
	ь	Less d	ırect exper	nses other than fundrai	sing expenses	9b						
	С	Netinc	ome or (los	s) from special events	Subtract line 9b from line	9a .				9с		
	10a	Gross	ales of inv	entory, less returns an	dallowances	10a						
	ь	Less c	ost of good	ls sold		10b						
	С	Gross pro	ofit or (loss) fi	rom sales of inventory (atta	ch schedule) Subtract line 10b f	rom line 1	0a .			10c		
	11	Otherr	evenue (fro	om Part VII, line 103)					•	11	7,561,502	
	12	Total re	evenue A dd	lines 1e, 2, 3, 4, 5, 60	c, 7, 8d, 9c, 10c, and 11		<u></u>			12	1,050,450,313	
	13	Program	n services	(from line 44, column (B))				-	13	941,780,727	
Ŷ	14				olumn (C))					14	72,734,528	
Expenses	15									15		
û	16									16		
	17				umn (A)					17	1,014,515,255	
<u>2</u>	18				ine 17 from line 12					18	35,935,058	
.0	19	Netass	ets or fund	i balances at beginning	of year (from line 73, coli	ımn (A))				19	88,988,974	

Other changes in net assets or fund balances (attach explanation) $^{f 2}$

Net assets or fund balances at end of year Combine lines 18, 19, and 20 .

20

20

3,418,884

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
22a	Grants paid from donor advised funds (attach Schedule) (cash $\0 noncash $\0) If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule) 🕏	224				
	(cash $$\frac{2,582,493}{}$ noncash $$\frac{0}{}$) If this amount includes foreign grants, check here	22b	2,582,493	2,582,493		
23	Specific assistance to individuals (attach schedule)	23		· ·		
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	89,710		89,710	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	96,202,328	81,169,027	15,033,301	
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	31,640,972	26,627,741	5,013,231	
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	634,260		634,260	
32	Legal fees	32	800		800	
33	Supplies	33	103,948,102	98,404,819	5,543,283	
34	Telephone	34	332,305	303,808	28,497	
35	Postage and shipping	35	1,730,009	1,085,237	644,772	
36	Occupancy	36	10,113,851	10,110,013	3,838	
37	Equipment rental and maintenance	37	6,782,246	6,462,032	320,214	
38	Printing and publications	38	1,896,250	745,606	1,150,644	
39	Travel	39	1,063,520	676,053	387,467	
40	Conferences, conventions, and meetings	40	358,411		358,411	
41	Interest	41	1,642,914	1,642,914		
42	Depreciation, depletion, etc (attach schedule)	42	8,127,648	8,127,648		
43	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	1,014,515,255	941,780,727	72,734,528	O

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

(Grants and allocations \$

Pa	rt IIII Statement of Program Service	: A	ccomplishments (See the instructions.)	
For org The	m 990 is available for public inspection and, for sanization. How the public perceives an organizati	s o n I o n	ne people, serves as the primary or sole source of information a in such cases may be determined by the information presented l accurate and fully describes, in Part III, the organization's pr	on its return
All c put cha		ent <u>s</u>	FOUNDATION HEALTH PLAN OF GEORGIA, INC ("HEALTH PLAN"), A GEORGIA NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PUBLIC BENEFIT AND GENERALLY EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), AND COMPARABLE STATE STATUTE, IS TO PROVIDE A PROGRAM OF HEALTHCARE AND MEDICAL SERVICES AS A PREPAID DIRECT CARE GROUP PRACTICE HEALTH MAINTENANCE ORGANIZATION HEALTH PLAN IS A SUBSIDIARY OF KAISER FOUNDATION HEALTH PLAN, INC AN ORGANIZATION ALSO EXEMPT FROM TAX UNDER INTERNAL REVENUE CODE SECTION 501 (C)(3) HEALTH PLAN CONTRACTED WITH KAISER FOUNDATION HOSPITALS (HOSPITALS) AND SOUTHEAST PERMANENTE MEDICAL GROUP, INC (MEDICAL GROUP) TO PROVIDE OR ARRANGE FOR HOSPITAL AND MEDICAL SERVICES FOR ITS MEMBERS HOSPITAL IN TURN CONTRACTS WITH COMMUNITY HOSPITALS TO PROVIDE SUCH HOSPITAL MEDICAL CARE WHERE HOSPITALS DOES NOT OWN OR OPERATE FACILITIES CONTRACT PAYMENTS TO COMMUNITY HOSPITALS AND MEDICAL GROUP REPRESENT A SUBSTANTIAL PORTION OF T IN a clear and concise manner State the number of clients served, able (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	SEE STATEMENT 4			
b	(Grants and allocations \$ 2,582,493)		If this amount includes foreign grants, check here 🕨 🦵	941,780,727
_	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
С				
d	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	

) If this amount includes foreign grants, check here 🕨 🦵

941,780,727

Part IV	Balance	Sheets	(See	the	instructions.)
GIC IV	Daidiice		, 500		mser accionsi,

Pa	art IV	Balance Sheets (See the instru	ctions	:.)			
Not	:e:	Where required, attached schedules and amou column should be for end-of-year amounts or	(A) Beginning of year		(B) End of year		
	45	Cash—non-interest-bearing			36,318	45	8,775,863
	46	Savings and temporary cash investments		[46	102,036,725
			1	1			
	47a	Accounts receivable	47a	26,266,226			
	Ь	Less allowance for doubtful accounts	47b	7,470,142	20,045,966	47c	18,796,084
	48a	Pledges receivable	48a				
	ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable	·			49	
	50a	Receivables from current and former office key employees (attach schedule)		· · · · · · · · · · · · · · · · · · ·		50a	
	ь	Receivables from other disqualified person 4958(c)(3)(B) (attach schedule)	s (as de	efined under section		50Ь	
	51a	Other notes and loans receivable (attach					
		schedule)	51a				
Ş	Ь	Less allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use			8,004,478	52	8,525,114
	53	Prepaid expenses and deferred charges .			769,202	53	939,439
	54a	Investments—publicly-traded securities	. •	Cost FMV	0	54a	0
	Ь	Investments—other securities (attach sch	edule)	► Cost FMV		54b	
	55a	Investments—land, buildings, and equipment basis	55a				
	ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) .				56	
	57a	Land, buildings, and equipment basis	57a	222,844,064			
	ь	Less accumulated depreciation (attach schedule)	57b	105,583,868	106,546,412	57c	117,260,196
	58	Other assets, including program-related in					
		(describe ►)	68,148,052	58	3,988,336	
	59	Total assets (must equal line 74) Add line			203,550,428	59	260,321,757
	60	Accounts payable and accrued expenses		F	70,502,811	60	76,983,054
	61	Grants payable				61	
	62	Deferred revenue		F	10,651,945	62	10,148,614
ν <u>η</u> 1	63	Loans from officers, directors, trustees, an	•	· · · ·			
		schedule)		F		63	
\;	1	Tax-exempt bond liabilities (attach schedu		F		64a	
		Mortgages and other notes payable (attach		· · · · · · · · · · · · · · · · · · ·	33,406,698	64b	44,847,173
	65	Other liablilities (describe 🗠)	33,406,696	65	44,847,173
	66	Total liabilities Add lines 60 through 65			114,561,454	66	131,978,841
	Orga	anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74	▶	nd complete lines			
Š	67	Unrestricted				67	
Balances	68	Temporarily restricted		[68	
3 <u>9</u>	69	Permanently restricted	[69		
둳	Orga	nnizations that do not follow SFAS 117, chec	k here	► and			
Fund		complete lines 70 through 74					
ŏ	70	Capital stock, trust principal, or current fu	5,665,218	70	5,665,218		
sets	71	Paid-in or capital surplus, or land, building		71			
Ass	72	Retained earnings, endowment, accumulate	me, or other funds .	83,323,756	72	122,677,698	
Net.	73	Total net assets or fund balances Add line through 72 (Column (A) must equal line 19		<u> </u>			
		line 21)		<u> </u>	88,988,974	73	128,342,916
	74	Total liabilities and net assets / fund balances	s Add line	es 66 and 73	203,550,428	74	260,321,757

а	Total revenue, gains, and other supp	ort per audited financial stat	tements			а	1,055,235,272
b	A mounts included on line a but not o	on Part I, line 12					
1	Net unrealized gains on investments		b1		520,824		
2	Donated services and use of facilitie	s	b2				
3	Recoveries of prior year grants .		Ь3				
4	Other (specify)						
	 		. b 4		4,015,144		
	Add lines b1 through b4				• •	b	4,535,968
	Subtract line b from line a					С	1,050,699,304
	Amounts included on Part I, line 12,		ı	İ			
1	Investment expenses not included of 6b	on Part I, line	d1				
2	Other (specify)						
			d2		-248,991		
	Add lines d1 and d2					d	4,535,968
:	Total revenue (Part I, line 12) Add						1,050,450,313
) - mi	d				Mish Franci	e	Datum
	Total expenses and losses per audit	•			with Expe	a a	1,015,881,333
))	A mounts included on line a but not o				•	a	1,015,001,333
1	Donated services and use of facilitie	•	b1	I			
2	Prior year adjustments reported on F						
2	20	art I, iiile	b2				
3	Losses reported on Part I, line						
	20	•	Ь3				
4	Other (specify)		b4		5,392,142		
	Add lines b1 through b4		. 04		5,392,142	ь	5,392,142
:	Subtract line b from line a				• •	С	1,010,489,191
I	Amounts included on Part I, line 17,						1,010,409,191
1	Investment expenses not included o		1	1			
•	6b	mir art 1, ime	d1				
2	Other (specify)						
			. d2		4,026,064		
	Add lines d1 and d2					d	4,026,064
:	Total expenses (Part I, line 17) Add d					e	1,014,515,255
Part	Current Officers, Direct director, trustee, or key e instructions.)	ors, Trustees, and Ke			they were r	who wa	
	(A) Name and address	(B) Title and average hours per week devoted to position		mpensation iid, enter -0)	(D) Contribi employee bend deferred com plan	efit plans & pensation	(E) Expense account and other allowances
NE	STATEMENT KAISER PLAZA SUITE 1550L LAND,CA 94612	SEE STATEMENT 0		0			
		i	1		1		

01111	330 (2007)						raye
	t V-A Current Officers, Directors	<u> </u>	<u> </u>			Yes	No
75a	Enter the total number of officers, director	s, and trustees permitted	to vote on organization	n business at board			
	meetings		. ► <u>8</u>				
b	Are any officers, directors, trustees, or ke	y employees listed in For	m 990, Part V-A, or hig	jhest compensated			
	employees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A , Part II-A	or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemen	t that identifies the indivi	duals and explains the	relationship(s) .	75b	Yes	
c	Do any officers, directors, trustees, or key	employees listed in Forn	n 990, Part V - A , or hıg	hest compensated			
	employees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-	or II-B, receive comper	nsation from any other o	organizations, whether			
	tax exempt or taxable, that are related to organization"	the organization? See the	instructions for the de	finition of "related ••••••••••••••••••••••••••••••••••••	75c	Yes	
	If "Yes," attach a statement that includes	the information described	in the instructions				
d	Does the organization have a written confl				75d	Yes	
Par	t V-B Former Officers, Director						
	Benefits (If any former office (described below) during the benefits in the appropriate contacts.	year, list that person	below and enter the	amount of compens			
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans		oense acc ner allowa	count and ances
ONE	TEMENT 17A : KAISER PLAZA SUITE 1550L (LAND,CA 94612	0	0				
<u> </u>	(CAND, CA 34012						
Par	t VI Other Information (See the	ıinstructions.)				Yes	No
76	Did the organization make a change in its activities		rities? If "Yes," attach a				
	detailed statement of each change				76		No No
77	Were any changes made in the organizing	or governing documents t	nut not reported to the i	RS?	77		No
•	If "Yes," attach a conformed copy of the c	3 3	but not reported to the .				110
78a	Did the organization have unrelated business gross		ng the year covered by this	return?	78a	Yes	
	If "Yes," has it filed a tax return on Form 9	, ,	· ,		78b	Yes	
υ 79	Was there a liquidation, dissolution, termination, or				730	162	
_		79		No			
a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership,							INU
4	y	80a	Yes				
h	governing bodies, trustees, officers, etc , to any oth If "Yes," enter the name of the organization	-			Jua	165	
D	in res, enter the hame of the organization						
			etheritis 🔽 exempto	•			
	Enter direct or indirect political expenditu	•	· <u> </u>	0	4		
ь	Did the organization file Form 1120-POL for	rthis vear?			81b		No

	550 (2007)			raye /
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?	82a		No
b	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)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Νο
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
_				
		-		
		-		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	-		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	-		
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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?			
	504/ V7)	85h		-
36	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0	_		
	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)			
38a	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	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	001		
.	FOM/-VO)	88b		No
39a	$501(c)(3)$ organizations Enter A mount of tax imposed on the organization during the year under section 4911 \blacktriangleright 0, section 4912 \blacktriangleright 0, section 4955 \blacktriangleright 0			
L	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during			
b	the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter A mount 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			
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		No.
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		l No
-	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting	091		INO
g	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		
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, 2007 (See instructions)			2,019
91a	The books are in care of ► NATIONAL DIRECTOR OF TAX Telephone no ► (510)	271-6	385	
	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	1	V	NI -
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	014	Yes	No No
	·	91b		No
	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			

rm 990 (2007)							Page ₹
art VI Other Information (contin	•					Yes	No
At any time during the calendar year, o	did the organization m	naıntaın a	an office outside o	of the United	States? 91	lc	No
If "Yes," enter the name of the foreign	country ►						
Section 4947(a)(1) nonexempt charitable	trusts filing Form 990) in lieu d	of Form 1041— Ch	eck here .			► □
and enter the amount of tax-exempt in					. ▶ 92		
t VII Analysis of Income-Pro					. 510 510 514		
Enter gross amounts unless otherwise	murcateu.	(A)	business income	(C)	ection 512, 513, or 514	(E Relate	
	Bus	siness	(B) Amount	Exclusion	(D) Amount	exempt f	
Program service revenue	CC	ode		code		IIICOI	
MEMBERS HEALTH CARE						82	5,529,606
SUPPLEMENTAL CHARG							1,289,382
NON-PLAN & INDUSTR	621	1400	3,879,596				722,863
d OTHER PROGRAM SERV			, ,			1:	1,780,734
e							
f Medicare/Medicaid payments						138	8,202,496
g Fees and contracts from government	agencies						
Membership dues and assessments							
Interest on savings and temporary cash invest	tments			14	188,182		
Dividends and interest from securities	s						
Net rental income or (loss) from real o	estate						
a debt-financed property							
b non debt-financed property							
Net rental income or (loss) from personal prop	· ·						
Other investment income				18	266 210		
Gain or (loss) from sales of assets other than				10	-266,210		
 Net income or (loss) from special eve Gross profit or (loss) from sales of inv 							
Other revenue a INT INC-AFFILI				14	7,561,502		
b					.,,		
d							
e							
Subtotal (add columns (B), (D), and (E	≣))		3,879,596		7,483,474	1,03	7,525,081
Total (add line 104, columns (B), (D),	and (E))				🕨	1,048,8	388,151
:: Line 105 plus line 1e, Part I, should equ	al the amount on line 1	2, Part I.					
rt VIII Relationship of Activit							
Explain how each activity for which of the organization's exempt purpo					nportantly to the acc	omplishn	nent
3 SEE STATEMENT 22	ses (other than by pro	o viaing i	ands for such par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
rt IX Information Regarding (A)	(B)	aries a		ea Entitie			<i>.)</i> E)
Name, address, and EIN of corporation,	Percentage of		(C) Nature of activiti	es	(D) Total income	End-o	f-year
STATEMENT	ownership interest					ass	sets
KAISER PLAZA SUITE 15L LAND, CA94612	10000 %	О			0		(
100000							
	%						
	%						
art X Information Regarding	Transfers Assoc	iated v	with Personal	Benefit C	ontracts (See th	ie	
instructions.)							
Did the organization, during the year, receive a	any funds, directly or indire	ectly, to pa	ay premiums on a per	sonal benefit o	ontract?	☐ Yes	
Did the organization, during the year, p		•	rectly, on a perso	nal benefit c	ontract?	☐ Yes	l√ No
TE: If "Yes" to (b), file Form 8870 and F	form 4720 (see instruc	tıons).					

Part		nformation Rega controlling organi				ed Enti	ties Comp	lete only if the	organizati	ion is
106		e reporting organiza ode? if "Yes," compl				defined in	section 51.	2(b)(13) of	Yes	No No
	ı	(A) Name and address o controlled entit		Employer Id	3) lentification nber	D	(C) escription of transfer	f A mou	(D) nt of trans	fer
a										
b										
С										
		Totals								
								_		
									Yes	No
107		e reporting organiza ode? if "Yes," compl				as defin	ed in section	n 512(b)(13) of	1.00	No
	(A) Name and address of each controlled entity		Employer Id	(B) Employer Identification Number		(C) Description of transfer		(D) Amount of transf		
,										
:										
		Totals								
									Yes	No
108		e organization have ies and annuities de			t on August 17,	2006 co	vering the ir	iterests, rents,	165	140
		der penalties of perjury, d belief, it is true, correc								
leas		, ,	,		,		2008-11		,	,
ign ere		Signature of officer					Date			
iere		DEBORAH STOKES VP, Type or print name and								
Paid		Preparer's signature			Date	Check if self-empolyed		Preparer's SSN or PT	IN (See Gen	Inst W
rep se nly	arer's	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP					EIN ▶		
			55 SECOND STREET							
			33 SECOND STREET					Phone no • (415)	963-5100	

DLN: 93490322024598

OMB No 1545-0047

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 Supplementary Information—(See separate instructions.)

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

2007

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 Office	ers, Directors, a	nd Trustees
	(See page 1 of the instruction	ns. List each one. If there ar	e none, enter "Non	e.")	
				(1) 6	

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT	VP			
1 KAISER PLAZA SUITE 1550L OAKLAND, CA 94612	40 0	0	0	0
Total number of other employees paid over \$50,000	695		1	

Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

None.)		
(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	65,358,964
ATLANTA,GA 30368		
NORTHSIDE HOSPITAL		
PO BOX 101818	MEDICAL SERVICES	76,235,791
ATLANTA, GA 30392		
SOUTHEAST PERMANENTE MEDICAL GROUP		
3395 PIEDMONT RD	MEDICAL SERVICES	347,613,388
ATLANTA, GA 30305		
CHILDREN AT SCOTTISH RITE		
PO BOX 116101	MEDICAL SERVICES	15,377,741
ATLANTA, GA 30368		
SAINT JOSEPHS HOSPITAL		
PO BOX 102046 ANNEX 68	MEDICAL SERVICES	13,154,091
ATLANTA, GA 30368		
Total number of others receiving over \$50,000 for 477		
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 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BERGEN BRUNSWIG CORP		
PO BOX 867	PHARMA SUPPLIES	80,788,159
FOREST PARK, GA 30298		
MEDIMPACT HEALTHCARE SYSTEM INC		
10680 TREENA ST 5TH FLOOR	PHARMA SUPPLIES	9,498,148
SAN DIEGO, CA 92131		
MCCARTHY BUILDING COMPANIES INC		
2100 RIVERSIDE PARKWAY STE 1010	CONSTRUCTION SERVICE	8,788,835
ATLANTA, GA 30328		
GA POWER COMPANY		
96 ANNEX	UTILITIES SERVICE	1,958,216
ATLANTA,GA 30396		
CAMPBELL EWALD		
PO BOX 78000	ADVERTISING	4,330,721
DETROIT, MI 48278		
Total number of other contractors receiving over		

Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	connection with the lobbying activities 🛰 238,396 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			l
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			i
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			l
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			l
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🕏			l
а	Sale, exchange, or leasing property?	2a	Yes	
ь	Lending of money or other extension of credit?	2b	Yes	
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	i
e	Transfer of any part of its income or assets?	2e		Νo
За	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments)	3a	İ	No
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
ь	Did the organization make any taxable distributions under section 4966?	4b		Νo
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

P	art I	Reason for Non-Private	oundation Status	(See pages 4 th	rough 7 of the	instructions.)
Icer	tify th	at the organization is not a private foun	dation because it is (P	lease check only C	NE applicable bo	x)	
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)		
6	\vdash	A school Section 170(b)(1)(A)(II) (A	lso complete Part V)				
7	Γ	A hospital or a cooperative hospital s	ervice organization Sec	ction 170(b)(1)(A)	(111)		
8	Γ	A federal, state, or local government	or governmental unit Se	ection 170(b)(1)(A)(v)		
9	Γ	A medical research organization oper and state 🕨	ated in conjunction with	a hospital Section	n 170(b)(1)(A)(ııı	ı) Enter the ho	spital's name, city,
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp			ated by a governi	mental unit	
11a	Γ	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	•		overnmental unit	or from the ge	neral public
11b	Γ	A community trust Section 170(b)(1)(A)(vı) (Also complete	the Support Scheo	lule ın Part IV -A)	
12	্ব	An organization that normally receive receipts from activities related to its its support from gross investment incacquired by the organization after Jun	charitable, etc , function ome and unrelated busi	ns—subject to certa ness taxable incon	ain exceptions, a ne (less section 5	nd (2) no more 511 tax) from b	than 331/3% of ousinesses
13	Γ	An organization that is not controlled requirements of section 509(a)(3)		•	_	•	se meets the
		Type I Type II Type	e III - Functionally Inte	grated 7	ype III - Other		
		Provide the following informa	tion about the supporte	ed organizations. (s	see page 7 of the	instructions.)	
ľ	Name((a) (s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization lis supporting org governing do	sted in the anization's	(e) A mount of support?
				IRC section)	Yes	No	
Tota						•	

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

(i age i
Part IV-A	Support Schedule (Complete only if y	fyou checked a box on line 10, 11	1, or 12) <i>Use c</i> a	ash method o	f accounting.
ote: You may u	se the worksheet in the instructions for convei	verting from the accrual to the cash	method of accoun	tıng.	

Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 20	003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,428,452	1,599,488	1,229,719	1	,095,365	5,353,024
16	Membership fees received						(
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of	971,264,686	882,186,247	817,560,129	730	,184,134	3,401,195,196
	facilities in any activity that is related to the	,,	,,	511,551,551		, ,	-,, -, -, -, -,
18	organization's charitable, etc , purpose Gross income from interest, dividends, amounts						
	received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and	7,204,678	5,719,453	3,648,615	2	,676,595	19,249,341
	unrelated business taxable income (less section 511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities						(
	not included in line 18 Tax revenues levied for the organization's benefit						
20	and either paid to it or expended on its						C
	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						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						C
23	Total of lines 15 through 22	979,897,816	889,505,188	822,438,463	733	,956,094	3,425,797,561
24	Line 23 minus line 17	8,633,130		4,878,334		,771,960	24,602,365
25	Enter 1% of line 23	9,798,978	8,895,052	8,224,385	7	,339,561	
26	Organizations described on lines 10 or 11: a Er	nter 2% of amoun	: ın column (e), lır	ne 24 🕨	26a	•	
	2005 exceeded the amount shown in line 26a Do of all these excess amounts Total support for section 509(a)(1) test Enter line Add Amounts from column (e) for lines 18		19	► ►	26b 26c		
C	Add Amodnits from Column (e) for fines 18 _		_ 19 26b		26d		
_	Public support (line 26c minus line 26d total)			<u> </u>	26e		
	Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))		26f		
27	Organizations described on line 12: a For amou			7 that were recen		a "dis diia	lified person "
_,	prepare a list for your records to show the name of						
	Do not file this list with your return. Enter the sun			, car o, cac	uio quaii	mou poro	
			·	0	(2003)		0
ŀ	(2006) 0(2005) For any amount included in line 17 that was received.	ed from each pers	on (other than "d	ısqualıfıed persor	.` ns"), prepa	are a list	for your
	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de	scribed in lines 5	through 11b, as	well as individual	s) Do not	file this	list with your
	return. After computing the difference between the	amount received	and the larger an	nount described ir	n (1) or (2	2) , enter	the sum of
	these differences (the excess amounts) for each y	ear					
	(2006) 0(2005)	С	(2004)	0	(2003)_		0
c	Add Amounts from column (e) for lines 15	5,353	, ⁰²⁴ 16	0			
	17 3,401,195,196 20		<u> </u>	0	▶	27c	3,406,548,220
	Add Line 27a total0	and line 27b tot	al	0	•	27d	(
	Public support (line 27c total minus line 27d total				▶	27e	3,406,548,220
	Total support for section 509(a)(2) test Enter am			27f 3,42	5,797,561		
	Public support percentage (line 27e (numerator) d			•	27g		99 44 %
ŀ	Investment income percentage (line 18, column (e	e) (numerator) div	vided by line 27f ((denominator)) 🟲	27h		0 56 %
28	Unusual Grants: For an organization described in li	ne 10, 11, or 12 t	hat received any	unusual grants d	urıng 200	2 throug	h 2005,
	prepare a list for your records to show, for each ye	ar, the name of th	e contributor, the	date and amount	of the gra	nt, and a	brief

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ŀ	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory	32ь		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
•	with student admissions, programs, and scholarships?	 32c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
•	Copies of all material used by the organization of on its behalf to solicit contributions.	32u	<u> </u>	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
ā	Students' rights or privileges?	33a		
t	Admissions policies?	33Ь		
c	Employment of faculty or administrative staff?	33c	ı	
c	Scholarships or other financial assistance?	33d	I	
•	Educational policies?	33e	ı	
f	· Use of facilities?	33f		
ç	Athletic programs?	33g		
i	Other extracurricular activities?	33h	I	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	- Has the organization's right to such aid ever been revoked or suspended?	34b		
ı	has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	340		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35	ı	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be com	pleted	ONLY b	y an	eligible	organization	that filed	l Form	5768)

he	ck 🟲 a 🖊 ıf the organızatıon belong	s to an affiliated group Check 🟲 b 🚶 if yo	u checked	"a" and "limited con	trol" provisions apply
		bbbying Expenditures s" means amounts paid or incurred)		(a) A ffiliated 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		
41	Lobbying nontaxable amount Enter t	the 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			
	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			
42	Grassroots nontaxable amount (ente	r 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter	-0- ıf lıne 42 ıs more than lıne 36	43		(
44	Subtract line 41 from line 38 Enter	-0- if line 41 is more than line 38	44		(
			•		

4-Year Averaging Period Under Section 501(h)

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

		Lo	bbying Expendit (ıres During 4-Yea	ır Averaging Peri	od
	Calendar year (or fiscal year beginning in) 🟲	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) 🕏

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

- a Volunteers
- **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)
- c Media advertisements
- **d** Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i 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>	OI UI	e ilisi	i ucuons.) 🗃
	Yes	No	A mount
		Νo	
	Yes		
		Νo	
	Yes		2,12
	Yes		
	Yes		
	Yes		137,79
	Yes		98,47
		•	238,39

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

Solic) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations a Transfers from the reporting organization to a noncharitable exempt organization of a (ii)
(i) Cash (ii) Other assets b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimburs ement arrangements (b(iv) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Rental of facilities, equipment, mailing lists, other assets, or paid employees (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services
(ii) Other assets by Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iv) Reimbursement arrangements (iv) Reimbursement arrangements (iv) Performance of services or membership or fundraising solicitations (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Perfo
b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Remainswer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) Name of noncharitable exempt organization Amount involved Name of noncharitable exempt organization Obscription of transfers, transactions, and sharing arrangements Amount involved Name of noncharitable exempt organization Obscription of transfers, transactions, and sharing arrangements Obscription of transfers, transactions Obscription of transfers, transactions
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(v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (d) If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) (d) Description of transfers, transactions, and sharing arrangements (a) Name of noncharitable exempt organization arrangements
(vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) (b) (c) Name of noncharitable exempt organization. Pescription of transfers, transactions, and sharing arrangements. (b) Name of noncharitable exempt organization. Pescription of transfers, transactions, and sharing arrangements. re also arrangements. Pescription of transfers, transactions, and sharing arrangement arrangemen
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(a) (b) (c) Name of noncharitable exempt organization (c) Description of transfers, transactions, and sharing arrangements Description of transfers, transactions, and sharing arrangements Description of transfers, transactions, and sharing arrangements
a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations
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Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? • Yes • Yes
(a) (b) (c) Name of organization Type of organization Description of relationship

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 EMPLOYEE RELATED EXPENSES	43a	898,488	753,591	144,897	
b EMPLOYEE RELOCATION/PARKING	43b	22,575		22,575	
c PURCHASED MEDICAL SERVICES-BCP	43c	542,570,721	542,570,721		
d PURCHASED MEDICAL SERV	43d	54,673,997	54,548,346	125,651	
e PURCHASED SERVICES - OTHER	43e	9,686,142	1,598,259	8,087,883	
f PROFESSIONAL & PUBLIC LIAB INS	43f	637,265	637,265		
g OTHERINSURANCE	43g	12,446,190	12,446,190		
h INFORMATION TECHNOLOGY SERVICE	43h	63,274,899	52,482,805	10,792,094	
i BUSINESS LICENSES & TAXES	43i	210,358	140,520	69,838	
j PREMIUM TAXES	43j	3,569,232	3,569,232		
k DUES & SUBSCRIPTIONS - PROF	43k	182,597	174,774	7,823	
I BAD DEBT EXPENSE	431	4,026,064	4,026,064		
m ADVERTISING & MARKETING EXP	43m	22,364,854	884,621	21,480,233	
n EQUIPMENT, SMALL TOOLS	43n	1,303,374	1,303,374		
• INTER-REGIONAL CHARGES	43o	22,779,306	22,150,086	629,220	
p BANK CHARGES	43p	1,975,677		1,975,677	
q EMPLOYEE DEVELOPMENT	43q	489,113	454,258	34,855	
r PROPERTY TAXES	43r	1,782,161	1,782,161		
s INTERENTITY EXPENSE	43s	1,009,499	1,009,499		
t MISCELANEOUS EXPENSE	43t	3,466,924	3,311,570	155,354	

TY 2007 Cash Grants Paid Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Class of Activity	Recipient's name	Address	Amount	Relationship
	STATEMENT		2,582,493	

TY 2007 Other Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Beginning of Year Amount	End of Year Amount
DUE FROM KAISER AFFILIATES	67,662,052	3,535,036
STATUTORY DEPOSITS	105,000	105,000
OTHER ASSETS	381,000	348,300

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TY 2007 Other Changes in Net Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Amount
CHANGE IN PENSION & OTHER RET LIAB	2,898,057
NET UNREALIZED GAIN ON INVESTMENTS	520,827

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TY 2007 Other Expenses Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Amount
INTER-ENTITY REVENUE - RECLASS	5,143,151
RECLASS	248,991



TY 2007 Other Expenses Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Amount
BAD DEBT EXPENSE - RECLASS	4,026,064

TY 2007 Other Liabilities Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

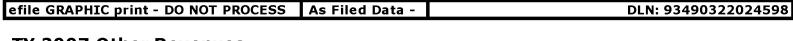
Description	Beginning of Year Amount	End of Year Amount
PENSION PLAN PAYABLE	15,303,651	14,209,243
SELF INS RISK-PROF PUBLIC LIAB	16,642,654	19,300,256
OTHER CURRENT LIABILITIES	0	936,899
OTHER LONG-TERM LIABILITIES	1,460,393	2,240,975
NOTE PAYABLE TO AFFILIATE	0	8,159,800

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TY 2007 Other Revenues Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Amount
BAD DEBT EXPENSE - RECLASS	-4,026,064
INTER-ENTITY REVENUE - RECLASS	5,143,151
RETIREMENT LIABILITIES	2,898,057



TY 2007 Other Revenues Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Description	Amount
RECLASS	-248,991

TY 2007 Non Electing Public Charities Statement

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

EIN: 58-1592076

Statement: STATEMENT

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TY 2007 Self Dealing Statement

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Line Number	Explanation
2a	STATEMENT
2b	
2c	
2d	FORM 990, PART V

DLN: 93490322024598

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

TY 2007 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
2007	1,428,452		971,264,686	7,204,678					979,897,816
2004	1,599,488		882,186,247	5,719,453					889,505,188
2003	1,229,719		817,560,129	3,648,615					822,438,463
2002	1,095,365		730,184,134	2,676,595					733,956,094

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC FORM 990, PART (I - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
Kechten name Address	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			##PPDEGEOGRAPHICALIST AND AND AND AND AND AND AND AND AND AND
AID Atlanta 1438 W. Peachtree St. NW, Atlanta, GA 20309	14/A 508/aj/1)	Donation to Safety Net Provider, Support for case Worker/Case Manager	\$90,000,00
Amerikan Canoar Society- South Atlantic Dtuscon, Inc. 8219 Town Center Druc Baltimore, MD 21236	NA 509;0X1)	Patient Navigation Program	\$20 000 00
American Heart Association 1101 Northchase Parkway, Suite 1, Manette, CA 30067	14/4, 503(a)(1)	2007 Heart Walk to support Clayton On the Move walking program which encourages employees to walk to walk & make lifestyle changes	\$5,000.00
Alianta Regional Health Forim 40 Courtains Street Atlanta, GA 30303	N/A 508(al(1)	Grant for operating and project support	\$25,000,00
Allanta Women s Foundation The Hurt Bullding Ste. 401 Atlanta, GA 30303	18/14/2 503(4/1)	GaiGrifSo Luncheon, GofsirlGo Inflauve for young women to encourage physical activity in feenage gins	\$252,050.51
A Ma Community Partners 4331 Thumond Tanner Parkway, Flowery Branch, GA 3/342.	N//. 509(a)/1)	Arcest to care for low income	220 000 00
Benjarnin Barneker High School 5935 Feldwood Road, College Park, GA 30349	N/A 509(a)(1)	Donation to Health Fair	\$228.44

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	DR PURPOSE OF GRANT	
Center for Black Women's Welliness 477 Wintisor Street SW Suite 309 Atlanta, GA 30312	MA 508(a)(1)	Access to care for income	320,000,00
Center for Columnini, Bassid Parinerships 3830 South Cabb Drive, Suite 300, Smyrna, GA 30080	WA 50%ay(1);	Acress to care for low incorne	\$20,000 00
Clayfun Chillege and State University 5900 North Lee Street Marrow, GA 30260	804,41)	Contribution to support retention and Pactuitment of health care professionals; Endowed Nursing Scholurgen	\$75,000.00
Clayron County Brand of Health 1117 Battlecreek Road Jonesooro, GA 30236	N/A 6(Mai/1)	Access to care for low income	\$27,000,00
Cubb Cornty Board of Health 1850 County Services Parkvay, Marietts, GA 30008	M/A 503(a)(1)	Access to care for low importe	\$20.000.00
Dexelb Community Service Board 445 Winn Wey Decalur, GA 10031	11/4 509*e#(1)	Access to care for low income	820.000.00
Dekalb County Board of Education 3770 North Decatur Road Decatur, GA 30032	M/A 509(a)(1)	Assistant Director Staff and Sturent Waliness, 2007 Dekalb Toathers of the Year Awards Banquet-recognition of Dekalb County Teachers of the Year	\$50,500,00

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC FORM 990. PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	R PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
Dekalb County Board of Health 415 Winn Wey Decetur, GA 30031	147. 509/a.f.1)	Access to care for low income	\$20,000 00
Earth Share of Georgia 1447 Peschirce Street, Sie 214, Allante, CA 30309	N/A 508(a)(1)	Earh Lay 2007 Presenting Sponsuship In support Dsurye's unly dodicated environmental fund, Corporate Donation	\$45,000.00
Familins First 1105 West Peannres Street, NE. Atlanta, CA. 30357	MA SOBALL	Dining for a Offlerevice contribution to so life selfe housing and counselfing for families who have experienced abuse	\$5,000 00
Fragile Nids Foundallon 3350 Niverwood Perkway, Suife 1400, Allanto, GA 30339	14/4 509(a)(1)	Support for medical equipment and thorapies	45,000 00
Fulton Chimry Department of Health and Wellness 99 Jesse Hill Jr. Drive SE Allanta, GA 30303	11/A 508(a)(1)	Access to care fix law income	\$20,000.00
Fulfor Life Euronmant Foundation Inc. 115 Martin Litther King Jr. Dr., Ste 277, Atlanta, GA 30303	N/A 509(a)(1)	Arcess to care for fow income	\$20,000 00
Georgia Breast Cancer Cushtion Films 1945 Cliff Valley V/ay, Sulte 240, Atlanta, CA 30329	N/A \$19(841)	13th Annual Legislative Broakfast to support advocacy surrounding research for breast carroer cure	\$10,090 00

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOIMT
Gerigia Budgot and Polity Institute 190 Edyswood Averue, Suitz 1029, Atlanta 19A 30303	N/A SKO(AKT)	2007 Ceardia Budgat and Polloy Institute Visionary Luncheon to support rosearch and education on public polloy in the state of Georgia	\$5,000 00
Georgia Center for Nonprofits 50 Hurt Plaza, SE, Ste. 220 Atlanta, GA 2033-2814	M/A 500fají 1.	2007 Corporato Sustamers Campaign	\$ 10,000 00
Georgia Conservancy 817 West Peachtrec Sireel, Sie. 200 Albrita, OA 30308	M/A 509/a//1/	2007 Annual Fund for the Environment Campaign to support stewardship of our natural environment through education and principled articularly	\$10,000.00
Georgia Highlandz Medical Services. Inc. 250 Elm Street Cummany, GA 30040	W.A. 609(9)	Access to care for low moune	\$20,000,02
Georgia Partnership for Caring Foundation, Inc. 2300 Hordinson Will Rd. Ste., 421, Acenta, 3A. 31345	M/A 503/a)(1)	Donation to provide nealthcare to indigent Georgians	\$25,000 00
Georgia Perimeter Colicge 555 N. Indian Creck Onve Clarkston, GA 30021	N/A Strajti,	Support for feculty recruitment and retention of health care professionals, Endowed Nursing Scholership	\$75,000.00
Gongia Stata University University Plaza Atlanta, GA 30303	N/A 509(a)(1)	Support to recourt and retain students and faculty in the health care industry. Endowed Nursing Scholarship	\$75,000.00

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
Georgia State University Kesearch Foundation	MA	Donation to Metro Atlanta Senior	\$5,000.00
University Plaza Allania, GA 30303	509ray(1)	Volumeer Program	
Good Shepherd Cline, Inc C392 Murphy Drive Marrow, GA 30280	144 309(anti	Access to care for low income	\$20,000,00
Grant Park Family Health Conter 1340 Boulevard SE Alfanra, GA 30,315	N/A 5//8/6/(1)	Access to care for low income	\$20,000.00
Gwinnett County Board of Health 2570 Riverside Perviway Post Office Box 897 Lawrendeville, GA 30046	M/A 50/mai/1)	Access to Lare for low income	320,000.00
Gvannett Hospinal System, Inc. 1000 Medinal Center Bird. Løwrenceville, GA 30045	ANA MANANA J	Access to care for law meane	\$20,000 00
Hends of Hope Clima, Inc. 1010 Hospital Drivo Stockbridge, CA 30281	M/A 509(a)(1)	Access to care for low ir-lone	\$20,000.00
Healthy Mothers Hoalthy Batiles 3562 Hatersham at Northode, Building J. Suite 3 Tucker, GA 10084	18.A. 509/a); 1)	20th Annual Legislative Breakfast to support improving access to health care for Georgia's families	\$10,0000,00
Habron Curamunay Health Center 195 Chesbrut Straet Lawrenceville, GA 30045	N/A. 50%a/1)	Access to care for low months	\$20,050,00

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC FORM 890, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	×	
ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOINT
Henry W. Grady Founcation R0 Jessio Hill Jr. Drivo, SE Atlanta, GA 30303	N/A (5/9/a)/1)	Aucess to care for low income, Contribution to the Traima Center	\$520,000,00
Kate's Club 1840 Powers Ferry Road Building 2, suite 200 Mariette, GA 20067	M/A 5/08(a)(1)	4th Annual Kate's Club Cabaret to support the ampoverment of children and feens facing life after the death of a femily member.	\$10,000,00
Kernesaw State Urivorsity 1000 Chastain Road Kennesaw, GA 30144	NA Stokan ii	Kids Know Project, Funding for accelerated program for second degree nursing students; Endowed	594,550 00
March of Dirnes 1776 Peachtres Sineer, Sulte 100, Affante, CA 30309	N/A 509(ay1),	2//07 Presenting Socrisor-Walk America, 2007 Matching Gift Requisit:	\$75,166.16
Michitosh Trail Community Service Board 1501-A Kalamezov Drive PO Box 1320 Ordfin, GA sutto	M/A 509/a)(1)	Access to care fur low income	\$20,000 00
Medical Nerwork for Education and Research 6877 B Main Street Littoria, GA 30148	N/A 509(a//1)	Good Maightor Crant-South Dekelb Conter for Haylithy Living Free Clinic South Dekalb Center for Hoaliny Living	\$20,000,00
Mercer University School of Priarmacy 30001 Mercer University Drive Atlanta, GA 30541	MA Govan(1)	Pharmacy Scholarship for snidents currently enrolled in Pharmacy program	\$25,000 00

STATEMENEZ

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC FORM 990, PART 11 - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

Recipient name Address	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	JR PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
Morehouse School of Medicine 720 Westview Diive, SW Allanta, GA 30310	N/A 508/aj/17	David M. Satcher Health Leadership Institute, Scholarship for Medical Students	\$50 000 00
MUST Amories	N/A 6/8/9)(1)	Access to care for low income	\$20,000 00
My House	N/A 803(811)	9th Annual My House Luncheon to suppart name for medically fragile bables	\$5,000,00
North Gwinnell Cuoperative 79 Wiley Dirve Buforo, GA 36519	N/A 5/13(aj/1)	Support for program that provides food, dothing and financial assistance to families in need	\$10,000,00
Oakhurst Medrui Cemer 770 Village Square Drive Stone Mountain, GA 30083	809(a)(1)	Actess to care for for mome	326,600.00
Placmont Plank Conservativity 400 Park Dn./e NE Allanta, GA 30305	WA 509(a)(1)	2007 Green Marker Sponsoriship to aubbort healthy eating by improving access to fruits and imprested to	350,000 00
Pruject Open Hand 178 Ottley Drive Alfenta, GA 30524	NIA 9/24/03/11)	Support for meal delivery program to hondbound seniors	\$5,500 00
Samt Joseph's Mercy Cere 424 Decatur Street Atlante, GA 30312	10A 309/a/1)	Recuperative care program, Access to care for kow mome	\$70,000,00
Southarte Medical Center, Inc. 1046 Ridge Aversie, SW Atlanta, CA 30315	NIA SPG(##1)	Access to care for how moome	\$20 000 00

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC FORM 880, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT MAME ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	or contribution	AMOUNT
Susan G. Konien 4840 Roswell Roarl, Birg D - Str. 100 Atlanta. GA.30342	14/4. 50/4/94/1)	Kumon Aliama Race tor the Cure to subport research for a cirra for breast cancer.	\$ 10,000 00
Sweetwater Valley Community Action Missku-Program 8289 Veterans Memoris/ Highway Bidg 12 Austell, GA 30166	N/A 5/3(a)/1)	Access to carr for low incorner	720,000 00
The Arch Foundation for the University of Georgia, Inc. 384 South Milledge Avenue, Suire 100, Atlanta, GA 30402.	M/A 508(a)(1)	Support the Cultege of Public Hostin and Pobic Hestin Gureach in Iscal Cummunities	\$25,000 00
The Community Foundation for Greater Allanta, Inc 50 Hurt Pleza, Suhe 449, Atlanta, GA 30303	14/A 509(3)(1)	CHI Haaithy Bolvoriaro Program	\$150,000.00
The Cood Sarrantan Health Cellter 239 Ivan Allen Jr. Stud NIV Atlante, GA 30313	NA SOBANT.	Access to uare for low moome	\$20,000,00
The Road to Recovery Inc. 3155 Presidential Drive, Suite 104, Atlenta, GA 33340	N.A 5/5##}{1}	Access to care for low income	\$20,000 00
United Way of Meropolitan Atlanta 100 Eccerpod Avenua Atlanta, GA 30303	14/A 509(a)(1)	2007 gereral operating donation	\$25,000 00

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	æ	
Recipient name Address	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
Visiting Nurse Hoalth System of	N.A.	2017 Hospice Allente Gula to	\$10,000.00
Metropolitan 8810 Bay Circle, Stuffe C Noncross, GA 30771	50%a/1)	support home nealth care and end of life care	
West End Medical Centers, Inc 888 York Avenue, Atlanta, GA 30310	N/A 508(all)	Access to care for how income.	\$20,000 60
VMCA of Metropolitan Atlanta 100 Edgewood Avanue, Sulte 1100. Atlanta, GA 30303	M/A 509(a)/1)	Support for the Maya Angelou fean program, Planning grant Health Intervention Strategy. Youth Alter School program at Knollwood Elementary	\$60,000.00
WYCA of Greater Affairta 321 West Hill Street, Suite 2 Decatur CA 30030	509(a)(1)	2007 Salure to Momen of Achievanent to support the education and edvocacy of trix income women; Breast and Cervical Cancer Pricipam	\$20,000.00
		Total Contributions Paid	\$2,582,493,07

STATEGEMT FORM 850 PARTY. LIST OF DIFFICERS, DIMECTORS, TRUSTEES, AND ARY FMPLOYEES

EXP ACT EXP ACT OTHER ALL ON 199 NOTES & L. S. B.	\$\phi \phi \phi \phi \phi \phi \phi \phi	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
(D2/ 8FME-67 PAID 3108 See (4202 3, 4 8 E		00000000000
101) BENEFIT 2007 500 M/m - 3, 1.8.5, 3	200.0 200.0 200.0 200.0 200.0 200.0 200.0	a 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(CZ) COMPENSATION 3007 7111 1 2 1 3 2	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	800000000
COMPENSATION (C PRE 2007	2 D G G G G G G G	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	********	448886438
(8) 177.12/ 140.185° WEEKL ('502.0.4.7	Checho X. mar Drector Checho Oresino Drector Drector Drector	Resigna, Dreignin Bresigna V. A. President Bresigna V. A. President Bresigna V. A. President Vira President V. President Vira President virales Artostin Schmany Russian Commeny
MANE MANE MANE MARCTORS	EBRITANT FLOOR SIMPLY FRANCING ARTHUR BUYER LANG AND OF LUNG LANG AND OF LUNG LANG AND OF LUNG LANG PAND LANG ROOF LANGE FRITTE LANGE F	OFFICERS AND KEY EMPLIANEES, CONTY, MANANE, MORTH AND AND MACHE. GARRIER MACHE. SPECIAL RAWS. CONTY RAWS. CONTY SIAM. LAK MORTH.

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC 58-1592076 12/31/2007

STATEMENT FORM 999 PART Y, LINE 75 - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

(A) NAME	\$89 note 2 886	Barrand Tyson	STEGOTY I PARENTA	Varonina Biggins	lettry P. Koulan	Laura d'Hadman	Addact C Hadron	Medi Purcell	Cynoria talias	Jarolyn M Konny	Kaling Lancasia	Arrior is southern the		O(BVBH X ZAINIA	Hamas Kilakir	U800 XD XX 488		7.25.60
COMPENSATION	FME 2007 see notes 3 & 4	632,812	Ö	0	c	Ô	0	\$	0	224,006	100.848	454,217	48,000	735 427	90,126	80.000	24,000	× 1.31.
(C2) COMPENSATION	2887 488 0088 3 & 4	1,002,277	0	, c	· ca		. عنت	0	67	540,642	980,678	1,228,390	621.976	808,448	362,009	417,116	195,865	2000
001) 8ENEFIT	369 holes 3, 4 & 5, Sec. Holes 3, 4 & 5	221 846			` c) (C)	. K.	. 0	161,260	238,870	353,928	235,791	550,980	984261	113,287	46, 174,	
(D2) BENEFIT	PAID 2008 Sea Malas 3, 4.8.5	795 791		P (1	N 50	> 0	3 et	5 CC	· 6	386.334	607.349	887,341	204,968	552,290	219,379	178,237	92,176	
(E) EXP ACCT!	Ser mites 3, 4 & 6																	

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 number 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 altracting and retaining top performers. The executive compensation program is targeted at the modian of the comparable external market in which the organization competes for executive leadership. The compensation program tocuses 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) [04-1340523] 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 2007. 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 mondate that significant amounts of compensation are double-counted in both 2006 and 2007. For instance, commit C1 includes distributions from retirement, savings, and deferred compensation plans that were earned in prior years, and column D2 includes incentive payments scheduled for 2008 for performance goods achieved in 2007.

Note #5 — The Organization offers various benefit plans, both qualified and non-qualified. Among the benchts offered to the differer 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 Sheftered 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 2007 accruals for future benefits under Plan A are included in column D1.

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

For other benefit plans available to executives which provide future benefits earned during 2007. (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 carned

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 behalt of individuals until retirement, and thus, payments to those 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 900

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 by Board members on the organization's bifoirs during 2007 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 and will work on various entities within the program.

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC FORM 990 TAX YEAR 2007

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

DESCRIPTION	DATE & HOW ACQR'D (NOTE# 1)	DATE SOLD (NOTE# 2)	SALES PRICE	COST/ EXPENSE OF SALE	ACCUM DEPR	CAIN OR (LOSS)
SALE OF ASSETS:						
Publicly Traced Securities	Various	12/31/07	4,605,266	4.716.735	8	(21.469)
Total Gain (Loss) from Sale of As	seets		4,695,266	4,716,735	0	(21,469)
LOSS ON DISPOSAL OF FIXED A	reaels:					
Autos and Trucks Medicar Equipment Misc. Furniture Misc. Computer Equipment	Vanous Various Various Various	12/31/07 Various Various Various	4.250 0 0 0	104,128 3,278 006 401 867 162 545	104,128 3,030 710 400 171 182 545	4,250 (247,295) (1,696) 0
Total Gain/(Loss) from Disposal (of Fixed Assets		4,250	3,945,545	3,897,554	{244.741}
TOTAL SALES/DISPOSAL OF FIX	ED ASSETS		4.699,516	8,663,280	3.697,554	(266,210)

NOTE #2. SALES NOTED ARE ARMS-LENGTH TO UNRELATED THIRD PARTIES

NOTE #1. THE FOREGOING FIXED ASSETS AND OTHER EQUIPMENT WERE ALL ACQUIRED BY PURCHASE BY THE ORGANIZATION FOR USE IN ITS TAX-EXEMPT PURPOSE

STATEMENT 13

TAXABLE ENTITY RELATIONSHIPS KAISER FOUNDATION HOSPITALS AND HEALTH PLAN INC.

Purpose of Entity		ארי היא האניימים consulang company	Owns & oppraises nurse talemedione services call center
		7 <u>0</u>	S
ENTITY NAME.	<u>KAISER FOUNDATION HOSPITAL SUBSIDIARIES (TAXABLE):</u>	aaiser permanelte international	KP ONCALL, LLC
EMPLOYER TAX 10 #	KAISER FOUND	94-3245176	91-2186947

KAISER FOUNDATION HEALTH PLAN INC. SUBSIDIARIES (TAXABLE);

ALTH ALTERNATIVED Took of Strington state to activity of Sarvice medical plans in Washington state to activity and Point of Sarvice medical plans in Washington state to	MOES, INC.	LIBANICE COMPANY This insulance kimpery offering independs benefit plans	Cabby insurance company to maine kother companyation & euto mainance.	A captive maurance company to make and secure reinsurence for property & casually [Yol naks	. 1.TD	Txtd An offshore company used as a nok management boot	C. V. C. S.
KAISER PERMANENTE HEALTH ALTERNATIVED	KAISER PROPERTIES SERVICES, IIIC.	kaler permatente natirante company	CAK TPEE ASSURANCE, LTD	LOFAHIASGURAVCELTD	ORDWAY INTERNATIONAL, LID	ORDWAY INDENNITY LTD	CHP COMPANIES, INC
94.3113684	94-325949)	94-3203402	03-0328785	91.2371893			94-1811507

KAISER FOUNDATION HEALTH PLAN GEORGIA EMPLOYEE COMPENSATION FOR FORM 990 REPORTING PURPOSES FOR TAX YEAR 2007

TOP FIVE EMPLOYEES

NAME	######################################	HOURS.	(C1) COMPENSATION PRE-2007	(C2) COWPENSATION 2007	(0.1) 86NEFTS 2007	(02) BENEFITS PAID 2008	EXP ACCT!
		566 ROSE 7	1819 11C/48 3 & 4	6600 nc/888 3 tk 4	ser notes 5, 4.5.5	see Nons 3, 4 % 5	560 WAS 3 4 & 6
Frank # Boome	d.A	***	48,348	218,947	63,147	84,962	0
Beverly Thomas	il.	\$	52 (KA)	182.371	68,883	30,850	0
Jennifer Wingard	î,	\$	95072	1999,061	274,677	5. 8.50	0
THOMAS MCMAHON	CONTROLLER	\$	26,793	124,983	77,803	33.238	۵
NORBERT FELTROP	UPRUTOR	04		267.794	37,781	808/08	o

NOTES: See Statement 11 for notes applicable to the above reporting.

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

FEIN: 58-1592076 December 31, 2007

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 21** 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 2007, 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 21**. 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 20 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 2007. KFHP did not engage in the lending of money or other extension of credit with any of these persons in 2007. KFHP, Inc. has a program that provides loans to relocate executives. **Statement 11** provides information regarding officer and key employee loans made by KFHP, Inc. as disclosed in the KFHP, Inc. 2007 Form 990, Part IV and Schedule A. Part III, question 2b.

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

FEIN: 58-1592076 December 31, 2007

Based on the COI questionnaires for 2007, **Statement 17-A** lists non-affiliated taxable organizations which did business with KFHP in 2007 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 voling on any such matter.

Schedule A, Part III, Question 2c:

Form 990. Part V lists the officers, directors and key employees of KFHP in 2007. Based on a review of COI statements for these directors, officers and key employees for 2007. Statement 17-B 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 2007, KFHP did not engage in the furnishing of goods, services, or facilities with any of the persons in 2007.

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 13** generally describes the transactions between KFHP and those entities.

Based on the COI questionnaires for 2007, **Statement 17-A** lists non-affiliated taxable organizations, which did business with KFHP in 2007 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. **Statement 17-A** 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.

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC FEIN. 58-1592076 12/31/2007

FORM 990, SCHEDULE A PART III

NON-AFFILIATED TAXABLE ORGANIZATION RELATIONSHIPS

NAME	NON-AFIILIATED TAXABLE ORG	TRANSACTIONAL RELATIONSHIP
J. NEAL PURCELL	KPMG INTL - RET	AUDIT & TAX ADVISOR
	OMNI FLIGHT	AIR AMBULANCE SERVICES

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

FEIN: 58-1592076 Decomber 31, 2007

FORM 990, SCHEDULE A, PART III

TAXABLE ORGANIZATION FAMILY RELATIONSHIPS

NAME	NON-AFFILIATED TAXABLE ORG	TRANSACTIONAL RELATIONSHIP	FAMILY RELATIONSHIP
KATHRYN LANCASTER	TOP TIER CONSULTING	IT CONSULTING SERVICES	SIBLING. BENIFICIAL BUSINESS OWNER
STEVEN ZATKIN	ARLEN GROUP	BENEFITS CONSULTANT/BROKER	IN-LAW
VICTORIA ZATKIN	ARLEN GROUP	BENEFITS CONSULTANT/BROKER	IN-LAW
CHRISTINF MALCOM	CONSULTANT	CONSULTING SERVICES	SPOUSE

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

TIN: 58-1592076 DECEMBER 31, 2007

LOBBYING ACTIVITY BY NONEI FOTING PUBLIC CHARITIES FORM 990, SCHEDULE ALPART 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, hie, 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 tegarding 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 charatable 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 nottor-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 studie regarding usues pertinent to the mission of Health Plan. These 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.

STATEMENT OF FIXE FORM 990 PART IV, LINE 4 LESS ACCUMULATED DEF					
ũ!";					***************************************
Book	TOT FIXED ASS	STATEMENT OF FIXED ASSETS AND DEPRECIATION	S		
	TIV, LINE 57 - LAN	E 57 - LAND, BUILDING AND EQUIPMENT EPRECIATION AND AMORTIZATION: ANI	ATION: AND		
	<u> </u>	DEPRECIATION AND AMORTIZATE	NZATION EXPENSE		
	COS	!	ACCUMULATED	DEPREC/AMORT	2007
	BEGINNING	ENDOF	BEGINNING	END OF	DEPN/AMORTN
	OF YEAR	YEAR	OF YEAR	YEAR	EXPENSE
CAND	24,375,244	24,375,880	0	٠	: : :
LAND IMPROVEMENTS	0	0	<u>ښ</u>	့	0
BUILDINGS	91,812,531	108,836,795	37,192,062	41,236,261	4,044,618
LEASEHOLD IMPROVEMENTS	10,295,297	12.157,289	4,914,862	5,925,818	1,010,883
EQUIPMENT	62,107,349	63,623,049	48,740,647	48,156,193	3,003,574
CAPITALIZED SOFTWARE	10,478,462	10,546,855	10,196,649	10,265,596	68,573
CAPITALIZED LEASES	0	0	0	O	~
CONSTRUCTION IN PROGRESS	8,521,749	3,304,216		3	
DEPRECIATION SHOWN AS OTHER E	HER EQUIPMENT USE C	CHARGES			
TOTALS TO:				· · · · · · · · · · · · · · · · · · ·	, mm - mm ,
PART IV, LINE 57(A)	207.590,632	222,844,064		; ; ;	
PART IV, LINE 57(B)			101,044,220	105,583,868	enonementalen en
	106,546,412	117,260,198			
PART II, LINE 42 COLUMN (B)		` `			8,127,648

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC FEIN 58-1592076 FORM 900, PART V-A, Line 75b 12/31/2007

FAMILY AFFILIATIONS REPORTED

NAME	FAMILY MEMBER AFFILIATION
STEVER ZATKIN	SPOUSE EMPLOYEE OF KEHP INC
VICTORIA B ZATKIN	SPOUSE, SR. VP. GENERAL COUNSEL AND SECRETARY OF KFH, KFHP INC. AND REGIONAL HEALTH PLANS

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC 58-1592076 DECEMBER 31, 2007

ATTACHMENT FOR:

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

KAISER FOUNDATION HEALTH PLAN, INC. AND KAISER POUNDATION HOSPITALS, CALIFORNIA NOT-FOR EROFIT CORFORATIONS, EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 58 HC)(1), HAVE A CONTROLLING OR AFFELIATED INTEREST IN THE FOLLOWING CORPORATIONS AS OF DECEMBER 31, 2007:

employer 10 \$	ENTITY NAME		EA KEHE' NO COMINOTE MOMECI &
	entities that are owned directly or indirectly by Kaiser Foundation		
BEACTH PLAN	i, inc., that are also exempt from federal income tax (higer inc 501(c)(.)		
8547980°3	KAGER POURDATION HEALTH MAN OF THE NORTHNEST		466
84-0531517	NAISSE FOUNDATION HERE IN PLAN OF COLORAGET		45.97
56-1592975	MAISER FOUNDATEON HEALTH PLAN OF GEORGIA. INC.		300%
2.34 F@99.33g	CAR JOSTATO CITRASTA CIM CIET AC HASP HE SEA HOLF ARRIVAT GRAVES		300 \$
34 0822238	MAKEB LOBBINATION LEW THIA WHILL CHILL		1593.00
23 7475433	MA THE STREET WARDS		1667
64 (3789) 113 ·	MANNER PERLITIFERN NISSET NYMANDENEN', DIC		7001 2 16d
\$5343864563 4543288448	KARSER PEALTH ALTERNATIVES CAMP EXIME SERVICE CENTEN		197.4
93-0488338	MAN.		100.7
62 823,863	CTO A STEPHEN SERVICE		100%
	evittes that are owned directly or inchectly by Kaislr Foundation 4, inc. that are taxable for federal and state incove tax purposes		
03 0328735	OAN TREE ASSURANCE, LIFO		456
54 (1) 14884	PAISER PARAMENTE HEALTH ALTERNATIVES TA		1911
O4-32534.5x	34 135670 6388 1800 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		.35. %
91-1814573	CHE CLAMPANEZ INC		, t v ₆
FROM FEDER	idation health plan sac is afficiated with the following entities exempt al income tax under inc section solicity):	A.a.	
94 1105618 94 1293125	PARTER FOUNDATION PROFITALS KAISLICHROOM (LICASOL) MARAGEARHT INC	,/;;, ,(4,	10 d
	idatedn health plan, inc. is affiliated with the following If are not exempt from fedfrat income tax:		
84 30 30 F.E.	Paiser Permanente international	J(J):	14.6
91-1186347	Fig. 1. Control of appearing a based at a beneal process. 1.3 CMC CALL.	4.77	No.ex
20.4534.79	ARTHMETERS, MC	*1.*\ *1.*\	NW. 11.41
53-3924866 64 (2004)	PERE HERRESENERALISMENT BLAUFUNE LEG KRISEL PERMANENTERFELIKANNE OFMPANY	ે જે ક	,41°5
84	boyer, COCOSOCO, CEC - (COCO, 2 20 fo decina 20 a quadro operanço por can borizono)	*(4)	a:y
20 22,5984	A CAL III and a span seeing a see that which a see that the seed of the seed o	***	100%
MOR 48	BAISER FOUNDATION HOSPITALS IA CALFORNIA NOT LOS PROFIT FORPORATED I EXEMPTIFICAD INCOME TAIC ORIGINATES PER PER VISIONS OF PITERNAL REPERISE CODE SECTION SUPERIO SHARES A COLLIGION BOARD OF EXPECTAGES MOTH WART B FOULE A BOA REALTH POARLING.		
(v)r 3108	THE SE FITTIES ARE SUBSIGNAPIES OF AND DEFOUNDATION FOR TAKE		
NOTE NO	BAISER PERMANENTE INSURANCE COMPANY IS A KOMENLEM TO LE L'ACCIOUNT ANT HEALT HIS UNANCE COMPANY OF MICH HOMEON THE FRENE MEDIT STOCK AND CONCOTT HE COMMICE SENON AND OWNED ON FLASER MORPHON MEDIT HIMPEAN, IN THE REMAINING OM OF COMMON SECON IS DANNED BY NOW MEDIT THE PHYSICIANS PARK HOE GROOPS		
NO (E 1/4)	RAMI-COLORADO LLO THE STLEMENTER OF THE MITTOLIARY TO COMPANIES A SER HOSFITALS ASSET MANAPONINT, INC.		
DE COMMO	y address for all entities listed above rh		

idil Common address for all entities listed above re

OT PARTER POURTATION HEART FREAM BR. PROJERAM OFFICE CONTROLLEPS DELPAR INTERFERAT CREIKANE PERSAA, PARIO CHOMAN OAKLAND ICA 14412

KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC. 58-1592076 DECEMBER 31, 2007

STATEMENT FORM 990 PART VII 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.

938 SUPPLEMENTAL CHARGES / PHARMACY

Rovenue 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.

2007 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 the Northwest, and Kaiser Foundation Health Plan of Ohio as well as Kaiser Foundation Hospitals (KFH) are all nonprofit comprations 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 Karser Permanenth and documents the National Community Benefit activities, programs and services of KFHP, its subsidiance, and KFH, combined, as well as the specific community benefit provided in the Georgia Region.

In 2007, Maiser Permanente served 8.7 million people in nine states. California, Colorado, Georgia Hawaii, Muryland, Onio, Oregon, Virginia, Washington and the District of Columbia. The program is the largest private nonprofit health care program in the Unitod States with more than 132,000 full time employees, 14,000 physicians and 101 dentists. In the Georgia Region, Health Plan served more than 274,000 incomers and has 1,869 full time administrative, clerical and technical employees as well as 173 Permanente physicians.

in the Georgia Region, three separate legal organizations compriso Kaisor Pomianentic. Georgia Health Plan, a Georgia honorofit proporation exempt from tedoral income tux under Internal Revenue Code 501(c) (3), KEH, a California honorofit public benefit corporation exempt from tederal income tax index Imamal Revenue Code 501(c) (3); the Southeast Permanente Medical Group, an Independent multi-epecially nroup of physicians organized as a professional corporation.

Persons enroll in Kalser Permanents through KFHP or one of the Health Plan subsidiantes, ("Health Plan"). Health Plan provides and arranges comprehensive health care services for members on a predominimity prapaid basis. Health Plan fulfills its contractual obligations to proup 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 Kaisor Permanento regions. The Permanente Medical Groups ascept responsibility for professional care of Health Plan members and are responsible for their own physician recombinent, solocition and staffing, they are regully separate entities independent from Health Plan, KFH and each other. The Pennanente 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 brands of directors. KFH accepts responsibility to provide or arrange necessary nospital services and families 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 KEHP and its health plan subsidiaries is available without regard to sox irach, milipion, 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

Innoigh the Kuise: Permanente mission, the organization contributes to the health of the communities in two retired ways. First, Kaiser Permanente strives for excellence in serving its 8.7 nillinon members inducin market-kading performance in quality, service and affordability. By doing so, Kaiser Permanente

provides a discipline in the marketplace by demonstrating meaningful value and affordability, and denerally resources to convest in the community's health

Second, Kaiser Permanence 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 hairser Permanente calls the Direct Community Benefit Investment (IX-BI) is fundamental to being a nonprofit organization. If 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 Permanenta's social purpose, justify its tax-exempt status, and differentiate it from other health page organizations.

The tradition of community benefit dates from the earliest days of the Program, which charifoble care to non-employees, and later, nonmembers, was imbated. That heritage has continued through the years in Kaiser Pormanente's early purpopalion in publicly financed programs such as Medicard and Medicare, establishment of residency training and medical research programs, and later, in the development of the Educational Theatre. Selety Not Partnerships, Community Health Initiatives and Charitable Coverage Programs

In 2001, the Board reartismed DCBI as a national program and set the following four gords

- Address crimal questions in American health care that the Program s history, culture and competencies position it (inquely to examine)
- Build the reputation of Karser Permanentle for its lendership in helping to solve major health shallenges.
- Create a program that engages the preativity and spirit of the people of Kaiser Permanente at all levels.
- Meet the requirements planen on KFH, KFHP, and its subsidiary health plans as tax-exempt organizations that return value to the communities served beyond the provision of health cure to members.

The Foord directed that this new DCRI program be guided by a national strukgy, with continued local flexibility and implementation. The program is supported by national and regional funding posts, and built on the organization's integrated healthcare system. In 2007, the KFHP/H Board of Directors refined the focus of the organization Community Benefit Program and established the following four priority areas which have come to be known as 'streams of work'.

- Care and Coverage for Low-Income People Circates and supports programs that lower the financial barners for under- and uninsured.
- Community Health Initiatives Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods.
- Safety Net Partnerships Bolds partnerships with community clinins, local health departnents, and public hospitals. Provide funding, technological assistance, dissemination of core management and quality improvements technology in help improve care and expand treatment canadity for vulnerable populations.
- Developing and Disseminating Knowledge Improve health care by sharing our knowledgeeducating precimenors, advancing research, empowering consumers and informing policymakers about the ovirtonics have for care and health.

The Board elaborated that at least 75% of rotal community banefit funding will be directed to program priorities within the four streams of work and the remaining 26% of funding will be directed by local regions to respond to local community benefit needs and opportunities that may or may not be within the four key focus areas.

The KFHP/H Board has a standing Community Bonefit Committee of the Board of Directors to oversee the program wide Community Bonefit program. Kaiser Permanente also has 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, Research and Health Care Policy 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 primarily prepaid basis through an integrated health care delivery system. 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 the in the communities we serve. To best 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. KFTP has arganized and integrated the professional and physical
 resources required to provide comprehensive health care. In hospital-based Kaiser Permanente
 regions, this care primarily occur at major medical centers, as well as at nearby outpatient medical
 cifices owned by KFH and at medical office huildings owned or leased by KFHP. Members typically
 have all the services and professional care they require available in one place, which facilitates a
 coordinated approach to care.
- Group Practice The contracting Permanente Medical Groups are 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 negetiated annually. Through such fixed payment arrangements (as distinguished from fee-for-service payments), KFHP removes inheritives 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."
- Prepayment Generally, KFHP pays the Permanenta Medical Groups a per member payment on a burigeted, prepaid basis that does not vary with the amount of service provided. Permanente Medical Group physicians are generally not compensated on a ree-for-service.
- Benefit Plans KFHP offers a variety of coverage options for unlimited inespital days, physician visits, preventive services, intriunizations, well-baby care and prenatal care. In order to maximize offorcebility and encourage people at different income levels to purchase coverage, KFHP offers a variety of cost-sharing options. Comprehensive, prenaid coverage with differing levels of prenating and cost sharing minimizes financial barriers to date, pronoting early consultation, direction and finatment of disease. KFHP actively encourages members to maintain their health through mighting preventive self-care.
- No Pre-existing Condition Exclusions Pre-existing condition excusions allow carriers to exclude from coverage have fail a condition that existed before enrollment with the carrier. KEHP impasss to pre-existing condition exclusions for group members and thereby provides substantial protection for

new members who are ill at time of enrollment. KFHP offered health benefits coverage in all its markets without any pre-existing condition exclusions for many years prior to recently enacted tederal and state statutes prohibiting pre-existing condition exclusions in certain markets. By ensuring that all our enrollees are covered for all their medical needs, we reduce the amount of uncompensated care, promote the health of our members, and prevent medical indicance.

- Participation in Modicins KEHP has participated in Medicare since it was first implemented in 1965.
 KEHP and its subsidiaries enrolled approximately 847 000 Medicare beneficiaries, providing Medicare.
 Part A and Part B services, plus additional drug, optical and inpatient coverage.
- Participation in Mcdicaid KFHP began enrolling Medicaid beneficiaries in the mid-190s. Currently, KFHP and certain of its subsidiaries provide care to more than 150 000 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 126,571 children in 2007.

THE COMMUNITY BENEFIT PROGRAM IN THE GEORGIA REGION

In 20)7, Kaiser Permanento spent approximately \$1 to billion or approximately 2.73% of revenue to support the Community Benefit Program. In Georgia, the Health Plan expended \$5.4 million to support community benefit activities. A treakdown of the 2007 Community Benefit dollars attributable to KFHP and KFH nationally is described in Attachment A and collars attributable to the Georgia Health Plan are in Attachment 8.

The following identifies many of the signature community benefit programs and services funded by Georgia Health Plan according to the four streams of work.

CARE AND COVERAGE FOR LOW-INCOME PEOPLE

In 2007, the Goorgia Health Plan expended \$1.4 million to address the financing and delivery of health care for populations volnerable due to socio-economic status, illness, ethnicity, ago or other factors. Program beneficianes (under- and uninsured) received free or discounted care in a Kaiser Permanente facility or a by Permanente provider.

Charitable Care (Medical Financial Assistance and Charitable Coverage Programs)

In the Georgia Region. Health Plan provides sharity care to low-income vulnerable populations through the Medical Financial Assistance and Charitable Coverage Program. In 2007, the Georgia Health Plan spent approximately \$1.4 million on unders and uninsured residents.

Medical Financial Assistance Program

The Georgia Health Plan's Medical Financial Assistance Program provides temporary financial assistance and/or medically necessary services, medications or supplies to patients with a demonstrated financial need. Patients must receive health care services at a Kaiser Permanente lacility and/or from a Kaiser Permanente provider. Kaiser Permanenth's charity care program also includes discounted charges for uninsured patients below 400% redent income guidelines and aligned contracted collection agency practices with Kaiser Permanente social values. In 2007, this program assisted 358 patients.

In addition, the Georgia Health Plan provided charitable care to 15 babies through collaboration with a community-based organization, My House. My House is a transitional living facility for infants born with special needs.

Charitable Coverage Program

The Kaiser Permanente Bridge Program enrolls and suberdizes for up to two years, 05% of the premium for income-elligible individuals who do not have access to any other form of health insurance. This program partners with community agencies to inentity eligible clients whose income falls at or below 300% of the federal income guidelines. By year-and 2007, the Georgia

Health Plan had 509 individuals in the Kaiser Permanente Bridge Program, and provided 1,756 primory and specialty outpatient visits; 1,817 prescriptions, 2,377 inboratory tests and 753 radiology services.

The Georgia Health Plan provided nearly 500 free flu shots to low-income or at-risk individuals as part of its charitable care program. The vaccines were administered to nonmembers by Kaiser Permanente physicians and nurses in the flue shot clinics. Health Plan controcred with Prasport Health to provide the vaccines and supplies for this special community outrench. Health Plan collaborated with eight safety net providers to organize this community event.

COMMUNITY HEALTH INITIATIVES

As an incovator in health, Kaisor Permanente designs, delivers, and sustains long-term programs that engage communities in work to improve the conditions in their neighborhoods, workphaces and schools that can support good health, particularly Healthy Eating, Active Living (HEAL). The Georgia Health Fransperit approximately \$939,000 on community health initiatives during 2007.

Community Health Education and Prevention Programs

The Goorgia Health Plan provides a variety of health education classes, events and programs for the general public. During 2007, the Health Education Department organized numerous health fairs and screenings at Health Plan medical offices which were open to the general public. Expenditures in time category exclude program cost for health education programs targeting or restricted to Health Plan members. The following are examples of community partnerships aimed as promoting health and well being.

- The Georgia Havilth Prantic the sponsor of the Green Market, weekly farmers' market (April-October)
 offcring a variety of organic fruits, vegetables, fresh cut flowers, baked goods and more. In addition,
 Hoalth Plan offers healthy cooking demonstrations and fitness classes to encourage healthier
 litestyles.
- On 'Diabetes Alert Day', all of Georgia Health Plan facilities oriered free blood sugar somening. This
 free service was made available to both Kaiser Permanente members and noninembers, ages 18
 years and above. Nearly 170 nonmembers had their blood sugar levels tested on this special
 outreach day.

Grants and Donations for Community Health Initiatives

The Georgia Health Plan contributed \$860,443 to 72 nonprofit organizations to support a variety of other programs and services for vulnerable populations. The following are examples of programs and services funded in 2007.

- The Attrinta Women's Foundation received \$250,000 to support the Georgia Health Plan's community
 nealth initiative for women and girls. This grant was to provide programs and services aimed at
 improving self-sufficiency for girls. The grant specifically supported the after school mentoring
 program at the Coretta Scelt King Yeung Women's Leadership Academy.
- The Community Foundation for Greater Attanta, Incircoerved \$150,000 to support the Healthy
 Belvedere Initiative. Delivedere's committee mobilized residents, neighbors, local agencies and
 nonprofit organizations to create a vision of a "healthy community". One early eutcome was to
 improve the basketball courts in local parks and initiate a study of how other public rand can be used
 to improve physical activities.
- The YMCA of Metropolitun Atlanta was awarded a \$50,000 planning grant to develop nearth interventions for children attending the you'll after-solved program at Knollwood Elementary in the Belvedere community.

SAFETY NET PARTNERSHIPS

Through funding, technical assistance, influencing public policy, training and volunteering, dissomination or care-management and quality improvement technologies. Kaiser Permaneme helps these vital health care providers improve care and expand treatment capacity for the communities and vulnerable people they serve.

Grants and Donations for Safety Net Partnerships

The Georgia Health Plan contributed \$1.2 million to 29 community-based health care providers aimed at increasing access to health care for low-income, uninsured or undernisured individuals. The following are examples of programs and services funded in 2007.

- Spirit Josephi's Mercy Care was awarded two grants torating \$70,000 for recuperative care and access to care for low-income residents.
- AID Atlanta received \$90,000 to support the bring of a social work case manager and support
 existing health care services.
- Grady Heath System is Attanta's only public hospital and the city's only Level 1 Trauma Center and
 over the years has faced financial hardship due to the growing shippurit of uncompensated care. In
 2007, the Georgia Health Plan donated \$500,000 to support the improvement of the trauma center
 including purchasing a new uth assund unit, a portable x-ray machine and the addition of cight
 specially bads.

DEVELOPING AND DISSEMINATING KNOWLEDGE

Kassar Permanente aims to improve health by sharing this knowledge, oducating practitioners, retirancing research empowering consumings, and informing policymakers about the evidence base for care and nealth. The Georgia Health Plan spent \$1.6 million to support programs and services for the development and dissemination of knowledge and provided grants and donations to nonprofit organizations.

Clinical and Health Services Research

The Georgia Health Plan Research Department partners with research programs at Emory University, Morehouse School of Medicine. Conters for Disease Control and Prevention (CDC) and the Georgia Department of Human resources, Division of Public Health, During 2007, the Georgia Health Plan completed and published 19 studies. The following are two examples of studies conducted in 2007:

- Study: Perfuser Diagnostics Clinical Validation Study: Perfuses (wheeping cough) is a notifiable
 discuse which is on the use nationally and in Georgia is under-recognized, under-diagnosed and
 under reported. In 2005, Georgia reported the fewest cases of perfusels among all states in
 southeast region. One reason is the lack of recognition by health care providers of perfusels as a
 cause for cough illness in advisements and adults. Additionally less the optimal diagnostic tests or
 the use of inappropriate laboratory tests make confirmation of peruses infaction difficult.
- Georgia Department of Public Health through an initiative funded by the Centers for Disease Control
 and Prevention is collaborating with Kaiser Foundation Health Plan of Georgia, Inc.'s Contains for
 Health Research on a study to validate new origination tests for pertussis. The results of this clinical
 validation study will ensure that validated taboratory assays are available to assess and manage
 pertussis cases and outbrooks to measure the rear burden of addressers and adult pertussis disease.
- Study, Action to Control Continuescular Misk in Diabeter (ACCORD) Clinical Trail. This national that funded by the National Institutes of Heath is in Year 6 of a 7-Year longitudinal study. The goal is to establish the role of careful glycentic centrol (bood sugar) in postponing hear complications, along with nun-studies of the contribution of lipid centrol and hyperienesian. Each entitled participant receives diabetes case management and therapy along with extensive lifestyle connecting by dedicated study nurses. The successful diabetes education program is in the published trailation and is readily adoptable by any provider in the community.

Educational Theatre Programs (ETP)

The Georgis Health Plan offered free, award-winning health education plays for youth and adults. Naiser Pennahente's Educational Thealte Programs offers a unique school of dynamic thealte programs with compelling health messages to reach children livens and adults. These national award-winning plays promote individual responsibility for one chealth, insull positive utilindes about healthy lifestyle choices and demonstrate the benefits of positive action. Topics addressed in the performances range from AIDS awareness and stress management to goel counseling and health and wellness messages, related to nublition and risthma education. All programs are offered free of charge as a community benefit of Kaisar Permanente. In 2007, the program reached over 26,000 children in 383 schools.

Training and Education of Health Care Professionals

In 2007, the Georgia Health Plan spent \$106,133 to support the enucation and training of health care professionals. The following provides a description of two efforts undertaken to alleviate health care workforce shortages in the community.

Pharmacy Residency Program

The Pharmacy Residency Program heips students gain experience in a monarged care setting. Training components of the Georgia Hearth Plan program include imanagement and improvement at medication use through evidence-based patient-confored thorapy with interdisciplinary toams; medication and practice-related education, population based dure and formularly management. In 2007, two internis participated in the program.

License Practice Nurse (LPN) to Registered Nurse (RN) Program

The Excense Practice Nurse Program provides a cancer ladder for EPN's who chical in procedured registered nursing programs. If offers educational assistance in the form of rution reinforcement. Upon earning a RN degree, nurses continue employment with Kelser Permanents in their new espaciny. Currently the program has three participants.

Grants and Donations for Knowledge Dissemination

The Georgia Health Plan contributed \$414,550 in community benefit funds to support 12 nonprofit organizations for public advocacy, dissemination of evidence-based practice and to support the training and education of future health care professionals. The following provides examples of some of the programs supported in 2007.

- Georgia Health Plan has been the presenting sponsor for March of Dimes WalkAmerica for six years,
 in addition, the Georgia Region employees and chalcians helped to raised \$68,310, placing the
 employees of the Health Plan among the top 10 contributors to the March of Dimes in the state of
 Georgia Approximately 281 employees and clinicians participated in the walk.
- Georgia Health Plan has supported Susan G. Komen Race for the Cure continuously for several
 years. The \$10,000 donation was given to support breast cancer research and screenings. In
 addition, 75 amployees and clinicians participated in the 2007 race.
- Morehouse Sharol of Medicine was awarded two contributions totaling \$90,000 in 2007. A \$40,000 award was made in support of a medicinish ident scholarship. The Shuther Health Leadership Institute received a \$50,000 grant to devalop public health leaders committed to the elimination of health disparities.
- In 2007, Georgia Health Plan made commbulions to nursing scholarship programs at excernal local
 universities and colleges as part of an effort in increase the pool of nurses in Georgia. The following
 spreads of nursing cach monitors Staholo Kennesaw State University. Crayton State College and
 University. Georgia Perimeter College, and Georgia State University. As a result, thiny-seven
 scholarships were awarded in 2007. These same schools were also awarded \$50,000 for their
 taculty and student recruitment and retention efforts. In addition, Mercer University, School of
 Pharmacy was awarded \$25,000 for the Kaiser Permanente pharmacy scholarship program.

OTHER COMMUNITY BENEFITS

The Georgia Health Plan spent approximately \$253,577 on other community benefits beyond the national streams of work.

Youth and Self Sufficiency Programs

The Georgia Health Plan spent \$10,500 to support two INROADS interns in 2007. 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.

Community Giving Campaign

The Georgia Region's Community Giving Campuign is the employee's charitable giving program. Employees contribute to United Way and Earthshare through payroll deductions, direct gifts and special event fundraising. The amount reported is to offer administrative expenses for operating the campuign

Other Community Grants and Donations

The Georgia Health Plan contributed 555,000 to so nonprofit community organizations in support 6.4 variety of other programs and services for vulnerable populations. Highlights of programs and services forded in 2007 are below

- The Georgia Health Plan provided support to Habitat for Humanity Alianta to meet its goal of building 60 homes. Habitat's mession is to partner with working families, sponsors and communities to build quality, affordable homes and to provide support sorvices that promote successful home purchase and ownership.
- Furtheriare Georgia received support from the Georgia Health Plan. The organization partners with businesses across Georgia to promote a healthier environment and voluntiserism. It conducts environmental education and promotes awareness throughout the state.

CB Operations

The Georgia Height Plan has a Community Benefit Department with 2.3 but time employees to support regional community benefit programs and coordinate CB initiatives. This includes staff from Community and Government Rolations as well as other departments. The Educational Tanatre Program also has three full time employeds and several compact actors.

ATTACHMENT A

2007 NATIONAL DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM

The following chart summarizes 2007 Community Benefit investments nationally for KFHP and KFH. The investments in the community reflected in the chart are unaudited.

	NATIONAL HEALTH PLAN TOTAL	National Hospital Total	National CB Total
CARE & COVERAGE		w	
Charitable Core & Coverage Programs	\$138,062,198	\$65,450,129	\$303,492,327
Government Spousored Programs	339,924,653	186,539,811	526,464,464
Grams & Donations for Care & Coverage	6,000,200	25,858,940	31 882 140
Care & Coverage CB Operations	3,054,334	489,788	4,444,122
Subtotal:	\$487,941,385	\$270,348,648	\$788 201053
COMMUNITY HEALTH INITIATIVES			
Community Health Education	\$932,592	\$888,476	\$1,821,068
Grants & Donauous for Community Health Initiatives	32,973,619	17,207,231	50 130 850
Community Health Inhiatives C8 Operations	625,786	6)	636,786
Subtotal	334,531,997	\$18.096,707	\$82,637.704
SAFETY NET PARTNERSHIPS			
Grants & Donations for Safety Net Partnerships	\$14,006,859	\$31,126,227	\$40,153 086
Safety Net CB Operations	500,000	<i>Q</i>	500,090
Sublotal:	\$14.526,859	\$31,126,227	\$45,653,086
KNOWLEDGE DISSEMINATION			
Medical Research	\$1,683,277	\$16,260,946	\$17,944,217
Health Care Public Policy	1,500,000)	Ù	1,500 000
Educational Theatre Program	3,623,314	7,759,790	11,383 104
Hesth Care Training & Education Programs	3,085,631	61,085,817	64,171,448
Grants & Dunations for Nacwledge Dissemination	51,170.920	3,141,940	54,312,860
Knowledge Dissemination CR Operations	1)	Ü	Ù
Subtotal:	\$61,083,137	88,248,493	\$149,311,629
OTHER COMMUNITY BENEFITS			
Self Sufficiency Programs	\$218,860	\$5.2893,743	\$5,508.822
Other CB Grants & Denations	7,333,435	8,430,334	18,764,160
Other CB Operations	6,573,396	12 030,137	17,603,633
Subsetal	\$13 126.111	\$28 760,413	\$38.876.624
TOTAL	\$611,189,489	\$441.569,506	\$1,052,758,995

ATTACHMENT B

2007 COMMUNITY BENEFIT INVESTMENT - GEORGIA REGION

The formwing chart summarizes 2007 Community Berintil investments by the **Georgia** Health Plan. The investments in the community reflected in the chart are unaudited.

	Regional Regional Health Plan Hospital Total Total			Total		
CARE & COVERAGE	***					
Charitable Care & Coverage Programs	\$1,373,553	\$	0	51,373 583		
Government Sponsored Programs	0		Ü	Û		
Grants & Donations for Care & Coverage	មិ		0	n		
Care & Coverage CB Operations	Q		ŧ)	6		
Subtotal.	\$1,373,553	7	0	\$1,373,553		
COMMUNITY HEALTH INITIATIVES						
Community Health Education	\$78.780	\$	Ü	\$78,796		
Grants & Dunations for Community Health Initiatives	860 44.3		0	860,443		
Community Health Initiatives CB Operations	Ü		3)	()		
'Subrotai'	\$939,233	\$	O	\$939,233		
SAFETY NET PARTNERSHIPS						
Grants & Donations for Safety Net Partnerships	\$1,200,000	\$	1)	\$1,200,000		
Safety Net CB Operations	Ò		Ü	Ò		
Subtotal:	\$1,200,000	\$	Ü	\$1,200,000		
KNOWLEDGE DISSEMINATION						
Medical Research	\$485,534	\$	ũ	\$405,534		
Health Care Public Policy	0		Û	ı)		
Educational Thenire Program	645,839		Ũ	545,839		
Health Caro Training & Education Programs	106,133		0	106 133		
Grants & Donations for Knowledge Dissemination	467,080		0	467,030		
Knowledge Dissemination CB Operations	Û		Q.	ŋ		
Sibrotak	\$1,604,556	\$	0	\$1,604,556		
OTHER COMMUNITY BENEFITS						
Self Sufficiency Programs	\$40,500	3	0	\$10.500		
Other CS Grants & Donations	55,000		0	56,004		
Other CS Operations	188,077		0	138 077		
Subrotal.	\$283,577	\$	0	\$253,877		
TOTAL	5,370,919	\$	0	\$5,370,919		

From 8868

(Rev. April 2007)

Application for Extension of Time To File an Exempt Organization Return

Department of the Dowley totamal Resource Serves

File a separate application for each return

GME No. 1045-1709

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·	iling for an Automatic 3-Month Extension, complete only Part Land check this box	V (1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1
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Cent Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
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From 8453-E0

Exempt Organization Declaration and Signature for Electronic Filing

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For use with Forms 990, 900-EZ, 990-PF, 1120-POL, and 6868 See instructions on back.

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Type of Return and Return Information (Whole Dollars Only)

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Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Fart III

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