

# NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.


These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx>



Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <b>2008</b> <b>Open to Public Inspection</b>
	The organization may have to use a copy of this return to satisfy state reporting requirements	





<b>A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008</b>									
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization KAISER FDN HEALTH PLAN OF GEORGIA INC				<b>D</b> Employer identification number 58-1592076		
			Doing Business As				<b>E</b> Telephone number (510) 271-6611		
			Number and street (or P O box if mail is not delivered to street address) ONE KAISER PLAZA SUITE 15L			Room/suite	<b>G</b> Gross receipts \$ 1,173,204,817		
			City or town, state or country, and ZIP + 4 OAKLAND, CA 94612						
		<b>F</b> Name and address of Principal Officer PETER ANDRUSZKIEWICZ ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions )				
<b>J</b> Web site: N/A					<b>H(c)</b> Group Exemption Number				
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other					<b>L</b> Year of Formation 1985		<b>M</b> State of legal domicile GA		

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities  TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<u>7</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<u>6</u>
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	<u>2,002</u>
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<u>245</u>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .	<b>7a</b>	<u>929,470</u>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . .	<b>7b</b>	<u>0</u>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	1,562,162	1,882,337
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,041,404,677	1,083,297,320
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-78,028	6,093,811
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,561,502	603,300
			1,050,450,313	1,091,876,768
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,582,493	8,608,154
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	127,933,010	140,239,581
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	(Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup> )		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	883,999,752	936,183,885
	<b>18</b>	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,014,515,255	1,085,031,620
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	35,935,058	6,845,148
Net Assets or Fund Balances			<b>Beginning of Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	260,321,757	286,413,378
	<b>21</b>	Total liabilities (Part X, line 26)	131,978,841	169,156,385
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	128,342,916	117,256,993

<b>Part II</b>	<b>Signature Block</b>
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<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer	2009-10-30 Date
	DEBORAH STOKES VP, CONTROLLER & CAO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed 	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 55 SECOND STREET SAN FRANCISCO, CA 94105			EIN 
				Phone no  (415) 963-5100

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . ☐ Yes ☐ No

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 983,069,868 including grants of \$ 0 ) (Revenue \$ 1,079,008,655 )

member health care services and medical training for care improvement Kaiser Foundation Health Plan of Georgia (KFHP of Georgia) provides medical and surgical care, including urgent care services, extended care and home health care, for its members without regards to age, sex, race, religion or national origin or the ability to pay KFHP of Georgia educates and trains medical students and other health care professionals and promotes scientific and nursing education in order to improve care Additional information about Georgia Health Plan's charitable activities can be found in Schedule O

4b

(Code ) (Expenses \$ 12,475,322 including grants of \$ 5,000,000 ) (Revenue \$ 4,288,665 )

Charitable Care (Medical Financial Assistance and Charitable Coverage) Health Plan provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs MFA - Health Plan offers financial assistance to help families and individuals that are unable to pay for all or part of the cost of urgent or emergent care provided in Kaiser Permanente facilities In 2008 this program assisted 417 patients CHC - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 1,059 patients received comprehensive care for up to four years through this program Health Plan also partnered with the Grady Medical Center and gave them a restricted grant to underwrite the cost of care for uninsured individuals with chronic conditions Additional information about Georgia Health Plan's charitable activities can be found in Schedule O

4c

(Code ) (Expenses \$ 2,824,818 including grants of \$ 2,749,818 ) (Revenue \$ 0 )

Grants and Donations The Georgia Health Plan supported over 100 nonprofit organizations and enabled them to continue providing programs and services that serve vulnerable populations One example is the "Green Market" a weekly farmers' market (May-December) offering a variety of organic fruits, vegetables, fresh cut flowers, baked goods as well as healthy cooking demonstrations and fitness classes In 2008, 52,000 people attended the Green Market

(Code ) (Expenses \$ 1,602,296 including grants of \$ 858,336 ) (Revenue \$ 0 )

SEE SCHEDULE O

4d

Other program services (Describe in Schedule O )



















(Expenses \$ 1,602,296 including grants of \$ 858,336 ) (Revenue \$ 0 )

4e









Total program service expenses \$ 999,972,304 Must equal Part IX, Line 25, column (B).

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

**Part IV** Checklist of Required Schedules (Continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . . 		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . . 	Yes	
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . . 		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . . 		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . . 	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . 		No
<b>36</b>	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . . 		No
<b>37</b>	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . . 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	964	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	2,002	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

7

1b

Enter the number of voting members that are independent

1b

6

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2

Yes

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

Yes

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

Yes

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

Yes

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a

No

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed

GA

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ own website ☒ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
NATIONAL DIRECTOR OF TAX  
ONE KAISER PLAZA SUITE 15L  
OAKLAND, CA 94612  
(510) 271-6385

## Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form **990** (2008)



(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D)  Reportable compensation from the organization (W- 2/1099MISC)	(E)  Reportable compensation from related organizations (W- 2/1099- MISC)	(F)  Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
<b>1b Total . . . . .</b>									567,821	11,700,340	2,361,971

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PIEDMONT HOSPITAL PO BOX 102526 ATLANTA, GA 30368	MEDICAL SERVICES	69,114,144
NORTHSIDE HOSPITAL PO BOX 101818 ATLANTA, GA 30392	MEDICAL SERVICES	72,165,930
SOUTHEASTERN PERMANENTE MEDICAL GRO 3495 PIEDMONT ROAD NE ATLANTA, GA 30305	MEDICAL SERVICES	370,657,072
CHILDREN AT SCOTTISH RITE PO BOX 116101 ATLANTA, GA 30368	MEDICAL SERVICES	16,480,101
DEKALB MEDICAL CENTER PO BOX 102204 ATLANTA, GA 30368	MEDICAL SERVICES	15,675,724
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization . . . . .		334

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a			
	b	Membership dues . . . . .				
			1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . . .	1d	402,356		
	e	Government grants (contributions)	1e	448,266		
	f	All other contributions, gifts, grants, and similar amounts not included above		1,031,715		
			1f			
g	Noncash contributions included in lines 1a-1f \$					
h	Total (Add lines 1a-1f) . . . . .		1,882,337			
Program Service Revenue			Business Code			
	2a	MEMBERS HEALTH CARE	621,400	850,116,365	850,116,365	
	b	SUPPLEMENTAL CHARGE	621,400	59,063,645	59,063,645	
	c	NON-PLAN & INDUSTRIAL	621,400	1,979,257	1,049,787	929,470
	d	OTHER PROGRAM SERVICES	621,400	27,127,912	27,127,912	
	e	MEDICARE/MEDICAID PAYMENTS	621,400	145,010,141	145,010,141	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . . \$ 1,083,297,320				
Other Revenue	3	Investment income (including dividends, interest other similar amounts) . . . . .		5,910,419		5,910,419
	4	Income from investment of tax-exempt bond proceeds . . . . .		0		
	5	Royalties . . . . .		0		
		(i) Real	(ii) Personal			
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .				
		(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	81,496,941	14,500		
	b	Less cost or other basis and sales expenses	81,309,053	18,996		
	c	Gain or (loss)	187,888	-4,496		
	d	Net gain or (loss) . . . . .		183,392		183,392
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from fundraising events . . . . .		0		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from gaming activities . . . . .		0		
	10a	Gross sales of inventory, less returns and allowances . . . . .	a			
b	Less cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . . . . .		0			
	Miscellaneous Revenue	Business Code				
11a	INT INC-AFFILIATE	900,003	603,300		603,300	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d . . . . . \$ 603,300					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		1,091,876,768	1,082,367,850	929,470	6,697,111

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	8,608,154	8,608,154		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	40,256	39,853	403	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	105,249,454	86,075,844		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	34,949,871	28,471,672	6,478,199	
10	Payroll taxes . . . . .	0			
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	1,225		1,225	
c	Accounting . . . . .	469,866		469,866	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	0			
12	Advertising and promotion . . . . .	20,704,028	674,997	20,029,031	
13	Office expenses . . . . .	2,039,647	1,408,131	631,516	
14	Information technology . . . . .	68,261,681	55,933,480	12,328,201	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	10,656,819	10,656,819		
17	Travel . . . . .	1,272,242	946,149	326,093	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
19	Conferences, conventions and meetings . . . . .	411,892		411,892	
20	Interest . . . . .	1,351,393	1,351,393		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	9,165,372	9,165,372		
23	Insurance . . . . .	580,637	580,637		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	PURCHASED MEDICAL SVC - BCP	586,626,212	586,626,212		
b	SUPPLIES	110,613,356	104,238,323	6,375,033	
c	PURCHASED MEDICAL SERVICES	59,474,267	59,464,744	9,523	
d	INTER-REGIONAL CHARGES	25,843,147	25,843,147		
e	PURCHASED SCV - OTHER	13,975,401	4,119,977	9,855,424	
f	All other expenses	24,736,700	15,767,400	8,969,300	
25	Total functional expenses. Add lines 1 through 24f	1,085,031,620	999,972,304	85,059,316	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X**    **Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	8,775,863	<b>1</b>	8,778,079		
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>			
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>			
	<b>4</b> Accounts receivable, net . . . . .	18,796,084	<b>4</b>	19,333,457		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>			
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>			
	<b>8</b> Inventories for sale or use . . . . .	8,525,114	<b>8</b>	6,736,019		
	<b>9</b> Prepaid expenses and deferred charges . . . . .	939,439	<b>9</b>	915,786		
	<b>10a</b> Land, buildings, and equipment—cost basis	<table><tr><td><b>10a</b></td><td>231,835,768</td></tr></table>	<b>10a</b>	231,835,768		
	<b>10a</b>	231,835,768				
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<table><tr><td><b>10b</b></td><td>114,130,763</td></tr></table>	<b>10b</b>	114,130,763	117,260,196	<b>10c</b> 117,705,005
	<b>10b</b>	114,130,763				
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>			
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	102,036,725	<b>12</b>	132,374,212		
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>			
<b>14</b> Intangible assets . . . . .		<b>14</b>				
<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	3,988,336	<b>15</b>	570,820			
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	260,321,757	<b>16</b>	286,413,378			
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	76,983,054	<b>17</b>	86,521,606		
	<b>18</b> Grants payable . . . . .		<b>18</b>			
	<b>19</b> Deferred revenue . . . . .	10,148,614	<b>19</b>	9,045,057		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>			
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>			
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable . . . . .	8,159,800	<b>24</b>	8,782,000		
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	36,687,373	<b>25</b>	64,807,722		
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	131,978,841	<b>26</b>	169,156,385		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>			
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>			
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>			
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	5,665,218	<b>30</b>	5,665,218		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	122,677,698	<b>32</b>	111,591,775		
	<b>33</b> Total net assets or fund balances . . . . .	128,342,916	<b>33</b>	117,256,993		
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	260,321,757	<b>34</b>	286,413,378		

**Part XI**    **Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	Yes
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	<b>2c</b>	Yes
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	

2008

Open to Public Inspection

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue  
Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization KAISER FDN HEALTH PLAN OF GEORGIAINC	Employer identification number 58-1592076
--	--

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

1

☐

A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2

☐

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H )

4

☐

A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions )

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally Integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage						
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f					15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,229,719	1,599,488	1,428,452	1,562,162	1,882,337	7,702,158
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	818,693,155	887,772,032	971,753,714	1,041,404,677	1,083,297,320	4,802,920,898
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5	819,922,874	889,371,520	973,182,166	1,042,966,839	1,085,179,657	4,810,623,056
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						4,810,623,056

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6	819,922,874	889,371,520	973,182,166	1,042,966,839	1,085,179,657	4,810,623,056
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,648,615	5,719,453	7,204,678	7,749,684	6,513,719	30,836,149
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b	3,648,615	5,719,453	7,204,678	7,749,684	6,513,719	30,836,149
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13Total Support (Add lines 9, 10c, 11 and 12)						4,841,459,205
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	99 363 %	
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	99 438 %	

Computation of Investment Income Percentage			
17	Investment Income Percentage for <b>2008</b> (line 10c column (f) divided by line 13 column (f))	17	0 637 %
18	Investment Income Percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	18	0 562 %
19a	<b>33 1/3% Tests - 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b	<b>33 1/3% Tests - 2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20	<b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)



SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations    complete Parts I-A and B    Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations    complete Parts I-A and C below    Do not complete Part I-B
- Section 527 organizations    complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A    Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h))    Complete Part II-B    Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations    complete Part III

Name of the organization KAISER FDN HEALTH PLAN OF GEORGIAINC	Employer identification number 58-1592076
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	\$
3	Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☒

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		
	e Publications, or published or broadcast statements?	Yes		
	f Grants to other organizations for lobbying purposes?	Yes		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		209,481
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		40,000
	i Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			249,481
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
			No	

Part III-A

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	
a	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES	SCHEDULE C, PART II-B, LINE 1A THROUGH 1I	The Organization is a member of the Kaiser Permanente Medical Care Program and participated and benefited from lobbying activities conducted at the regional and national level 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 has a policy prohibiting internal involvement in any political campaigns. This policy is closely monitored for compliance. During the year this Organization may have made comments or statements concerning legislation which may affect the health care industry. Health Plan may have engaged in telephone conversations and/or written letters to various federal, state, and local officials regarding matters which affected the healthcare industry as a whole. The amount of time and money involved in the activities is detailed on lines a through i. Health Plan has several employees and/or may retain a professional consultant to represent Health Plan's interests in various legislative and regulatory bodies and from time-to-time to keep informed of Federal and State legislation having an impact on Health Plan's charitable activities as an exempt Health Maintenance Organization. These individuals attempt to ensure that proposed legislation and enacted laws are compatible with the Interest of Health Plan and its members by performing the following activities: - Collecting, analyzing and distributing within the Organization, public and private policy recommendations regarding proposed legislation 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 not-for-profit community - Also by preparing written and oral testimony, these individuals appear at legislative hearings, monitor legislative proceedings and meet with legislators and/or their staffs regarding issues pertinent to the mission of Health Plan. Those individuals appearing at such hearings and meetings for and on behalf of Health Plan often are representing the interests of common interest groups as well as the interests of the members of Health Plan. - Other employees and officers perform services by delivering speeches at various public and private functions and in serving as faculty in healthcare related educational programs throughout the community.

## Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

<b>Name of the organization</b> KAISER FDN HEALTH PLAN OF GEORGIAINC	<b>Employer identification number</b> 58-1592076
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>YesNo</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div>YesNo</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of open space</div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Preservation of certified historic structure</div></div>
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►
4	Number of states where property subject to conservation easement is located ►
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <div>YesNo</div>
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div>YesNo</div>
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenues included in Form 990, Part VIII, line 1 ► \$
(ii)	Assets included in Form 990, Part X ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		24,391,555		24,391,555
b Buildings . . . . .		111,441,825	45,418,985	66,022,840
c Leasehold improvements . . . . .		15,992,298	7,670,889	8,321,409
d Equipment . . . . .		66,566,949	50,700,313	15,866,636
e Other . . . . .		13,443,141	10,340,576	3,102,565
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				117,705,005

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other MARKETABLE SECURITIES	132,374,212	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶	132,374,212	

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )		

(a) Description	(b) Book value
DUE FROM KAISER AFFILIATES	0
STATUTORY DEPOSITS	105,000
OTHER ASSETS	465,820
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PENSION PLAN PAYABLE	31,695,412
SELF INS RISK-PROF PUBLIC LIAB	14,945,507
OTHER CURRENT LIABILITIES	1,300,986
OTHER LONG-TERM LIABILITIES	2,373,172
DUE TO AFFILIATED ORGANIZATIONS	14,492,645
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	64,807,722

**Schedule D (Form 990) 2008**

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,091,876,768
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,085,031,620
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,845,148
4	Net unrealized gains (losses) on investments	4	2,798,664
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-20,729,735
9	Total adjustments (net) Add lines 4 - 8	9	-17,931,071
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-11,085,923

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,083,045,309
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	2,798,664
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-1,618,585
e	Add lines 2a through 2d . . . . .	2e	1,180,079
3	Subtract line 2e from line 1 . . . . .	3	1,081,865,230
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	10,011,538
c	Add lines 4a and 4b . . . . .	4c	10,011,538
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	1,091,876,768

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	1,094,131,232
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Losses reported on Form 990, Part IX, line 25 . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	12,182,916
e	Add lines 2a through 2d . . . . .	2e	12,182,916
3	Subtract line 2e from line 1 . . . . .	3	1,081,948,316
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	3,083,304
c	Add lines 4a and 4b . . . . .	4c	3,083,304
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	1,085,031,620

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	CHANGE IN PENSION & OTHER COMPREHENSIVE INCOME <\$17,434,402> SEE "NOTE 1" BELOW <\$ 3,295,333> _____ TOTAL <\$20,729,735> NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII	LINE 2D BAD DEBT EXPENSE - RECLASS <\$ 3,083,304> INTER-ENTITY REVENUE - RECLASS \$ 4,760,052 SEE PART XI, LINE 8 <\$ 3,295,333> _____ TOTAL <\$ 1,618,585> LINE 4B FIXED ASSET LOSS - RECLASS <\$ 4,496> OTHER REVENUE - RECLASS \$10,016,034 _____ TOTAL \$10,011,538
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII	LINE 2D FIXED ASSET LOSS - RECLASS \$ 4,496 INTER-ENTITY REVENUE - RECLASS \$ 4,760,052 CHANGE IN PENSION & OTHER COMPREHENSIVE INCOME \$17,434,402 INSURANCE EXPENSE - RECLASS <\$10,016,034> _____ TOTAL \$12,182,916 LINE 4B BAD DEBT EXPENSE - RECLASS \$3,083,304
FIN 48 FOOTNOTE	SCHEDULE D, PART X	NOT REQUIRED



## Ident if ier

FIN 48 FOOTNOTE

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
KAISER FDN HEALTH PLAN OF GEORGIAINC

Grants and Other Assistance to Organizations,  
Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public  
Inspection

Employer identification number  
58-1592076

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed

☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

- 2

Enter total number of section 501(c)(3) and government organizations

121
- 3

Enter total number of other organizations

0

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.  
See Additional Data Table

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2	At the end of their funding cycle, grantees are required to submit a final report which delineates accomplishments related to stated objectives Large grants (typically over \$100k) may require quarterly progress reports

Software ID:  
Software Version:  
EIN: 58-1592076  
Name: KAISER FDN HEALTH PLAN OF GEORGIAINC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID Atlanta Inc1438 W Peachtree St NW Atlanta, GA 30309	58-1537967	501c(3)	99,984				CB Program Support
American Heart Association Inc1101 Northchase Pkwy Suite 1 Marietta,GA 30067	13-5613797	501c(3)	22,500				Sponsorship
Athens Nurses Clinic Inc 496 Reese St Athens,GA 30601	58-2490925	501c(3)	50,000				Clinic Expansion
Atlanta Habitat for Humanity 519 Memorial Dr Atlanta,GA 30312	58-1535414	501c(3)	75,000				Sponsorship
Atlanta Leadership Development Foundation817 W Peachtree St Ste P-110 11th Floor Atlanta,GA 30308	23-7015688	501c(3)	6,000				CB Program Support
Atlanta Lesbian Cancer Initiative1530 Dekalb Ave NE Suite A Atlanta,GA 30307	58-2271500	501c(3)	15,000				Health Education
Auditory-Verbal Center Inc 1901 Century Blvd Suite 20 Atlanta,GA 30345	58-1305600	501c(3)	15,000				Scholarship
Center for Black Womens Wellness Inc477 Windsor St SW Suite 309 Atlanta,GA 30312	58-2212203	501c(3)	100,000				CB Program Support
Center for Pan Asian Community Services Inc 3760 Park Ave Doraville,GA 30340	58-1437980	501c(3)	14,958				Breast Care Program
CHRIS Kids Inc3111 Clairmont Rd Atlanta,GA 30329	58-1430183	501c(3)	50,000				Counseling

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Clayton College and State University5900 N Lee St Morrow, GA 30260	23-7419285	501c(3)	200,000				CB Program Support
Clayton County Health Department1117 Battlecreek Rd Jonesboro, GA 30236	58-1108112	Government	98,280				Health Education
Community Health Center Inc6289 Veteran Memorial Hwy Austell, GA 30168	20-1251746	501c(3)	60,000				CB Program Support
Dekalb County Board of Education3770 N Decatur Rd Decatur, GA 30032	58-6000227	Government	42,000				Gen Op Support
Dekalb County Board of Health445 Winn Way Decatur, GA 30031	58-1417092	Government	75,000				CB Program Support
Earth Share of Georgia1447 Peachtree St Ste 214 Atlanta, GA 30309	58-2022001	501c(3)	60,000				Corp Contribution
Families First1105 W Peachtree St NE Atlanta, GA 30357	58-1054331	501c(3)	25,000				CB Program Support
Georgia Breast Cancer Coalition Fund1945 Cliff Valley Way Suite 240 Atlanta, GA 30329	58-2104476	501c(3)	10,000				Sponsorship
Georgia Conservancy817 W Peachtree St Ste 200 Atlanta, GA 30308	58-1027246	501c(3)	45,000				Clean Air Program
Georgia Free Clinic NetworkPO Box 133224 Atlanta, GA 30333	80-0100336	501c(3)	110,000				CB Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgia Highlands Medical Services Inc260 Elm St Cumming, GA 30040	58-1338038	501c(3)	100,000				CB Program Support
Georgia Organics IncPO Box 8924 Atlanta, GA 31106	58-2345310	501c(3)	25,000				CB Program Support
Georgia Partnership for Caring Foundation2300 Henderson Mill Rd Ste 421 Atlanta, GA 30345	58-2117174	501c(3)	75,000				CB Program Support
Georgia Perimeter College555 N Indian Creek Dr Clarkston, GA 30021	58-1660133	501c(3)	130,000				CB Program Support
GA State Univ School of NursingPO Box 4019 Atlanta, GA 303024019	58-6033185	501c(3)	200,000				CB Program Support
Girl Scout Council of Northwest GA1577 NE Expressway Atlanta, GA 30329	58-0566190	501c(3)	9,000				Summer Camp
GO AL1900 Century Place Suite 112 Atlanta, GA 30345	58-2318378	501c(3)	21,100				CB Program Support
Good Shepherd Clinic Inc 6392 Murphy Dr Morrow, GA 30260	58-2578581	501c(3)	100,000				CB Program Support
Hands of Hope Clinic Inc 1010 Hospital Dr Bldg B Stockbridge, GA 30281	42-1591970	501c(3)	101,180				Clinic Support
Healthy Mothers Healthy Babies Coalition2300 Henderson Mill Rd Suite 410 Atlanta, GA 30345	58-1440585	501c(3)	9,350				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Henry W Grady Health System Foundation Inc 50 Hurt Plaza Suite 803 Atlanta, GA 30303	58-2130437	501c(3)	5,000,000				CB Program Support
Kates Club1640 Powers Ferry Rd Bldg 2 Ste 200 Marietta, GA 30067	16-1646487	501c(3)	30,000				CB Program Support
Kennesaw State University1000 Chastain Rd Kennesaw, GA 30144	37-1535589	501c(3)	199,504				CB Program Support
KiDsGym USA IncPO Box 491414 College Park, GA 30349	58-1695749	501c(3)	10,000				CB Program Support
Macon Volunteer Clinic Inc376 Rogers Ave Macon, GA 31204	74-3055376	501c(3)	35,215				Capacity Expansion
March of Dimes1776 Peachtree St Suite 100 Atlanta, GA 30309	13-1846366	501c(3)	89,441				Sponsorship
Mercer University School of Pharmacy 30001 Mercer Univ Dr Atlanta, GA 30341	58-0566167	501c(3)	25,000				Scholarship
Mercy Health CenterPO Box 6064 Athens, GA 30604	58-2603523	501c(3)	50,000				Clinic Support
Mission Columbus Medical Clinic3679 Steam Mill Rd Columbus, GA 31906	20-4493484	501c(3)	50,000				Clinic Expansion
Murphy-Harpst Childrens Centers Inc 740 Fletcher St Cedartown, GA 30125	58-1543388	501c(3)	7,800				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUST Ministries55 Elizabeth Church Rd Marietta, GA 30061	58-2034725	501c(3)	101,500				CB Program Support
National Health museum1350 Connecticut Ave Fifth Floor Washington, DC 20009	52-1649315	501c(3)	50,000				Museum Support
Nicholas House1790 Lavista Rd Atlanta, GA 30329	58-1762614	501c(3)	20,000				Health Support
Oakhurst Medical Center770 Village Sqr Dr Stone Mountain, GA 30083	58-1413957	501c(3)	75,000				Diabetes Mgt Program
Our House711 S Columbia Dr Decatur, GA 30030	58-1551369	501c(3)	15,000				Health Support
Piedmont Park Conservancy IncPO Box 7795 Atlanta, GA 30357	58-1551369	501c(3)	50,000				Sponsorship
Project Open Hand176 Ottley Dr Atlanta, GA 30324	58-1816778	501c(3)	50,000				CB Program Support
Regional Atlanta Civic League IncPO Box 1002 Atlanta, GA 30301	58-1103894	501c(3)	20,000				CB Program Support
Robert W Woodruff Arts Center Inc1280 Peachtree St NE Atlanta, GA 30309	58-0633971	501c(3)	83,000				CB Program Support
Saint Josephs Mercy Care424 Decatur St Atlanta, GA 30312	58-1752700	501c(3)	100,000				Health Screening



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Senior Citizen Services 1705 Commerce Dr NW Atlanta, GA 30318	58-0960309	501c(3)	20,000				Meals on Wheels
Senior Connections 5328 Peachtree Rd Chamblee, GA 30341	58-1187876	501c(3)	33,500				CB Program Support
South DeKalb Center for Healthy Living 6877 B Main St Lithonia, GA 30058	20-5524071	501c(3)	75,000				CB Program Support
Susan G Komen for the Cure 4840 Roswell Rd Bldg D Ste 100 Atlanta, GA 30342	58-1959763	501c(3)	25,000				Sponsorship
The 100 Black Men of Atlanta Inc 100 Auburn Ave Ste 301 Atlanta, GA 30303	58-1721923	501c(3)	15,000				CB Program Support
The Childrens Museum of Atlanta Inc 275 Centennial Olympic Dr NW Atlanta, GA 30313	58-1785484	501c(3)	10,000				Sponsorship
The Family Connection Partnership Inc 235 Peachtree St Suite 1600 Atlanta, GA 30303	58-1888262	501c(3)	20,000				CB Program Support
The MLK Jr Center for Nonviolent 449 Auburn Ave NE Atlanta, GA 30312	58-1030989	501c(3)	9,000				CB Program Support
The Morehouse School of Medicine Inc 720 Westview Dr SW Atlanta, GA 30310	58-1438873	501c(3)	50,000				Scholarship
Union Mission 120 Fahm St Savannah, GA 31401	58-0827524	501c(3)	50,000				CB Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Metropolitan Atlanta100 Edgewood Ave Atlanta, GA 30303	58-0566194	501c(3)	100,000				CB Program Support
Voices for Georgias Children100 Edgewood Ave NE Suite 520 Atlanta, GA 30303	02-0678823	501c(3)	70,000				CB Program Support
YWCA of Greater Atlanta957 N Highland Ave NE Atlanta, GA 30306	58-0593442	501c(3)	23,195				Sponsorship

Schedule J

(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

➤ **Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public  
Inspection

**Name of the organization**  
KAISER FDN HEALTH PLAN OF GEORGIAINC

**Employer identification number**  
58-1592076

Part I

Questions Regarding Compensation

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

☐ First class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax idemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e g , maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

☐ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☐ Form 990 of other organizations

☐ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?  
If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?  
If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes

No

1b

2

4a

Yes

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

See Additional Data Table

[illegible]

Software ID:

Software Version:

EIN: 58-1592076

Name: KAISER FDN HEALTH PLAN OF GEORGIAINC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PETER ANDRUSZKIEWICZ	(i)	0	0	0	0	0	0	0
	(ii)	390,751	261,788	63,808	95,951	12,260	824,558	0
DAWN BADING	(i)	0	0	0	0	0	0	0
	(ii)	163,318	0	44,452	34,273	11,540	253,583	0
FRANK M BOONE	(i)	0	0	0	0	0	0	0
	(ii)	197,564	69,454	46,611	59,141	12,351	385,121	84,962
JAMES L CULLINAN	(i)	0	0	0	0	0	0	0
	(ii)	188,719	26,116	14,548	31,811	9,820	271,014	0
JULIE R FORTIN	(i)	0	0	0	0	0	0	0
	(ii)	167,871	60,170	24,529	31,813	12,351	296,734	60,170
CAROLYN M KENNY	(i)	0	0	0	0	0	0	0
	(ii)	168,777	809,792	547,793	565,957	46,541	2,138,860	1,016,746
KATHRYN LANCASTER	(i)	0	0	0	0	0	0	0
	(ii)	545,871	606,732	43,222	208,336	13,690	1,417,851	607,349
LESLIE M LITTON	(i)	142,633	24,080	23,410	19,453	11,295	220,871	0
	(ii)	0	0	0	0	0	0	0
CHRISTINE L MALCOLM	(i)	0	0	0	0	0	0	0
	(ii)	368,980	86,984	128,203	288,546	13,690	886,403	245,341
THOMAS R MEIER	(i)	0	0	0	0	0	0	0
	(ii)	257,251	214,717	57,257	69,668	13,027	611,920	219,308
J NEAL PURCELL	(i)	17,700	0	9,926	0	0	27,626	0
	(ii)	209,250	0	325	0	0	209,575	0
SARAH D SIDWELL	(i)	0	0	0	0	0	0	0
	(ii)	222,808	17,851	31,099	40,326	11,118	323,202	0
ARTHUR M SOUTHAM	(i)	0	0	0	0	0	0	0
	(ii)	679,813	883,545	63,069	248,703	11,225	1,886,355	887,341
DEBORAH STOKES	(i)	0	0	0	0	0	0	0
	(ii)	278,007	178,237	149,787	102,540	13,027	721,598	286,139
CYNTHIA A TELLES PhD	(i)	12,900	0	0	0	0	12,900	0
	(ii)	188,750	0	8,189	0	0	196,939	0
BEVERLY THOMAS	(i)	0	0	0	0	0	0	0
	(ii)	152,679	45,350	51,126	51,029	12,351	312,535	60,850
TIMOTHY M TRUSSELL	(i)	59,336	159,644	20,145	6,493	12,790	258,408	0
	(ii)	0	0	0	0	0	0	0
BERNARD J TYSON	(i)	0	0	0	0	0	0	0
	(ii)	627,705	786,911	996,570	235,852	13,690	2,660,728	1,504,843
JENNIFER L WINGARD	(i)	0	0	0	0	0	0	0
	(ii)	146,269	37,513	40,082	51,180	12,351	287,395	37,513
STEVEN R ZATKIN	(i)	0	0	0	0	0	0	0
	(ii)	516,044	558,242	555,302	533,116	12,393	2,175,097	1,067,290
VICTORIA B ZATKIN	(i)	0	0	0	0	0	0	0
	(ii)	174,106	28,485	44,310	42,573	2,198	291,672	48,094

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 4-A	SEVERANCE PAYMENT	CAROLYN M KENNY \$259,272
SCHEDULE J, PART I, LINE 4-B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS	STEVEN R ZATKIN \$ 942,497 BERNARD J TYSON \$ 940,810 CAROLYN M KENNY \$ 256,754 ARTHUR M SOUTHAM \$ 216,841 KATHRYN LANCASTER \$ 175,273 DEBORAH STOKES \$ 164,551 CHRISTINE L MALCOLM \$ 147,311 PETER ANDRUSZKIEWICZ \$ 66,100 THOMAS R MEIER \$ 39,947 SARAH D SIDWELL \$ 26,415 FRANK M BOONE \$ 25,586 JAMES L CULLINAN \$ 21,589 BEVERLY THOMAS \$ 20,840 JENNIFER L WINGARD \$ 19,733 DAWN BADING \$ 19,648
SCHEDULE J, PART I, LINE 3	Top Management Officials' Compensation	Kaiser Foundation Health Plan of Georgia relied on Kaiser Foundation Health Plan, Inc that used one or more of the methods described below to establish the top management officials' compensation - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Written employment contract - Compensation survey or study, and - Approval by the board or compensation committee

Schedule L

(Form 990 or 990-EZ)

Department of the  
Treasury  
Internal Revenue  
Service

Transactions with Interested Persons

▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **To be completed by organizations that answered**  
**"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,**  
**or Form 990-EZ, Part V lines 38b or 40b.**

OMB No 1545-0047

2008

Open to Public  
Inspection

**Name of the organization**  
KAISER FDN HEALTH PLAN OF GEORGIAINC

**Employer identification number**  
58-1592076

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

**Part III Grants or Assistance Benefitting Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARK MALCOLM	KFHP INC EMPLOYEE	91,275	COMPENSATION		No

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization KAISER FDN HEALTH PLAN OF GEORGIAINC	Employer identification number 58-1592076
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Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION A, LINE 10	1 Community benefit details are presented to the community benefit committee of the board for review 2 The tax return is review ed and signed by a KPMG tax advisor 3 The complete tax return is review ed and signed by the VP, Controller and Chief Accounting Officer 4 A compact disk containing the signed return is provided to each board member prior to filing

Identifier	Return Reference	Explanation
COMPLIANCE ENFORCEMENT	PART VI, SECTION B, LINE 12C	Regularly and Consistently Monitors Compliance w ith the Conflicts of Interest Policy Kaiser Permanente regularly monitors compliance w ith the Conflicts of Interest Policy in 3 key ways 1 The Kaiser Permanente Compliance Hotline is available to all employees and vendors to report actual or potential conflicts of interest All calls are answer ed by a third party and provided to Kaiser Permanente's National Compliance office for review and appropriate action Employees can report anonymously and w ithout fear of retaliation Reports of actual or potential Conflicts of Interest are generated and investigations are conducted as required and information is tracked and trended to determ ine if additional guidance is required to avoid conflicts of interest Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually 2 The Senior Vice President & Chief Compliance Officer and the Vice President of Internal Audit Services annually review the directors', officers', key employees', and executives' Annual Conflicts of Interest Questionnaire disclosures and provide direction on any investigations required Investigations are documented, tracked and trended to determ ine if additional controls or education is required, In addition, Conflicts of Interest Questionnaire Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually, and 3 Annually, as a component of the external audit, KPMG review s the Annual Conflicts of Interest Questionnaires completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/ Hospitals Audit and Compliance Committee Regularly and Consistently Enforces Compliance w ith the Conflicts of Interest Policy To ensure consistency in the enforcement of the policy Kaiser Permanente uses the follow ing steps as a general guideline A Represented employees are subject to any corrective/disciplinary action provisions described in specific regional/national collective bargaining agreements and/or organizational policies and practices B Kaiser Permanente notifies employees of the National Human Resources Policy No 14 Corrective/Disciplinary Action Policy during new employee orientation and in annual compliance training C In the event that it is necessary to discipline any employee because of, but not limited to, failure to comply w th applicable legal/regulatory requirements, Kaiser Permanente policies and procedures, or the Principles of Responsibility, or for unsatisfactory performance or misconduct, coaching/counseling and/or corrective/disciplinary action may include, but is not limited to - Oral discussion and/or warning by the employee's immediate supervisor or higher level manager to correct the problem - Written notice, w ith or w ithout final warning - Paid or unpaid suspension, w ith or w ithout final warning - Termination of employment

Identifier	Return Reference	Explanation
COMPENSATION DETERMINATION	PART VI, SECTION B, LINE 15	The executive compensation program 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 review ed annually by the Compensation Committee of the Board of Directors w hich evaluates and approves prior to payment all programs and payments to CEO, Executive Director and top management officials (executives) Base pay for executive positions is established at a level comparable to the relevant market In addition, other components of the compensation program bear 'at-risk' features designed to focus on strategically important performance goals and to assist in attracting and retaining top performers The executive compensation program is targeted at the median of the comparable external market in w hich the organization competes for executive leadership Evaluation of comparable pay data is performed by an Independent Compensation, Benefit & Human Resource Consulting firm The compensation program focuses on objectives in the areas of quality of member care and service, financial soundness, and the community and social mision of the organization

Identifier	Return Reference	Explanation
PUBLIC INSPECTION	PART VI, SECTION C, LINE 19	Governing documents - are available as provided to state Dept of Insurance and maintained on state agency website or upon request Conflict of Interest is available on KP website under vendor Principles of Responsibility or upon request Financial Statements are on file w ith state insurance agency on a statutory basis (stand alone entity) Combined data is published for Kaiser Foundation Health Plan Inc and subsidiaries and Kaiser Foundation Hospitals and Subsidiaries w ith audit opinion by KPMG upon request To request copies contact Tax Director Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Ste 15L Oakland, CA 94612

Identifier	Return Reference	Explanation
FAMILY AFFILIATIONS	PART VI, SECTION A, LINE 2	steven r zatkin - spouse officer of kfhp inc , kfhp and subsidiaries victoria zatkin - spouse senior vp, general counsel and officer of kfhp inc and regional health plans

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS - PROGRAM SERVICES	PART III, LINE 4A-D	2008 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC THE COMMUNITY BENEFIT PROGRAM IN THE GEORGIA REGION In 2008, Kaiser Permanente spent approximately \$1 2 billion or approximately 2 94% of revenue to support the Community Benefit Program In Georgia, the Health Plan expended \$13 6 million to support community benefit activities A breakdown of the 2008 Community Benefit dollars attributable to the Georgia Health Plan is provided at end of cb report The follow ing identifies many of the signature community benefit programs and services grouped according to the national streams of work funded by Georgia Health Plan CARE AND COVERAGE FOR LOW-INCOME PEOPLE There are roughly 46 million Americans w ithout access to health care or coverage Uninsured, low -income individuals and families w ho are not eligible for public programs often have to rely on traditional charity care Frequently, individuals in this situation may wait to seek medical care until their conditions become critical, and end up in hospital emergency rooms for treatment of conditions that are preventable or easily treated in earlier stages In 2008, the Georgia Health Plan expended \$6 2 million to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age, or other factors Program beneficiaries (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 Health Coverage Programs) In the Georgia Region, Health Plan provides charity care to low -income vulnerable populations through the Medical Financial Assistance and Charitable Coverage Program In 2008, the Georgia Health Plan spent approximately \$3 2 million on under 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 w ith a demonstrated financial need Patients must receive health care services at a Kaiser Permanente facility and/or from a Kaiser Permanente provider Kaiser Permanente's charity care program includes discounting charges for uninsured patients w hich are below 400% of the federal poverty guidelines Kaiser Permanente has also aligned contracted collection agency practices w ith Kaiser Permanente social values In 2008, this program assisted 417 patients In addition, the Georgia Health Plan provided charitable care to 15 babies through collaboration w ith a community-based organization, My House My House is a transitional living facility for infants born w ith special needs - Charitable Health Coverage Program Charitable Health Coverage (CHC) is our unique approach to caring for low -income uninsured persons in our communities Participants receive a regular Kaiser Permanente membership card and access to the full range of our service and providers-a much better alternative to a brief and costly emergency room visit or hospitalization This allow s us to invest in the longer term health of patients and the community Since inception in the early 1980s, CHC programs have made a real difference in the lives of persons w ho might otherwise have no other source of care The Kaiser Permanente Bridge Program enrolls and subsidizes for up to two years, 95% of the premium for income-eligible individuals w ho do not have access to any other form of health insurance This program partners w ith community agencies to identify eligible clients w hose income falls at or below 300% of the federal poverty guidelines By year-end 2008, the Georgia Health Plan had 1,417 individuals in the Kaiser Permanente Bridge Program, and provided 3,200 primary and 2,680 specialty outpatient visits, 2,654 prescriptions, 2,774 laboratory tests and 871 radiology services COMMUNITY HEALTH INITIATIVES As an innovator in health, Kaiser Permanente designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods, workplaces, and schools to support good health, particularly Healthy Eating, Active Living (HEAL) The Georgia Health Plan spent approximately \$793,017 on community health initiatives during 2008 Community Health Education and Prevention Programs The Georgia Health Plan offered a variety of health education classes, events, and programs for the general public During 2008, the Health Education Department organized numerous health fairs and screenings at Health Plan medical offices w hich were open to the general public Expenditures in this category exclude program cost for health education programs targeting or restricted to Health Plan members The follow ing is an example of a community partnership aimed at promoting health and well being - The Georgia Health Plan is the sponsor of the Green Market, weekly farmers' market (May-December) offering a variety of organic fruits, vegetables, fresh cut flow ers, baked goods as well as healthy cooking demonstrations and fitness classes In 2008, 52,000 people attended the Green Market Grants and Donations for Community Health Initiatives The Georgia Health Plan contributed \$769,696 to 63 nonprofit organizations to support a variety of community health initiatives The follow ing are examples of programs and services funded in 2008 - Families First is the largest organization in Georgia dedicated to keeping children safe, the organization provides therapeutic services such as family education and counseling, and advocacy Kaiser Permanente Georgia supported the organization's Medicaid Clinic w ith a \$25,000 grant, w hich provided individual, family, and group therapy, psychiatric assessments, medication management, nursing services, substance abuse recovery, and crisis intervention The children and adolescents served by Families First are in care primarily due to abuse and/or neglect by their biological families, they have suffered major loss and have often experienced traumatic events The Kaiser Permanente operating grant ensured that each child received full mental assessments and necessary treatment The funds allow mental health issues to be addressed immediately in order to prevent further damage and children and their families to receive services that allow them to heal - The DeKalb County School System is the second largest in Georgia, almost 65% of the students receive free or reduced-priced lunches Kaiser Permanente Georgia funded a \$50,000 year-long project that supports the goal of healthier students, and the system's adoption of a Wellness Policy The initiative works to improve student health by testing 50,000 students' fitness levels every year, and adjusting physical education instruction individually, as determined necessary for each student The students are evaluated for body composition, cardiovascular endurance, muscular strength, muscular endurance, and flexibility The test results follow the students as they progress through the school year, through their graduation System-wide testing, data collection and analysis, and the needed equipment were made possible through the Kaiser Permanente grant - A \$50,000 grant to Project Open Hand helps people prevent or better manage chronic disease through nutrition care, w hich combines home-delivered meals and nutrition education in order to reinforce the connection between informed food choice and improved quality of life The organization's Comprehensive Nutrition Care program supports health improvements and prevents the progression of chronic diseases by providing healthy meals that meet clients' specific dietary needs and cultural preferences Clients receive Medical Nutrition Therapy provided by a registered dietician, including individual assessments, intervention, and nutrition education and guidance - With a \$25,000 Kaiser Permanente Georgia grant, Georgia Organics established a Farm-to-School initiative and hired a Coordinator to develop healthy, life-long nutritional habits for school children The program, piloted at four schools, provided 400 school-aged elementary and high school youth w ith learning opportunities by exposing them to "grow - your-own" food experiences in school and community gardens, and visits to local farms Atlanta Public and Decatur City Schools integrated district-wide Farm to School initiatives in almost 100 schools w ith assistance from Georgia Organics Participants also shared in hands-on food preparation w ith chefs through "Chef to Schools" workshops, and learned about the value of supporting locally-grow n produce The organization delivered educational sessions to over 500 teachers, parents, and school policy makers, advocated for farm-to-school policies at the local, state, and national levels, and formed the Georgia Farm to School alliance w ith key stakeholders and policymakers



Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS - PROGRAM SERVICES	PART III, LINE 4A-D (CONTINUED)	<p>SAFETY NET PARTNERSHIPS Through funding, technical assistance, public policy advocacy, training and volunteering, dissemination of care-management and quality improvement technologies, Kaiser Permanente helps these vital health care providers improve care and expand treatment capacity for the communities and vulnerable people they serve</p> <p>Grants and Donations for Safety Net Partnerships The Georgia Health Plan contributed \$3.5 million to 20 organizations that deliver medical or dental care services to uninsured people in community settings, primarily safety net clinics in Georgia. The following are community organizations supported by these grants in 2008:</p> <ul style="list-style-type: none"><li>- A \$3 million grant was awarded to Grady Health System to improve access to care for 587 chronically ill, low-income patients. At the project's end, a total of 1,000 of the hospital's uninsured patients will be served. These clients use Grady as their medical home and receive treatment for diabetes, cardiovascular and/or pulmonary diseases. Ninety percent of the patients represent a minority group and all have income levels below 200% of federal poverty guidelines. An additional \$2 million grant was to purchase life-saving equipment for the hospital's Level I Trauma Center, including "green" ambulances, burn center equipment, cardiac output monitors, and other equipment. Grady, a public hospital, is the preeminent safety net facility for thousands of under and uninsured patients in metro Atlanta.</li><li>- The South DeKalb Healthy Living Center doubled the number of under and uninsured patients it serves because of a facility expansion primarily financed by Kaiser Permanente Georgia. The \$75,000 grant helped the safety net clinic expand its services offered and improved patients' experiences by funding the renovation of a larger, upgraded, and more efficient facility. The Clinic has surpassed the anticipated numbers served by more than 50%. In addition to providing critical treatment for acute and chronic health issues, the Clinic has been able to proactively help people achieve and maintain a healthy lifestyle.</li><li>- The Center for Black Women's Wellness improves the health and well-being of women of color and their families by providing healthcare and wellness services, economic self-sufficiency education, and adolescent and maternal and infant healthcare. 81% of the clinic's clients are uninsured, and 62% of community residents live below 150% of the federal poverty guidelines. Clients receive no or low-cost preventive healthcare, health education workshops, and no or low-cost mammography screenings. Increasing numbers of Atlanta residents are falling victim to the current economic reality, and are losing their jobs and health insurance. Kaiser Permanente Georgia's \$100,000 grant supported the Clinic's efforts to serve more people who are unable to afford healthcare. The grant allowed the clinic to extend its operating hours and the services it offers. The Center increased the number of days it operates their safety net clinic from two days a week to three, and expanded its facilities from one exam room to two. As a result, the Center has increased the number of people served each month by 57%, and is moving towards a goal of serving 67% more clients each month.</li></ul> <p>DEVELOPING AND DISSEMINATING KNOWLEDGE Kaiser Permanente aims to improve health by sharing its knowledge, educating practitioners, advancing research, empowering consumers, and informing policymakers about the evidence base for care and health.</p> <p>The Georgia Health Plan spent \$2.3 million to support programs and services for the development and dissemination of knowledge and provided grants and donations to nonprofit organizations.</p> <p>Clinical and Health Services Research The Georgia Health Plan's Center for Health Research department partners with research programs at Emory University, Morehouse School of Medicine, Centers for Disease Control and Prevention (CDC) and the Georgia Department of Human Resources, Division of Public Health. During 2008, the Center for Health Research participated in 90 studies and published results in 27 publications. The following are two examples of studies conducted in 2008:</p> <ul style="list-style-type: none"><li>- Health Literacy and Cancer Prevention Do People Understand What They Hear? Recent attention has focused on the prevalence and impact of inadequate health literacy with regards to print material and largely ignoring the majority of health information communicated verbally. Cancer is a complex disease and understanding method of prevention is essential to changing behavior and thus reducing disease burden. This study focuses on the development of computer-based assessments of health literacy (oral). The assessment tool has a potential of greatly enhancing the understanding of health literacy.</li><li>- Human Genetic Variation and Response to Metformin Therapy This pilot is a collaborative study between the Kaiser Foundation Health Plan of Georgia, Mansfield Clinic Research Foundation and the Pharmacogenetic Research Network of University of California - San Francisco to determine whether genetic variations in patients of type 2 diabetes affect their response to a certain medication, Metformin. Metformin is one of the most widely prescribed oral hypoglycemic medication. Results from this study will be used to help understand specific experiences and responsiveness to treatment for diabetes based on one's genes and its effect on health outcomes.</li></ul> <p>Educational Theatre Programs (ETP) The Georgia Health Plan offered free, award-winning health education plays for youth and adults. Kaiser Permanente's Educational Theatre Programs offers a unique series of dynamic theatre programs with compelling health messages to reach children, teens and adults. These national award-winning plays promote individual responsibility for one's health, instill positive attitudes about healthy lifestyle choices and demonstrate the benefits of positive action. Topics addressed in the performances range from AIDS awareness and stress management to grief counseling and health and wellness messages, related to nutrition and asthma education. All programs are offered free of charge as a community benefit of Kaiser Permanente. In 2008, the program reached over 53,000 children with 511 school performances.</p>

Identifier	Return Reference	Explanation																														
EXEMPT PURPOSE ACHIEVEMENTS - PROGRAM SERVICES	PART III, LINE 4A-D (CONTINUED)	<p>Training and Education of Health Care Professionals In 2008, the Georgia Health Plan spent \$127,000 to support the education and training of health care professionals. An example of an effort undertaken to alleviate health care workforce shortages in the community is the pharmacy residency program. The Pharmacy Residency Program helps students gain post graduate training experience in a managed care setting. Training components of the Georgia Health Plan program include: management and improvement of medication use through evidence-based patient-centered therapy with interdisciplinary teams, medication and practice-related education, population-based care and formulary management. Grants and Donations for Knowledge Dissemination The Georgia Health Plan donated \$1 million in charitable contributions to 20 nonprofit organizations for the dissemination of evidence-based studies which informed the community about health care public policy and educational opportunities for individuals seeking a career as a health care professional. The following provides examples of some of the programs supported in 2008: - Kaiser Permanente Georgia provides health profession scholarships to help increase the number of health care workers in Georgia, and to train a new generation of nurses, doctors, and pharmacists. Kennesaw State University Nursing School is one of KP Georgia's nursing school partners. In 2008, a \$199,504 grant supported the university's efforts to recruit and retain nursing school faculty and students. With the funds, the school provided student scholarships, faculty awards, increased the Kaiser Permanente Nursing School Endowment, and provided student tutoring and mentoring as they prepared for the state board of nursing test. - As with our other health profession partners, Morehouse School of Medicine is working to increase the pool of healthcare workers in Georgia. In 2008, the state ranked 38th nationally in the availability of primary care physicians per 100,000 residents. Based in the Atlanta University Center consortium of Historically Black Colleges and Universities, Morehouse School of Medicine's programs and activities focus on training primary care physicians, and underserved populations. The Kaiser Permanente Medical Student Scholarship is a needs-based award, and covers a portion of students' expenses while in medical school. A \$50,000 grant provided five \$10,000 scholarships. OTHER COMMUNITY BENEFITS The Georgia Health Plan spent \$817,368 on other community benefits activities and programs beyond the national streams of work: Self-Sufficiency Programs The Georgia Health Plan spent \$37,858 to support two INROADS interns in 2008. 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. The Georgia Health Plan contributed \$318,000 to five nonprofit community organizations in support of a variety of other programs and services for vulnerable populations. Highlights of programs and services funded in 2008 are below: - Atlanta Habitat for Humanity partners with working families and communities to build affordable, quality homes and to provide support services that promote successful home purchase and ownership. Permanent, safe, affordable housing is a key quality of life indicator, and a social determinant of health. Atlanta Habitat was the recipient of a \$75,000 grant, which allowed the organization to build a house using 104 Kaiser Permanente Georgia employees and physicians as builder-volunteers. Home construction was completed in time to allow the family to move in just before the December holidays. - Each year, the Martin Luther King, Jr. Center for Non-Violent Social Change, holds an awards dinner to honor individuals and corporations that exemplify excellence in their leadership and have demonstrated a commitment to social responsibility in the spirit of the Rev. Martin Luther King Jr. The dinner, sponsored in part by Kaiser Permanente Georgia with a \$10,000 contribution, also highlights the Center's year-round programming, activities, and initiatives that support the ideals espoused by Dr. King, including a Service Summit with Hands on Atlanta. Thirty-five Georgia Health Plan employees and practitioners participated in the Service Summit by volunteering at the Peachtree-Pine Homeless Shelter, which provides safety net medical care among other services. Regional Community Benefit Operations The Georgia Health Plan has a Community Benefit Department with six employees to support regional community benefit programs and coordinate CB initiatives including the Educational Theatre Programs. In addition, there are many other Health Plan personnel who collaborate to help manage community benefit programs like Charity Care, Charitable Health Coverage.</p> <p>2008 COMMUNITY BENEFIT INVESTMENT - GEORGIA REGION</p> <table><tr><td>Community Health Initiatives Programs and Services</td><td>\$23,321</td></tr><tr><td>Grants &amp; Donations for Community Health Initiatives</td><td>769,696</td></tr><tr><td>Subtotal</td><td>\$793,017</td></tr><tr><td>SAFETY NET PARTNERSHIPS Grants &amp; Donations for Safety Net Partnerships</td><td>\$3,496,122</td></tr><tr><td>Subtotal</td><td>\$3,496,122</td></tr><tr><td>KNOWLEDGE DISSEMINATION Medical Research</td><td>\$495,341</td></tr><tr><td>Educational Theatre Program</td><td>597,487</td></tr><tr><td>Health Care Training &amp; Education Programs</td><td>127,305</td></tr><tr><td>Grants &amp; Donations for Knowledge Dissemination</td><td>1,043,504</td></tr><tr><td>Subtotal</td><td>\$2,263,637</td></tr><tr><td>OTHER COMMUNITY BENEFITS Self Sufficiency Programs</td><td>\$37,858</td></tr><tr><td>Other CB Grants &amp; Donations</td><td>318,000</td></tr><tr><td>CB Operations</td><td>461,510</td></tr><tr><td>Subtotal</td><td>\$817,368</td></tr><tr><td>TOTAL</td><td>\$13,556,801</td></tr></table>	Community Health Initiatives Programs and Services	\$23,321	Grants & Donations for Community Health Initiatives	769,696	Subtotal	\$793,017	SAFETY NET PARTNERSHIPS Grants & Donations for Safety Net Partnerships	\$3,496,122	Subtotal	\$3,496,122	KNOWLEDGE DISSEMINATION Medical Research	\$495,341	Educational Theatre Program	597,487	Health Care Training & Education Programs	127,305	Grants & Donations for Knowledge Dissemination	1,043,504	Subtotal	\$2,263,637	OTHER COMMUNITY BENEFITS Self Sufficiency Programs	\$37,858	Other CB Grants & Donations	318,000	CB Operations	461,510	Subtotal	\$817,368	TOTAL	\$13,556,801
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Identifier	Return Reference	Explanation
CHANGES TO ORGANIZATIONAL DOCUMENTS	PART VI, LINE 4	<p>Amendments to Bylaws of Kaiser Foundation Health Plan of Georgia, Inc , effective 7/1/09 Article D, Directors Section D-1, Power and Authority of Directors Amended (d) to require that the compensation of the Regional President and other executive officers of the corporation be approved by the member's Compensation Committee Added new (g) listing a corporate power - the power to approve expenditures for capital projects, but requiring member approval of capital expenditures in excess of \$25 million Amended (h) [former (g)] to require member approval of issuance of tax-exempt bonds Added new (o) giving the corporation the power to appoint or remove members of the Executive Advisory Board and approve the charter of the Executive Advisory Board, and amendments Section D-2, Number Changed the number of Directors to five (5) Section D-4, Election and Term of Office Amended (a) to conform with practice and Georgia law to state that public directors shall have no vested interest, financial or otherwise, in the operations of the corporation, and that one Director shall be a licensed Provider in Georgia Also provides that three of the Directors shall be inside directors (b) Provides that the term of all Directors in office as of June 1, 2009 shall expire on June 30, 2009, and that the member shall elect five directors for a term commencing July 1, 2009 and ending at the annual meeting of the member in 2010 (c) Thereafter, Directors will be elected to one-year terms at the annual meeting of the member D-5, Enrollee Participation and Executive Advisory Board Adds "Executive Advisory Board" to title and adds (b) providing for establishment of an Executive Advisory Board Executive Advisory Board to be appointed by KFHP-Georgia Board and charter of Executive Advisory Board to be approved by KFHP-Georgia Board</p>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
KAISER FDN HEALTH PLAN OF GEORGIAINC

Employer identification number  
58-1592076

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
HCMS LLC  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3924985	CASE MANAGEMENT	CA	NA	N/A				No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
OAK TREE ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 03-0329760	INUSRANCE	VT	NA	C CORP			
KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3203402	INUSRANCE	CA	NA	C CORP			
KAISER PROPERTY SERVICES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3259432	REAL ESTATE	CA	NA	C CORP			
ARCHIMEDES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3774729	CONSULTING	CA	NA	C CORP			
KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3245176	CONSULTING	CA	NA	C CORP			

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:

Software Version:

EIN: 58-1592076

Name: KAISER FDN HEALTH PLAN OF GEORGIAINC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
KAISER FOUNDATION HEALTH PLAN INC  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-1340523	HEALTH CARE	CA	501(C)(3)	9	NA
KAISER FOUNDATION HOSPITALS  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-1105628	HEALTH CARE	CA	501(C)(3)	3	NA
KAISER FDN HEALTH PLAN OF COLORADO  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 84-0591617	HEALTH CARE	CO	501(C)(3)	9	NA
KFHP OF THE MID-ATLANTIC STATES  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 52-0954463	HEALTH CARE	MD	501(C)(3)	9	NA
KAISER FDN HEALTH PLAN OF THE NORTHWEST  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0798039	HEALTH CARE	OR	501(C)(3)	9	NA
KAISER FDN HEALTH PLAN OF OHIO  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 34-0922268	HEALTH CARE	OH	501(C)(3)	9	NA
KAISER HEALTH PLAN ASSET MANAGEMENT INC  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299124	ASSET MGMT	CA	501(C)(3)	11	NA
LOKAHI ASSURANCE LTD  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 91-2171891	RISK MGMT	HI	501(C)(3)	11	NA
KAISER HOSPITAL ASSET MANAGEMENT INC  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299125	ASSET MGMT	CA	501(C)(3)	11	NA
CAMP BOWIE SERVICE CENTER  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299123	ADMIN	CA	501(C)(3)	11	NA
OHP  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0480268	LEASING	WA	501(C)(3)	11	NA
KAISER HEALTH ALTERNATIVES  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0954562	HEALTH CARE	OR	501(C)(3)	11	NA
1800 HARRISON  ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3317484	FINANCING	CA	501(C)(3)	11	NA



Additional Data

Software ID:  
Software Version:  
EIN: 58-1592076  
Name: KAISER FDN HEALTH PLAN OF GEORGIAINC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a MEMBERS HEALTH CARE	621,400	850,116,365	850,116,365		
b SUPPLEMENTAL CHARGE	621,400	59,063,645	59,063,645		
c NON-PLAN & INDUSTRIAL	621,400	1,979,257	1,049,787	929,470	
d OTHER PROGRAM SERVICES	621,400	27,127,912	27,127,912		
e MEDICARE/MEDICAID PAYMENTS	621,400	145,010,141	145,010,141		