


Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KAISER FDN HEALTH PLAN OF GEORGIAINC		D Employer identification number 58-1592076	
	Doing Business As		E 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	G Gross receipts \$ 1,025,427,772	
	City or town, state or country, and ZIP + 4 OAKLAND, CA 94612			
	F Name and address of principal officer PETER ANDRUSZKIEWICZ ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1985	M State of legal domicile GA

Part I	Summary
Activities & Governance	1 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
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12

Part II	Signature Block
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.	

Sign Here	Signature of officer		2011-10-31			
			Date			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ KPMG LLP					Firm's EIN ▶
	Firm's address ▶ 55 SECOND STREET SAN FRANCISCO, CA 94105					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

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE

2

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

YesNo

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?

YesNo

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 501(c)(4) organizations and section 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 \$ 993,669,074 including grants of \$ 0) (Revenue \$ 951,213,720)

Member health care services and medical training for care improvement Kaiser Foundation Health Plan of Georgia, Inc (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, Community Benefit Report

4b

(Code) (Expenses \$ 16,434,120 including grants of \$ 0) (Revenue \$ 1,071,079)

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 2010 this program assisted 1,122 applicants CHC - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 2,096 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, Community Benefit Report

4c

(Code) (Expenses \$ 9,046,312 including grants of \$ 9,046,312) (Revenue \$ 0)

Grants and Donations The Georgia Health Plan supported approximately 119 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 Additional information about Georgia Health Plan's charitable activities can be found in Schedule O, Community Benefit Report

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 2,394,708 including grants of \$ 0) (Revenue \$ 0)

4e


















Total program service expenses

\$ 1,021,544,214

Form 990 (2010)

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 (see instruction)? 	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 Yes	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school 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 United States?	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 United States? If "Yes," complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b-24d and complete Schedule K. If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 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	36		No
37	Did the organization conduct more than 5% 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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1,313		
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	2,555		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
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 line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
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 Section 501(c)(7) organizations. 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 Section 501(c)(12) organizations. 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	Section 4947(a)(1) non-exempt charitable trusts. 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			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	
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 governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant 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	
b	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			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
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
b	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ VP - NATIONAL TAX COMPLIANCE ONE KAISER PLAZA STE 15L OAKLAND, CA 94612 (510) 271-6385

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) Peter Andruszkiewicz Regional President, GA	25.0	X		X				0	645,209	157,929
(2) Frank Boone VP - Finance & Regional CFO	50.0	X		X				0	527,948	69,943
(3) George Halvorson Chairman and CEO	5.0	X		X				0	7,667,335	76,092
(4) Kerry Kohnen SVP, Operations	40.0	X		X				0	425,334	100,424
(5) Bernard Tyson President & COO	5.0	X		X				0	1,942,514	359,961
(6) J NEAL PURCELL DIRECTOR	1.0	X						14,894	204,844	0
(7) JEFFREY KOPLAN DIRECTOR	5	X						12,000	0	0
(8) Julie Fortin VP - REGIONAL COUNSEL - SE	50.0			X				0	120,549	41,492
(9) Kathryn Lancaster EVP & CFO	4.0			X				0	1,558,076	296,474
(10) Kirkland McGhee VP, Regional Counsel - GA	50.0			X				0	201,681	33,488
(11) Thomas Meier SVP, Corporate Treasurer	3.0			X				0	647,785	107,439
(12) Donald Orndoff SVP, NFS	5.0			X				0	508,058	70,932
(13) Arthur Southam EVP, Health Plan Operations	5.0			X				0	2,020,299	353,928
(14) Deborah Stokes SVP, CC & CAO	10.0			X				0	622,642	123,860
(15) Steven Zatkan SVP, Gen Counsel & Secretary	5.0			X				0	1,247,253	97,716
(16) Victoria Zatkan VP, Off of Brd & Corp Gov Svcs	4.0			X				0	311,369	83,647

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(17) Mark Zemelman SVP, Gen Counsel & Secretary	4 0			X				0	806,199	150,636
(18) James Cullinan VP, Mktg Sales & Bus Dev	30 0				X			0	291,849	63,412
(19) Sarah Sidwell VP, Chief Operating Officer	30 0				X			0	456,441	53,650
(20) Dawn Bading VP, Human Resources - GA	30 0					X		0	261,298	68,652
(21) Jonna Kirkwood VP, HP Svcs & Admin - GA	30 0					X		0	242,341	72,356
(22) Daniel Styf VP, Strategy & Business Exec	30 0					X		0	226,530	52,726
(23) Beverly Thomas VP, Community & Public Affairs	30 0					X		0	261,407	79,785
(24) Timothy Trussell SR SALES EXECUTIVE	30 0					X		209,806	0	45,759
(25) Christine Malcolm Former SVP	0 0						X	0	568,721	12,021
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								236,700	21,765,682	2,572,322

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶137

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 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 or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
PIEDMONT HOSPITAL PO BOX 102526 ATLANTA, GA 30368	MEDICAL SERVICES	62,321,622
NORTHSIDE HOSPITAL PO BOX 101818 ATLANTA, GA 30392	MEDICAL SERVICES	78,269,323
SOUTHEASTERN PERMANENTE MEDICAL GRO 3495 PIEDMONT ROAD NE ATLANTA, GA 30305	MEDICAL SERVICES	348,192,082
CHILDREN'S HEALTHCARE OF ATLANTA PO BOX 116101 ATLANTA, GA 30368	MEDICAL SERVICES	16,170,240
ST JOSEPH'S HOSPITAL PO BOX 102046 ATLANTA, GA 30368	MEDICAL SERVICES	13,184,448
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶352		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 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	1,577,335			
	e	Government grants (contributions) 1e	48,091			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	725,242			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f ▶	2,350,668			
Program Service Revenue	2a	Business Code				
		MEMBERS HEALTH CARE 621400	729,936,635	729,936,635		
	b	SUPPLEMENTAL CHARGE 621400	52,003,681	52,003,681		
	c	NON-PLAN & INDUSTRIAL 621400	1,992,636	1,964,782	27,854	
	d	OTHER PROGRAM SERVICES 621400	13,899,871	13,899,871		
	e	MEDICARE/MEDICAID PAYMENTS 621400	147,339,055	147,339,055		
	f	All other program service revenue				
	g	Total. Add lines 2a-2f ▶	945,171,878			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶				
			4,327,774			4,327,774
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties ▶	0			
	6a	Gross Rents (i) Real (ii) Personal				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
		66,405,054 31,623				
	b	Less cost or other basis and sales expenses	64,819,041	13,561		
	c	Gain or (loss) 1,586,013 18,062				
	d	Net gain or (loss) ▶	1,604,075			1,604,075
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 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 . . 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	PP&L INSURANCE PREMIUM REIMBURSEMENT 900099	7,140,775	7,140,775			
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d ▶	7,140,775				
12	Total revenue. See Instructions ▶	960,595,170	952,284,799	27,854	5,931,849	

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	9,046,312	9,046,312		
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	26,894		26,894	
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	122,888,965	102,334,320	20,554,645	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,474,113	7,474,113		
9	Other employee benefits	29,323,240	21,875,210	7,448,030	
10	Payroll taxes	6,961,517	6,961,517		
a	Fees for services (non-employees) Management	0			
b	Legal	3,062		3,062	
c	Accounting	999,783		999,783	
d	Lobbying	272,556		272,556	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	202,380	202,380		
g	Other	79,791,350	75,697,537	4,093,813	
12	Advertising and promotion	21,432,742	779,755	20,652,987	
13	Office expenses	1,898,306	1,702,407	195,899	
14	Information technology	67,955,679	67,955,679		
15	Royalties	0			
16	Occupancy	10,987,106	10,987,106		
17	Travel	1,397,330	1,027,391	369,939	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	500,206		500,206	
20	Interest	4,460,986	4,460,986		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,806,265	13,806,265		
23	Insurance	549,330	549,330		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PURCHASED MEDICAL SVC - BCP	540,189,660	540,189,660		
b	SUPPLIES	101,971,218	101,799,203	172,015	
c	INTER-REGIONAL CHARGES	27,995,220	23,658,524	4,336,696	
d	REPAIRS & MAINTENANCE	7,617,492	7,538,896	78,596	
e	STATE & LOCAL TAXES	2,113,089	2,113,089		
f	All other expenses	54,661,610	21,384,534	33,277,076	
25	Total functional expenses. Add lines 1 through 24f	1,114,526,411	1,021,544,214	92,982,197	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				9,645,763	1	406,177
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				20,081,553	4	26,718,979
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				8,402,872	8	9,806,294
	9	Prepaid expenses and deferred charges				346,689	9	867,207
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	277,746,053	124,609,667	10c	140,809,725	
	b	Less: accumulated depreciation	10b	136,936,328				
	11	Investments—publicly traded securities				130,295,288	11	193,511,986
	12	Investments—other securities. See Part IV, line 11					12	
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				239,464	15	363,626
	16	Total assets. Add lines 1 through 15 (must equal line 34)				293,621,296	16	372,483,994
Liabilities	17	Accounts payable and accrued expenses				81,446,199	17	84,150,555
	18	Grants payable					18	
	19	Deferred revenue				9,182,619	19	9,470,758
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				90,744,342	25	326,754,971
	26	Total liabilities. Add lines 17 through 25				181,373,160	26	420,376,284
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets					27	
	28	Temporarily restricted net assets					28	
	29	Permanently restricted net assets					29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				5,665,218	30	5,665,218
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds				106,582,918	32	-53,557,508
	33	Total net assets or fund balances				112,248,136	33	-47,892,290
34	Total liabilities and net assets/fund balances				293,621,296	34	372,483,994	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	960,595,170
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,114,526,411
3	Revenue less expenses Subtract line 2 from line 1	3	-153,931,241
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,248,136
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,209,185
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-47,892,290

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

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

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 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).**
- 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).**
- 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 supported organization(s)

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

(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 Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						


Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 ▶

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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 ▶		
b 33 1/3% support test—2009. 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 ▶		
17a 10%-facts-and-circumstances test—2010. 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 ▶		
b 10%-facts-and-circumstances test—2009. 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 ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		




Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,428,452	1,562,162	1,882,337	2,057,241	2,350,668	9,280,860
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	971,753,714	1,041,404,677	1,083,297,320	1,060,150,602	945,171,878	5,101,778,191
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	973,182,166	1,042,966,839	1,085,179,657	1,062,207,843	947,522,546	5,111,059,051
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						5,111,059,051

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	973,182,166	1,042,966,839	1,085,179,657	1,062,207,843	947,522,546	5,111,059,051
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,204,678	7,749,684	6,513,719	5,254,905	4,327,774	31,050,760
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,204,678	7,749,684	6,513,719	5,254,905	4,327,774	31,050,760
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)	980,386,844	1,050,716,523	1,091,693,376	1,067,462,748	951,850,320	5,142,109,811
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99.396 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.362 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.604 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.638 %
19a 33 1/3% support tests—2010. 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 stop here. The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 stop here. The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- 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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ 6,000
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ 600
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ 0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 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	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were 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 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

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(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 1c through 1i)?	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		272,556
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		
	j Total lines 1c through 1i			272,556
	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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
		2a	
		2b	
		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 (see instructions)	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
SCHEDULE C, PART I-A, LINE 1	DESCRIPTION OF DIRECT & INDIRECT POLITICAL CAMPAIGN ACTIVITIES	The disclosed political activity resulted from contribution being approved/paid
SCHEDULE C, PART I-B, LINE 4B	CORRECTIVE ACTION	As a result of our internal investigation conducted in July of 2010, Kaiser Foundation Health Plan of Georgia, Inc discovered that an improper political expenditure ocured in 2010. Payment of this expense is contrary to our long-standing written policy on political campaign involvement. We have requested and received a full refund of the payment or contribution from the recipient. In addition, we have sent out a memorandum to all employees with responsibility for processing payments.
SCHEDULE C, PART II-B, LINE 1A THROUGH 1I	LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES	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.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization KAISER FDN HEALTH PLAN OF GEORGIAINC	Employer identification number 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><input type="checkbox"/> Yes <input type="checkbox"/> No</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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</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><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the 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
	Held at the End of the 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, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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><input type="checkbox"/> Yes <input type="checkbox"/> No</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

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 the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

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) Accumulated depreciation	(d) Book value
1a Land		24,371,491		24,371,491
b Buildings		120,843,716	54,439,795	66,403,921
c Leasehold improvements		27,620,104	14,499,667	13,120,437
d Equipment		86,378,956	57,488,615	28,890,341
e Other		18,531,786	10,508,251	8,023,535
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				140,809,725

Schedule D (Form 990) 2010

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	960,595,170
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,114,526,411
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-153,931,241
4	Net unrealized gains (losses) on investments	4	-1,228,071
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,981,114
9	Total adjustments (net) Add lines 4 - 8	9	-6,209,185
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-160,140,426

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	952,041,540
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,228,071
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,400,189
e	Add lines 2a through 2d	2e	172,118
3	Subtract line 2e from line 1	3	951,869,422
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	8,725,748
c	Add lines 4a and 4b	4c	8,725,748
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	960,595,170

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,112,181,966
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	9,234,609
e	Add lines 2a through 2d	2e	9,234,609
3	Subtract line 2e from line 1	3	1,102,947,357
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	11,579,054
c	Add lines 4a and 4b	4c	11,579,054
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,114,526,411

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 IV, 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 FOOTNOTE	NOT REQUIRED
SCHEDULE D, PART XI, LINE 8	RECONCILIATION OF CHANGE IN NET ASSETS	DECREASE IN PENSION & OTHER COMPREHENSIVE INCOME <\$4,866,499> GAIN/LOSS ON INVESTMENTS - TAX < 1,586,013> GAIN/LOSS ON INVESTMENTS - BOOK 1,835,250 SEE "NOTE 1" < 363,852> _____ TOTAL <\$4,981,114> NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT (OTTI) OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED
SCHEDULE D, PART XII	RECONCILIATION OF REVENUE	LINE 2D BAD DEBT EXPENSE - RECLASS <\$4,438,279> INTER-ENTITY REVENUE - RECLASS 4,569,450 GAIN (LOSS) ON INVESTMENTS - BOOK 1,835,250 OTTI < 363,852> Investment Management Fees < 202,380> _____ TOTAL \$1,400,189 LINE 4B FIXED ASSET LOSS - RECLASS <\$ 1,040> GAIN (LOSS) ON INVESTMENTS - TAX 1,586,013 INSURANCE PREMIUM REIMBURSEMENT - RECLASS 7,140,775 _____ TOTAL \$8,725,748
SCHEDULE D, PART XIII	RECONCILIATION OF EXPENSES	LINE 2D FIXED ASSET LOSS - RECLASS \$ 1,040 INTER-ENTITY REVENUE - RECLASS 4,569,450 DECREASE IN PENSION & OTHER COMPREHENSIVE INCOME 4,866,499 Investment Management Fees < 202,380> _____ TOTAL \$9,234,609 LINE 4B INSURANCE PREMIUM REIMBURSEMENT - RECLASS \$ 7,140,775 BAD DEBT EXPENSE - RECLASS 4,438,279 _____ TOTAL \$11,579,054

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 United States

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

OMB No 1545-0047

2010

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" to 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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
See Additional Data Table							

2

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

77

3

Enter total number of other organizations

1

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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.

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
A Gift of Love Svc of West Georgia Inc3870 Longview Dr Douglasville, GA 30135	58-2373174	501(c)(3)	10,000				Back Pack Weekend Food Program
American Cancer Society Inc250 Williams Street Atlanta, GA 30303	58-0659875	501(c)(3)	50,000				Patient Resource Navigator at Grady Memorial Hospi
American Diabetes Association17 Executive Pk Dr NE115 Atlanta, GA 30329	13-1623888	501(c)(3)	50,000				Diabetes Expo Atlanta
American Heart Association Inc1101 Northchase Pkwy 1 Marietta, GA 30067	13-5613797	501(c)(3)	95,500				2010 Atlanta Heart Ball Event, Metro Atlanta Annua
Atlanta Community Food Bank Inc732 Joseph E Lowery Blvd NW Atlanta, GA 30318	58-1376648	501(c)(3)	50,000				Benefits Outreach Program
Atlanta Leadership Development Fdn IncTen Peachtree Place 620 Atlanta, GA 30309	23-7015688	501(c)(3)	6,000				Leadership Atlanta Healthy Day
Atlanta Regional Commission40 Courtland Street NE Atlanta, GA 30303	58-6002324	501(c)(3)	65,000				Senior Community Garden Initiative
Atlanta Women's Foundation Inc50 Hurt Plaza Suite 401 Atlanta, GA 30303	58-2389721	501(c)(3)	125,000				Atlanta Women's Foundation Grantmaking Support
BeltLine Partnership Inc50 Hurt Plaza Suite 910 Atlanta, GA 30303	56-2464486	501(c)(3)	1,250,000				NE Corridor Project Support
Boys and Girls Clubs Metro Atlanta Inc100 Edgewood Ave NE 700 Atlanta, GA 30303	58-0566123	501(c)(3)	65,000				Triple Play Program Project
Captain Planet Foundation Inc133 Luckie Street Atlanta, GA 30308	58-1959421	501(c)(3)	25,000				Captain Planet's Learning Gardens Project
Center for Pan Asian Community Svc Inc3510 Shallowford Road NE Atlanta, GA 30341	58-1437980	501(c)(3)	74,060				Dowa Clinic Project Support

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

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Chattahoochee Nature Center Inc9135 Willeo Road Roswell, GA 30075	58-1275604	501(c)(3)	42,809				Community Garden Project
Cherokee FOCUS Inc100 Hickory Circle Holly Springs, GA 30115	45-0466319	501(c)(3)	10,000				Live Healthy Cherokee Project
Children's Healthcare Atlanta Fdtn Inc1584 Tullie Circle NE Atlanta, GA 30329	58-1710601	501(c)(3)	1,000,000				Children's Healthcare of Atlanta Hughes Spalding C
CHRIS Kids Inc3109 Clairmont Rd Suite B Atlanta, GA 30329	58-1430183	501(c)(3)	75,000				CHRIS Counseling Center Project
Clayton State Univ Foundation Inc2000 Clayton State Blvd Morrow, GA 30260	23-7419285	501(c)(3)	80,000				Nursing Department Student and Faculty Recruitment
Clean Air Campaign Inc55 Park Place NE 250 Atlanta, GA 30303	58-2600070	501(c)(3)	22,400				No-Idling Program Project
Decatur Education Foundation Inc315 W Ponce De Leon Ave Decatur, GA 30030	58-2601384	501(c)(3)	10,500				Decatur Farm to School Initiative Proj, Int'l Walk
Diabetes Association of Atlanta Inc100 Edgewood Ave NE 1004 Atlanta, GA 30303	58-0973055	501(c)(3)	65,000				Diabetes Prevention and Control Program
Dream House Medically Fragile Children2092 Scenic Highway B Snellville, GA 30078	58-2654766	501(c)(3)	10,000				Dream House Family for Keeps? Transition Care Prog
East Lake Foundation Inc 2606 Alston Drive SE Atlanta, GA 30317	58-2204306	501(c)(3)	15,000				Community Garden Collaborative Project Support
Families First Inc1105 W Peachtree St NE Atlanta, GA 30357	58-1054331	501(c)(3)	38,740				2010 Dining for a Difference Fundraiser, Doula Pro
Fernbank Inc767 Clifton Road Atlanta, GA 30307	58-6028607	501(c)(3)	25,000				Community Access Program

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

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First Step Staffing Inc236 Auburn Ave NE 203 Atlanta, GA 30303	20-8038859	501(c)(3)	75,000				First Step Benefits Program
Georgia Campaign Adolesc Pregn Prevention1450 W Peachtree St NW Suite 200 Atlanta, GA 30309	31-1520709	501(c)(3)	59,304				World Fitness Day Fundraiser, Parent Outreach Prog
Georgia Conservancy Inc 817 W Peachtree St 200 Atlanta, GA 30308	58-1027246	501(c)(3)	42,000				Mothers & Other for Clean Air
Georgia Family Connection Partnership235 Peachtree St 1600 Atlanta, GA 30303	58-1888262	501(c)(3)	65,000				Reducing Low Birthweight Pilot
Georgia Free Clinic Network Inc1015 Donald Lee Hollowell Pkwy Suit Atlanta, GA 30318	80-0100336	501(c)(3)	156,000				Specialty Care Initiative Project, C A R E Clinic
Georgia Hospital Association Inc1675 Terrell Mill Road Marietta, GA 30067	58-0612274	501(c)(6)	50,000				Yes 2 Save Lives
Georgia Organics Inc200 A Ottley Drive Atlanta, GA 30324	58-2345310	501(c)(3)	70,000				Georgia Farm To School
Georgia Perimeter College Foundation Inc3251 Panthersville Road Decatur, GA 30034	58-1492364	501(c)(3)	70,000				Nursing Department Student and Faculty Recruitment
Georgia State Univ Foundation Inc140 Decatur St UL 918A Atlanta, GA 30302	58-6033185	501(c)(3)	85,000				Nursing Dept Student/Faculty Recruitmen Retention
Georgia State Univ Research Foundation IncPO Box 3999 Atlanta, GA 30302	58-1845423	501(c)(3)	10,000				Southern Obesity Summit
Good Samaritan Health Center of Cobb1605 Roberta Drive SW Marietta, GA 30008	32-0045238	501(c)(3)	10,000				Physician's Dispensary General Operating Support
Hands of Hope Clinic Inc 1010 Hospital Dr B Stockbridge, GA 30281	42-1591970	501(c)(3)	95,000				Maintenance and/or Expansion of Clinic Capacity

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

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Hands on Atlanta Inc600 Means St Suite 100 Atlanta, GA 30318	58-1861026	501(c)(3)	10,000				Hands on Atlanta Day Project
Health Ed Assessment and Leadership1300 Joseph E Boone Blvd Atlanta, GA 30314	26-3990559	501(c)(3)	42,241				HEALing Community Center General Operating Support
Henry W Grady Health System Fdtn Inc50 Hurt Plaza Suite 803 Atlanta, GA 30303	58-2130437	501(c)(3)	2,024,200				Community Health Partnership for Chronically Ill,
Heritage Fund of Atlanta Med Assoc Inc100 Edgewood Ave NE 540 Atlanta, GA 30303	58-2372394	501(c)(3)	9,100				Scholarship Fund - Heritage Fund of Atlanta Medica
Hispanic Health Coalition of Georgia Inc424 Decatur Street Atlanta, GA 30312	75-2995466	501(c)(3)	55,000				Inclusive and Culturally Appropriate Prenatal Care
Jerusalem House Inc17 Executive Park Dr NE Suite 290 Atlanta, GA 30329	58-1829807	501(c)(3)	50,000				The Housing Programs of Jerusalem House Project
Junior Achievement of Georgia Inc460 Abernathy Road Atlanta, GA 30328	58-0598050	501(c)(3)	25,000				JA of Georgia Growth Campaign - Program Support fo
Kennesaw State University Fdtn Inc1000 Chastain Road Kennesaw, GA 30066	23-7034345	501(c)(3)	80,000				Nursing Department Student and Faculty Recruitment
Lawrenceville Cooperative Ministry Inc176 Church Street Lawrenceville, GA 30046	58-2193039	501(c)(3)	10,000				Emergency Food and Prescription Medication Program
Literacy Action Inc100 Edgewood Ave Ste 650 Atlanta, GA 30303	58-1053728	501(c)(3)	50,000				Improving Health through Literacy Training
March of Dimes Foundation 1776 Peachtree St Ste 100 Atlanta, GA 30309	13-1846366	501(c)(3)	80,000				2010 March for Babies Event Support\Annual Fundrai
Martin Luther King Jr Ctr for Nonviolent449 Auburn Avenue NE Atlanta, GA 30312	58-1030989	501(c)(3)	13,500				Salute to Greatness Awards Dinner Event

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

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Ministries United for Service Training Inc1407 Cobb Parkway North Marietta,GA 30061	58-2034725	501(c)(3)	50,000				Build We MUST Clinic and Capital Campaign Project
Morehouse School Of Medicine Inc720 Westview Drive SW Atlanta,GA 30310	58-1438873	501(c)(3)	55,000				Kaiser Permanente Medical Student Scholarships
National Mental Health Assoc of GA Inc100 Edgewood Ave Ste 502 Atlanta,GA 30303	58-0611310	501(c)(3)	43,000				Project Healthcare Access II Project Support
North Fulton Community Charities Inc11270 Elkins Road Roswell,GA 30076	58-1521088	501(c)(3)	26,000				Emergency Assist Prog for Med Prescription Cover
Oakhurst Medical Centers Inc770 Village Square Dr Stone Mtn,GA 30083	58-1413957	501(c)(3)	80,000				FQHC (Safety Net) Collaboration Project Support
Park Pride Atlanta Inc233 Peachtree St NE 1600 Atlanta,GA 30303	58-1883895	501(c)(3)	17,000				Community Gardens Project
Partnership Against Domestic Violence114 New Street Suite L Decatur,GA 30030	58-1314556	501(c)(3)	78,000				PADV's Hearts with Hope Gala Fundraiser, Safety &
Piedmont Park Conservancy Inc400 Park Drive NE Atlanta,GA 30306	58-1551369	501(c)(3)	85,000				Healthy Living Initiative Project
Project Open Hand-Atlanta Inc176 Ottley Drive Atlanta,GA 30324	58-1816778	501(c)(3)	70,000				Comprehensive Nutrition Care Services Implementati
Robert W Woodruff Arts Center Inc1280 Peachtree Street NE Atlanta,GA 30309	58-0633971	501(c)(3)	99,000				2009-2010 Annual Corporate Campaign and Young Audi
Saint Joseph's Mercy Care Services Inc424 Decatur Street Atlanta,GA 30312	58-1752700	501(c)(3)	80,000				FQHC (Safety Net) Collaboration Project Support
Senior Citizen Services MetroAtlanta Inc1705 Commerce Drive NW Atlanta,GA 30318	58-0960309	501(c)(3)	70,000				Extra Helping Initiative Project

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

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Senior Connections Inc5328 Peachtree Road Chamblee,GA 30341	58-1187876	501(c)(3)	150,000				Eliminating Hunger Waitlists- Feeding low-Income S
Servants Relief for Incurable Cancer Inc760 Pollard Boulevard SW Atlanta,GA 30315	58-0566234	501(c)(3)	9,500				Palliative Care Program Project
South Fulton Senior Services Inc3680 College Street College Park,GA 30337	58-1948408	501(c)(3)	20,000				Meals on Wheels Transportation (Van) Program
Southside Medical Center Inc1046 Ridge Avenue SW Atlanta,GA 30315	58-1131002	501(c)(3)	80,000				FQHC (Safety Net) Collaboration Project Support
Susan G Komen Breast Cancer Fdtn4840 Roswell Rd Bldg D Suite 100 Atlanta,GA 30342	58-1959763	501(c)(3)	25,000				Komen Atlanta Race for the Cure 2010 Event
The Center for Family Resources Inc995 Roswell St Suite 100 Marietta,GA 30060	58-0876634	501(c)(3)	45,000				Building Strong Communities General Operating Supp
The Children's Museum of Atlanta Inc275 Centennial Olympic Dr NW Atlanta,GA 30313	58-1785484	501(c)(3)	75,000				Growing Healthy Kids Health and Nutrition Communi
The Community Fdtn Greater Atlanta50 Hurt Plaza Suite 449 Atlatnta,GA 30303	58-1344646	501(c)(3)	350,000				Agenda for a Healthy Region Project
The Corporation of Mercer University3001 Mercer University Dr Atlanta,GA 30341	58-0566167	501(c)(3)	25,000				Kaiser Permanente Pharmacy Student Scholarship End
The Environmental Fund for Georgia1447 Peachtree St Ste 214 Atlanta,GA 30309	58-2022001	501(c)(3)	80,125				2010 Earth Day Events, 2010 Corporate Contribution
The Leukemia and Lymphoma Society3715 Northside Pkwy 400 Suite 300 Atlanta,GA 30327	13-5644916	501(c)(3)	26,000				Patient Financial Aid Program Project Support
The Sheltering Arms385 Centennial Olympic Park Dr Atlanta,GA 30313	58-0566236	501(c)(3)	10,000				Operation StoryBook Project

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

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United Way of Metropolitan Atlanta Inc100 Edgewood Ave NE Atlanta, GA 30303	58-0566194	501(c)(3)	300,000				Primary Health Care Access Grants Program
United Way of Metropolitan Atlanta Inc100 Edgewood Ave NE Atlanta, GA 30303	58-0566194	501(c)(3)	102,400				United Way African American Partnership, Primary H
Voices for Georgia's Children 100 Edgewood Ave NE 1580 Atlanta, GA 30303	02-0678823	501(c)(3)	64,633				Expanding Children's Health Enrollment through Edu
West End Medical Centers Inc868 York Avenue SW Atlanta, GA 30310	58-1233448	501(c)(3)	80,000				FQ HC (Safety Net) Collaboration Project Support
YMCA of Metropolitan Atlanta Inc100 Edgewood Ave Ste 1100 Atlanta, GA 30303	58-0566253	501(c)(3)	300,000				Longitudinal Assessment of Obesity Intervention Tr
YWCA of Greater Atlanta957 North Highland Ave NE Atlanta, GA 30306	58-0593442	501(c)(3)	24,550				Salute to Women of Achievement Luncheon Event

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
KAISER FDN HEALTH PLAN OF GEORGIAINC

Employer identification number
58-1592076

Part I

Questions Regarding Compensation

		Yes	No
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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are 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	1b	
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?	2	
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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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?	5a	No
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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	7	Yes
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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) Retirement and other 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 reportable compensation				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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 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 J, PART I, LINE 4A	SEVERANCE PAYMENT	FRANK BOONE \$ 44,192 CHRISTINE MALCOLM 568,515 SARAH SIDWELL 141,434 Listed persons participated in arrangements entitling them to severance benefits in the event of termination by the organization without cause or due to job elimination. Depending on position level, tenure, and termination reason, severance benefits payable under these arrangements provide for pay and health benefits continuation plus payment of accrued obligations. In addition, for some of the listed persons, severance benefits payable include prorated incentive awards for performance periods not yet ended. None of the listed persons participated in arrangements entitling them to change-of-control payments.
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT	GEORGE HALVORSON 1,237,500 FRANK BOONE 196,955 KATHRYN LANCASTER 368 THOMAS MEIER 609 DEBORAH STOKES 40,338 STEVEN ZATKIN 5,463 MARK ZEMELMAN 218,741 Some of the listed persons participated in nonqualified supplemental retirement plans. Under these plans, the organization makes annual contributions to accounts held in the name of individual participants. Contributions vary by position level and pay, and vest over time based on age and/or service. Participant accounts are credited with actual investment returns from up to four mutual funds and/or with a fixed rate of interest or a combination thereof. Unvested amounts are subject to risk of forfeiture.
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS	The organization provided non-fixed payments to some of the persons listed. Payments were made under incentive plans, based on attainment of organizational performance goals and individual performance, designed to support the organization's mission to provide high-quality, affordable care and improve the health of its members and the communities it serves.

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)	396,169	227,750	21,290	141,947	15,982	803,138	0
Dawn Bading	(i)	0	0	0	0	0	0	0
	(ii)	197,269	48,453	15,576	53,586	15,066	329,950	0
Frank Boone	(i)	0	0	0	0	0	0	0
	(ii)	176,057	78,751	273,140	44,380	25,563	597,891	74,091
James Cullinan	(i)	0	0	0	0	0	0	0
	(ii)	193,858	82,439	15,552	48,814	14,598	355,261	0
Julie Fortin	(i)	0	0	0	0	0	0	0
	(ii)	108,743	0	11,806	32,205	9,287	162,041	0
George Halvorson	(i)	0	0	0	0	0	0	0
	(ii)	1,177,487	5,155,125	1,334,723	62,481	13,611	7,743,427	0
Jonna Kirkwood	(i)	0	0	0	0	0	0	0
	(ii)	201,919	23,450	16,972	56,374	15,982	314,697	0
Kerry Kohnen	(i)	0	0	0	0	0	0	0
	(ii)	262,317	146,484	16,533	86,913	13,511	525,758	0
Kathryn Lancaster	(i)	0	0	0	0	0	0	0
	(ii)	615,090	919,900	23,086	283,406	13,068	1,854,550	0
Christine Malcolm	(i)	0	0	0	0	0	0	0
	(ii)	0	0	568,721	0	12,021	580,742	0
Kirkland McGhee	(i)	0	0	0	0	0	0	0
	(ii)	189,088	9,447	3,146	17,925	15,563	235,169	0
Thomas Meier	(i)	0	0	0	0	0	0	0
	(ii)	316,076	297,094	34,615	94,371	13,068	755,224	0
Donald Orndoff	(i)	0	0	0	0	0	0	0
	(ii)	333,479	0	174,579	57,212	13,720	578,990	0
Sarah Sidwell	(i)	0	0	0	0	0	0	0
	(ii)	200,720	99,130	156,591	27,668	25,982	510,091	0
Arthur Southam	(i)	0	0	0	0	0	0	0
	(ii)	735,252	1,241,861	43,186	342,622	11,306	2,374,227	0
Deborah Stokes	(i)	0	0	0	0	0	0	0
	(ii)	313,713	249,552	59,377	110,792	13,068	746,502	40,338
Daniel Styf	(i)	0	0	0	0	0	0	0
	(ii)	175,184	36,512	14,834	37,551	15,175	279,256	0
Beverly Thomas	(i)	0	0	0	0	0	0	0
	(ii)	178,229	66,934	16,244	64,222	15,563	341,192	0
Timothy Trussell	(i)	75,059	129,245	5,502	30,561	15,198	255,565	0
	(ii)	0	0	0	0	0	0	0
Bernard Tyson	(i)	0	0	0	0	0	0	0
	(ii)	737,887	1,180,500	24,127	346,893	13,068	2,302,475	0
Steven Zatkan	(i)	0	0	0	0	0	0	0
	(ii)	283,028	932,500	31,725	86,239	11,477	1,344,969	0
Victoria Zatkan	(i)	0	0	0	0	0	0	0
	(ii)	196,570	80,174	34,625	81,763	1,884	395,016	0
Mark Zemelman	(i)	0	0	0	0	0	0	0
	(ii)	342,852	224,105	239,242	137,956	12,680	956,835	57,187
J NEAL PURCELL	(i)	14,894	0	0	0	0	14,894	0
	(ii)	204,844	0	0	0	0	204,844	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

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).

Complete if the organization 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.

Complete if the organization 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.

Complete if the organization 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.
Complete if the organization 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
(1) MARK MALCOLM	KFHP INC EMPLOYEE	96,476	COMPENSATION		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIAINC

Employer identification number

58-1592076

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 2	Family Affiliations	steven r zatkin - spouse officer of Kaiser Foundation Health Plan Inc (KFHP Inc), Kaiser Foundation Hospitals (KFH) and subsidiaries victoria zatkin - spouse senior vp, general counsel and officer of kfhp inc and regional health plans

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 4	CHANGES TO GOVERNING DOCUMENTS	<p>On June 24, 2010, Article E , Officers, of the Bylaw s of the Corporation w as amended by the member to provide for a Chief Executive Officer as an officer of the Corporation to be elected by the member to conform the bylaw s of the Corporation to the Bylaw s of the other Health Plan subsidiaries of the member, w hich amendments w ere approved by the Board of Directors of the Corporation on November 17, 2010 (Sections E-1, Officers, E-2, Election and Term of Office, and E-4 Removal and Resignation), and On March 3, 2011, Article E , Officers, of the Bylaw s of the Corporation w as amended by the member to (a) provide that the officers of the Corporation may include one or more Group Presidents (Section E-1, Officers), (b) add a new Section E-8, Group President and/or Regional President, to describe the duties and responsibilities of those positions, (c) provide that the President shall be the Chief Operating Officer of the Corporation (Section E-7, President), and (d)) provide clarification regarding leadership in the event of the absence or disability of the President (Section D-9, Executive Vice President or National Senior Vice President), and (e) to change the reference to "the President" in Sections E-3, E-4 and E-11 to "any President", w hich amendments w ere approved by the Board of Directors of the Corporation on April 6, 2011</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OR STOCKHOLDERS	KAISER FOUNDATION HEALTH PLAN, INC IS SOLE MEMBER Upon dissolution, remaining assets shall be distributed to a 501(c)(3) organization

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 7A	ELECT MEMBERS OF THE GOVERNING BODY	Kaiser Foundation Health Plan, Inc appoints the Board of Directors (and fills vacancies and has authority to remove Directors)

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 7B	MEMBERS' APPROVAL	<p>The following actions of the corporation require the approval of the member. Typically the member (KFHP) would approve actions requiring member approval and the Board of Directors of KFHP-GA also would approve or ratify the action.</p> <ol style="list-style-type: none"> 1. Removal of the Chairman of the Board, CEO, or Regional President. The compensation of the Regional President and other executive officers of the corporation shall be approved by the member's Compensation Committee. 2. The sale, lease, exchange, or other disposition of, the mortgage, pledge or dedication to the repayment of indebtedness (whether with or without recourse), or any other encumbrance of property of the corporation, or the acquisition of assets, whether or not in the usual or regular course of the corporation's activities, where the fair market value of such corporate property or assets being disposed of, acquired or encumbered exceeds 10% of the value of the assets of the corporation as reflected in the most recent annual or quarterly financial statements that are available on the date immediately preceding the date of the relevant transaction shall require the approval of the member. 3. Capital expenditures that exceed \$25 million shall require the approval of the member. 4. The issuance of tax-exempt bonds. 5. Amendments to Article C (Members), D (Directors) and H (Amendment and Effect of Bylaws) of the Bylaws and amendments to the Articles of Incorporation. Article A (Purposes), B (Offices), E (Officers), F (Committees) and G (Miscellaneous) of the Bylaws may be amended by the Board of KFHP-GA acting alone and do not require ratification by the member.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11B	FORM 990 REVIEW PROCESS	1 Community benefit details are presented to the community benefit committee of the board for review 2 The tax return is reviewed and signed by a KPMG tax advisor 3 The complete tax return is reviewed and signed by an officer or a member of management designated by an officer 4 A compact disk containing the signed return is provided to each board member prior to filing

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C	COMPLIANCE ENFORCEMENT	<p>Regularly and Consistently Monitors Compliance with the Conflicts of Interest Policy Kaiser Permanente regularly monitors compliance with 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 answered by a third party and provided to Kaiser Permanente's National Compliance Office for review and appropriate action Employees can report anonymously Retaliation is prohibited Reports of actual or potential Conflicts of Interest are generated and investigations are conducted as required and information is tracked and trended to determine if additional guidance is required to avoid or manage conflicts of interest Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually 2 Chief Compliance Officer and the SVP 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 determine 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 reviews the Annual Conflicts of Interest Questionnaires process 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 with the Conflicts of Interest Policy To ensure consistency in the enforcement of the policy Kaiser Permanente uses the following 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 informs 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 with 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, with or without final warning - Paid or unpaid suspension, with or without final warning - Termination of employment</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15A/B	COMPENSATION DETERMINATION	<p>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 reviewed annually by the Compensation Committee of the Board of Directors which 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 which 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 mission of the organization.</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	PUBLIC INSPECTION	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 with 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 with audit opinion by KPMG upon request To request copies contact VP - National Tax Compliance Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Ste 15L Oakland, CA 94612

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN B	HOURS FOR RELATED ORGANIZATIONS	Individuals who are both officers and members of Boards of Directors work full time as employees as well as fulfill their board assignment. All officers work full time in their employee capacity. Full time work may require in excess of the traditional 40 hour week. Given the integrated nature of our organization, employees may provide support for various Kaiser Permanente companies. The average hours per week reported for the filing organization and related organizations was estimated.

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	CHANGE IN UNREALIZED GAIN/LOSS ON INVESTMENTS <\$1,228,071> CHANGE IN OTHER COMPREHENSIVE INCOME < 4,866,499> GAIN/LOSS ON INVESTMENTS - TAX < 1,586,013> GAIN/LOSS ON INVESTMENTS - BOOK 1,835,250 OTTI LOSSES < 363,852> _____ TOTAL <\$6,209,185>

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A-D		2010 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC Kaiser Foundation Health Plan of Georgia, Inc or "Georgia Health Plan" is a tax-exempt subsidiary health plan of Kaiser Foundation Health Plan, Inc (KFHP) Kaiser Foundation Health Plan of Georgia as well as Kaiser Foundation Hospitals (KFH) are nonprofit corporations that are part of the integrated health care delivery system known as the Kaiser Permanente Medical Care Program or "Kaiser Permanente " In 2010, Georgia Health Plan served 222,074 members and has 2,285 full-time administrative, clerical and technical employees Georgia Health Plan provides and arranges comprehensive health care services for members on a predominantly prepaid basis Health Plan fulfills its contractual obligations to group and individual members by contracting with KFH and a Permanente Medical Group to provide the required health care services Membership in KFHP and its health plan subsidiaries is available without regard to sex, race, religion, ethnic background, sexual orientation, and occupational status or income level Health Plan members are broadly representative of the various ages, social and income groups within the areas it serves Once enrolled, a member is free to maintain membership regardless of age, health status or employment

Identifier	Return Reference	Explanation
		<p>KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY Kaiser Permanente believes its Direct Community Benefit Investment (DCBI), is fundamental to being a nonprofit organization. It embodies the organization's commitment to improve the health of communities beyond services to Health Plan members. It is more than traditional corporate citizenship or corporate philanthropy. It is an intentional, planned, budgeted, measurable, accountable creation for better health in our communities. It is done in collaboration with, not in isolation from, the community. DCBI serves to fulfill Kaiser Permanente's social purpose, justify its tax-exempt status, and differentiate it from other health care organizations. This tradition of community benefit dates from the earliest days of the Program, when charitable care to non-employees, and later, nonmembers, was initiated. That heritage has continued through the years in Kaiser Permanente's early participation in publicly financed programs such as Medicaid and Medicare, establishment of residency training and medical research programs, and later, in the development of the Educational Theatre Programs, Safety Net Partnerships, Community Health Initiatives and Charitable Health Coverage Programs. In 2007, the KFHP/H Board of Directors refined the focus of the organization's Community Benefit Program and established the following four priority areas which have come to be known as "streams of work" - Care and Coverage for Low-Income People - Creates and supports programs that lower the financial barriers for the under- and uninsured - Community Health Initiatives - Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods - Safety Net Partnerships - Builds partnerships with community clinics, local health departments, and public hospitals. Provides funding, technical assistance, dissemination of care management and quality improvements technology to help improve care and expand treatment capacity for vulnerable populations - Developing and Disseminating Knowledge - Improves health care by sharing our knowledge- educating practitioners, advancing research, empowering consumers and informing policymakers about the evidence base for care and health. The Board elaborated that at least 75% of total community benefit funding will be directed to program priorities within the four streams of work and the remaining 25% of funding will be directed by local regions to respond to local community benefit needs and opportunities that may or may not be within the four key focus areas.</p>

Identifier	Return Reference	Explanation
		<p>THE COMMUNITY BENEFIT PROGRAM IN THE GEORGIA REGION In 2010, Georgia Health Plan expended \$29.4 million to support community benefit activities. A breakdown of the 2010 Community Benefit dollars attributable to the Georgia Health Plan is included in Attachment A. The following identifies many of the signature community benefit programs and services grouped according to the national streams of work funded by Georgia Health Plan.</p> <p>CARE AND COVERAGE FOR LOW-INCOME PEOPLE There are roughly 46 million Americans without access to health care or coverage. Uninsured, low-income individuals and families who 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 2010, the Georgia Health Plan expended \$17.9 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 by a Permanente provider.</p> <p>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 2010, the Georgia Health Plan spent approximately \$15.3 million on under- and uninsured residents.</p> <ul style="list-style-type: none"> - Medical Financial Assistance Program The Georgia Health Plan's Medical Financial Assistance Program provides temporary financial assistance and/or medically necessary services, medications or supplies to patients with a demonstrated financial need. Patients must receive health care services at a Kaiser Permanente facility and/or from a Kaiser Permanente provider. Kaiser Permanente's charity care program also includes discounted charges for uninsured patients below 400% federal poverty guidelines and aligned contracted collection agency practices with Kaiser Permanente social values. In 2010, this program assisted 1,122 patients. - 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 allows 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 who 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 who do not have access to any other form of health insurance. This program partners with community agencies to identify eligible clients whose income falls at or below 300% of the federal poverty guidelines. By year-end 2010, the Georgia Health Plan had 2,096 individuals in the Kaiser Permanente Bridge Program.

Identifier	Return Reference	Explanation
		<p>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 \$4.4 million on community health initiatives during 2010 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 2010, the Health Education Department organized numerous health fairs and screenings at Health Plan medical offices which 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 following 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 flowers, baked goods as well as healthy cooking demonstrations and fitness classes In 2010, 67,000 people attended the Green Market Grants and Donations for Community Health Initiatives The Georgia Health Plan contributed \$4.4 million to 63 nonprofit organizations to support a variety of community health initiatives Following are examples of two programs funded in 2010 - The Chattahoochee Nature Center (CNC) transformed an abandoned soccer field into a community garden with funding from a \$42,809 Kaiser Permanente grant The garden yields 24,000 pounds of fresh produce annually, and benefits clients of another KPGA grantee, the nearby North Fulton Community Charities, a nonprofit that provides food, clothing and short-term emergency assistance to low-income families CNC also provides educational workshops to the families on healthy eating and active living The partnership increases access to seasonal fresh produce, while strengthening community networks and increasing healthy living - KPGA is addressing the region's childhood obesity challenge (almost 38% of children younger than 17 are obese) through a project implemented by the YMCA of Metropolitan Atlanta The initiative will test and put into practice techniques that minimize health risks related to overweight/obesity The goal is to improve health outcomes for youth (ages 2 to 16) through programs that promote healthy eating, physical activity and behavior change that establish lifelong habits of health and wellness The contribution supported the study's first phase, which focuses on 3 to 5 year olds, and will fund curriculum development and strategy implementation to prevent and address obesity in YMCA pre-school Head Start students</p>

Identifier	Return Reference	Explanation
		<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 \$1.5 million to 13 organizations that deliver medical or dental care services to uninsured people in community settings, primarily safety net clinics in Georgia. Following are two community organizations supported by these grants in 2010 -</p> <p>Nationally, Georgia is ranked 36th in the percent of its population that has access to primary care. A Kaiser Permanente Georgia grant to the United Way of Metropolitan Atlanta created the Primary Care Access program. The initiative expands access to care in five metro Atlanta counties. The program helps people access primary care and addresses the 300% increase in patients seeking care that community clinics have recently experienced. Counties were selected based on residents' health status, income levels, and the capacity of community-based health care organizations (where they existed). Because of the project, hundreds of patients who have no other options for care will receive services through new access points for primary care -</p> <p>Community clinics are a vital part of the safety net providing healthcare to thousands of under- and uninsured patients each year. Hebron Community Health Center is such a facility. With a \$10,000 Kaiser Permanente Georgia grant, the organization implemented a diabetes health education and prescription program called "Being Put to the Test." Diabetes is a leading cause of death among Georgians, and is linked to health disparities in the Kaiser Permanente service area. The grant makes possible health care for 150 diabetic patients who might not otherwise receive appropriate care. By providing patient education, screening, monitoring, and medication, Hebron is improving its patients' health, but is also freeing hospital emergency rooms to treat patients with urgent health crises.</p>

Identifier	Return Reference	Explanation
		<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. The Georgia Health Plan spent \$4.2 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 2010, the Center for Health Research participated in 108 studies and published results in 22 peer-reviewed publications. The following are two examples of studies conducted in 2010:</p> <ul style="list-style-type: none"> - Children's Healthcare of Atlanta at Hughes Spalding is the only pediatric safety net hospital in metro Atlanta. Through a contribution to the hospital - whose patients are 98% minority, 80% Medicaid enrolled, and 11% uninsured - Kaiser Permanente is ensuring that low-income, underserved children are cared for with appropriate medical care and equipment. Low-income children had previously been served in a sub-standard, outdated facility that lacked up-to-date equipment and systems. The project will increase the number of Charity Care-qualified children served and improve access to care. - Georgia is ranked 5th highest in the country for the number of uninsured residents. This lack of care - among other factors - often contributes to poor health among residents. Community clinics are a vital part of the safety net, providing healthcare to thousands of under- and uninsured patients each year. A \$95,000 Kaiser Permanente grant allowed the Hands of Hope Clinic to increase its capacity and serve over 1800 medical and almost 100 dental patients. The Clinic was able to maintain its medical and dental provider staff, increase volunteer medical, dental and clerical staff, and increase the clinic's hours in order to serve more patients. <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 2010, the program reached approximately 86,675 children and adults through 1,254 programs.</p> <p>Training and Education of Health Care Professionals In 2010, the Georgia Health Plan spent \$214,945 to support the education and training of health care professionals.</p>

Identifier	Return Reference	Explanation
		<p>Grants and Donations for Knowledge Dissemination The Georgia Health Plan donated \$538,133 in charitable contributions to 6 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. Following is an example of one of the programs supported in 2010 - Voices for Georgia's Children provides research-based information that helps policymakers and the state's citizens make informed decisions about policies affecting children. Kaiser Permanente Georgia granted the organization \$64,633 to use education and advocacy to support enrolling children in health insurance programs. The organization is partnering with Georgia's Department of Community Health and other community-based organizations to implement policy and practice changes to improve the state's enrollment systems for Medicaid and PeachCare for Kids (the state's child health insurance program) - In addition, the Georgia Health Plan partners with colleges and universities to address the shortage of healthcare workers in our state. In 2010, Clayton State University, Georgia Perimeter College, Georgia State University, Kennesaw State University, Mercer University, and the Morehouse School of Medicine received grants totaling \$410,000, and awarded scholarships to 28 nursing, pharmacy and medical students.</p>

Identifier	Return Reference	Explanation
		<p>OTHER COMMUNITY BENEFIT The Georgia Health Plan spent \$1.4 million on other community benefit activities and programs beyond the national streams of work.</p> <p>Self-Sufficiency Programs The Georgia Health Plan spent \$99,113 to support five INROADS interns in 2010. 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.</p> <p>Community Giving Campaign The Georgia Region's Community Giving Campaign is the employee's charitable giving program. Employees contribute to United Way and Earthshare through payroll deductions, direct gifts and special event fundraising. The amount reported is to cover administrative expenses for operating the campaign.</p> <p>Other Community Grants and Donations The Georgia Health Plan contributed \$114,000 to four nonprofit community organizations in support of a variety of other programs and services for vulnerable populations. Following are highlights of one of the programs funded - The Martin Luther King, Jr. Center for Nonviolent Social Change provides education about Dr. King's philosophy and continues his work research, education and training. Each year, the Center hosts the Salute to Greatness Awards Dinner to honor recipients of the Salute to Greatness Award, the Center's highest recognition afforded individuals and institutions that embody the principles espoused by Dr. King.</p> <p>Kaiser Permanente Georgia joined with other local and national companies to support the King Center, and award recipients who help improve quality of life through their efforts.</p> <p>Regional Community Benefit Operations The Georgia Health Plan has a Community Benefit Department with nine 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>

Identifier	Return Reference	Explanation
		ATTACHMENT A 2010 COMMUNITY BENEFIT INVESTMENT - GEORGIA REGION The following chart summarizes 2010 Community Benefit investments by the Georgia Health Plan The investments in the community reflected in the chart are unaudited REGIONAL HEALTH PLAN TOTAL CARE AND COVERAGE Charitable Care and Coverage Programs \$15,363,042 Government-Sponsored Programs 50,032 Grants & Donations for Care & Coverage 2,500,000 Subtotal \$17,913,074 COMMUNITY HEALTH INITIATIVES Community Health Initiatives Programs and Services \$14,790 Grants & Donations for Community Health Initiatives 4,433,881 Subtotal \$4,448,671 SAFETY NET PARTNERSHIPS Grants & Donations for Safety Net Partnerships \$1,473,241 CB Operations for Safety Net 66,371 Subtotal \$1,539,612 KNOWLEDGE DISSEMINATION Medical Research \$2,604,888 Educational Theatre Program 810,607 Health Care Training and Education Programs 214,945 Grants & Donations for Knowledge Dissemination 538,133 Subtotal \$4,168,573 OTHER COMMUNITY BENEFITS Self Sufficiency Programs \$99,113 Other CB Grants & Donations 114,000 CB Operations 1,138,850 Subtotal \$1,351,963 TOTAL \$29,421,893

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Peter Andruszkiewicz TITLE Regional President, GA HOURS 25

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Frank Boone TITLE VP - Finance & Regional CFO HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME George Halvorson TITLE Chairman and CEO HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kerry Kohnen TITLE SVP, Operations HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Bernard Tyson TITLE President & COO HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME J NEAL PURCELL TITLE DIRECTOR HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JEFFREY KOPLAN TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Julie Fortin TITLE VP - REGIONAL COUNSEL - SE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kathryn Lancaster TITLE EVP & CFO HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kirkland McGhee TITLE VP, Regional Counsel - GA HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas Meier TITLE SVP, Corporate Treasurer HOURS 47

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Donald Orndoff TITLE SVP, NFS HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Arthur Southam TITLE EVP, Health Plan Operations HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Deborah Stokes TITLE SVP, CC & CAO HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Steven Zatkan TITLE SVP, Gen Counsel & Secretary HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Victoria Zatkan TITLE VP, Off of Brd & Corp Gov Svcs HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mark Zemelman TITLE SVP, Gen Counsel & Secretary HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME James Cullinan TITLE VP, Mktg Sales & Bus Dev HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Sarah Sidwell TITLE VP, Chief Operating Officer HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Daw n Bading TITLE VP, Human Resources - GA HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jonna Kirkwood TITLE VP, HP Svcs & Admn - GA HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Daniel Styf TITLE VP, Strategy & Business Exec HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Beverly Thomas TITLE VP, Community & Public Affairs HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Timothy Trussell TITLE SR SALES EXECUTIVE HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Christine Malcolm TITLE Former SVP HOURS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HCMS LLC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3924985	CASE MANAGEMENT	CA	NA	NONE	0	0			0			0 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) OAK TREE ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 03-0329760	INUSRANCE	VT	NA	C CORP	0	0	0 %
(2) KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3203402	INUSRANCE	CA	NA	C CORP	0	0	0 %
(3) KAISER PROPERTY SERVICES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3259432	REAL ESTATE	CA	NA	C CORP	0	0	0 %
(4) ARCHIMEDES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3774729	CONSULTING	CA	NA	C CORP	0	0	0 %
(5) KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0	0 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

No

No

No

Yes

Yes

No

Yes

Yes

Yes

Yes

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
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	KFHP INC		
KAISER FDN HEALTH PLAN OF COLORADO ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 84-0591617	HEALTH CARE	CO	501(c)(3)	9	KFHP INC		
KFHP OF THE MID-ATLANTIC STATES ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 52-0954463	HEALTH CARE	MD	501(c)(3)	9	KFHP INC		
KAISER FDN HEALTH PLAN OF THE NORTHWEST ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0798039	HEALTH CARE	OR	501(c)(3)	9	KFHP INC		
KAISER FDN HEALTH PLAN OF OHIO ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 34-0922268	HEALTH CARE	OH	501(c)(3)	9	KFHP INC		
KAISER HEALTH PLAN ASSET MANAGEMENT INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299124	ASSET MGMT	CA	501(c)(3)	11	KFHP INC		
LOKAHI ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 91-2171891	RISK MGMT	HI	501(c)(3)	11	KFHP INC		
KAISER HOSPITAL ASSET MANAGEMENT INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299125	ASSET MGMT	CA	501(c)(3)	11	KF HOSPITALS		
CAMP BOWIE SERVICE CENTER ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299123	ADMIN	CA	501(c)(3)	11	KFHP INC		
OHP ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0480268	LEASING	WA	501(c)(3)	11	KFHP INC		
KAISER HEALTH ALTERNATIVES ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0954562	HEALTH CARE	OR	501(c)(3)	11	KFHP INC		

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
1800 HARRISON ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3317484	FINANCING	CA	501(c)(3)	11	KFHP INC		
KAISER HOSPITAL ASSISTANCE CORPORATION ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 31-1779500	FINANCING	CA	501(C)(3)	11	KF HOSPITALS		

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code) (Expenses \$	2,394,708	including grants of \$	0) (Revenue \$ 0)
SCH O, COMMUNITY BENEFIT REPORT				