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<p>Form 990</p>  <p>Department of the Treasury Internal Revenue Service</p>	<p>Return of Organization Exempt From Income Tax</p> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</p> <p>▶ The organization may have to use a copy of this return to satisfy state reporting requirements</p>	<p>OMB No 1545-0047</p> <p>2009</p> <p>Open to Public Inspection</p>
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A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009					
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	Please use IRS label or print or type. See Specific Instructions.	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 \$ 1,178,369,453	
		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)			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶			
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)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	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)		
	Expenses	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)		
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25)		
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		
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances Subtract line 21 from line 20		

Part II		Signature Block			
Sign Here	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				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2010-10-28</div> </div> <div> <div></div> <div>Date</div> </div>	
	<div> <div></div> <div>DEBORAH STOKES SVP, CC & CAO</div> </div> <div>Type or print name and title</div>				
Paid Preparer's Use Only	<div> <div></div> <div>Preparer's signature</div> </div>		<div> <div></div> <div>Date</div> </div>	<div> <div></div> <div>Check if self-employed</div> </div> <div> <div></div> <div></div> </div>	<div> <div></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div></div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> </div> <div> <div></div> <div>KPMG LLP</div> </div> <div> <div></div> <div>55 SECOND STREET</div> </div> <div> <div></div> <div>SAN FRANCISCO, CA 94105</div> </div>		<div> <div></div> <div>EIN</div> </div> <div> <div></div> <div></div> </div>		
			<div> <div></div> <div>Phone no</div> </div> <div> <div></div> <div>(415) 963-5100</div> </div>		

Part III

Statement of Program Service Accomplishments

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?

Yes

Yes

No

If "Yes," describe these new services on Schedule O

3

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

Yes

Yes

No

If "Yes," describe these changes on Schedule O

4

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

Section 501(c)(3) and 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 \$ 969,433,785 including grants of \$ 0) (Revenue \$ 1,067,026,601)

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 \$ 12,153,933 including grants of \$ 500,000) (Revenue \$ 881,901)

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 a Kaiser Permanente facility In 2009 this program assisted 342 patients CHC - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 2,706 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 \$ 5,576,872 including grants of \$ 5,576,872) (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 \$ 3,886,970 including grants of \$ 479,993) (Revenue \$ 0)

4e

Total program service expenses \$ 991,051,560

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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.			
	• 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.			
	• 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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	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
14b	• 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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III	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	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	1,321	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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	2,049	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and 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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 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	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	5	
b	Enter the number of voting members that 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 organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the 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	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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 ▶ NATIONAL DIRECTOR OF TAX ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 (510) 271-6385

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

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

Form **990** (2009)

1b	Total	718,272	20,130,557	1,900,285
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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▶151

		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 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	62,934,172
NORTHSIDE HOSPITAL PO BOX 101818 ATLANTA, GA 30392	MEDICAL SERVICES	69,131,302
SOUTHEASTERN PERMANENTE MEDICAL GRO 3495 PIEDMONT ROAD NE ATLANTA, GA 30305	MEDICAL SERVICES	367,723,034
CHILDREN AT SCOTTISH RITE PO BOX 116101 ATLANTA, GA 30368	MEDICAL SERVICES	17,444,658
DEKALB MEDICAL CENTER PO BOX 102204 ATLANTA, GA 30368	MEDICAL SERVICES	16,386,760

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 ▶399

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	142,134				
	e	Government grants (contributions)	1e	752,291				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,162,816				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			2,057,241			
Program Service Revenue			Business Code					
	2a	MEMBERS HEALTH CARE	621,400	836,339,767	836,339,767			
	b	SUPPLEMENTAL CHARGE	621,400	58,130,346	58,130,346			
	c	NON-PLAN & INDUSTRIAL	621,400	1,744,191	1,730,563	13,628		
	d	OTHER PROGRAM SERVICES	621,400	14,090,384	14,090,384			
	e	MEDICARE/MEDICAID PAYMENTS	621,400	149,845,914	149,845,914			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,060,150,602			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			5,055,465		5,055,465	
	4	Income from investment of tax-exempt bond proceeds . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		103,131,848		3,329				
		102,702,397		13,853				
		429,451		-10,524				
	d	Net gain or (loss)			418,927		418,927	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a							
	b	Less direct expenses						
	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						
	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							
c	Net income or (loss) from sales of inventory . .			0				
Miscellaneous Revenue		Business Code						
11a	INT INC-AFFILIATE		900,099	199,440			199,440	
b	PP&L INSURANCE PREMIUM REIMBURSEMENT		900,099	7,771,528	7,771,528			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			7,970,968				
12	Total revenue. See Instructions			1,075,653,203	1,067,908,502	13,628	5,673,832	

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	6,556,865	6,556,865		
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	115,271	114,118	1,153	0
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	110,920,515	91,494,927	19,425,588	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	32,399,584	26,625,957	5,773,627	0
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,650	0	1,650	0
c	Accounting	1,042,683	0	1,042,683	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	79,561,947	77,505,174	2,056,773	0
12	Advertising and promotion	20,118,478	570,234	19,548,244	0
13	Office expenses	1,782,447	1,390,928	391,519	0
14	Information technology	73,071,423	59,652,008	13,419,415	0
15	Royalties	0			
16	Occupancy	11,308,182	11,307,792	390	0
17	Travel	1,118,560	622,464	496,096	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	327,873	0	327,873	0
20	Interest	788,462	788,462	0	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,373,302	10,373,302	0	0
23	Insurance	450,148	450,148	0	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PURCHASED MEDICAL SVC - BCP	563,368,946	563,368,946	0	0
b	SUPPLIES	113,106,421	99,483,501	13,622,920	0
c	INTER-REGIONAL CHARGES	29,487,205	29,487,205	0	0
d	EQUIPMENT, RENTAL & MAINT	6,798,916	6,590,004	208,912	0
e	PROPERTY TAXES	2,189,645	2,189,645	0	0
f	All other expenses	11,080,264	2,479,880	8,600,384	0
25	Total functional expenses. Add lines 1 through 24f	1,075,968,787	991,051,560	84,917,227	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			8,778,079	1	9,645,763
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			19,333,457	4	20,081,553
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			6,736,019	8	8,402,872
	9	Prepaid expenses and deferred charges			915,786	9	346,689
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	249,039,494			
	b	Less accumulated depreciation	10b	124,429,827	117,705,005	10c	124,609,667
	11	Investments—publicly traded securities			132,374,212	11	130,295,288
	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			570,820	15	239,464
	16	Total assets. Add lines 1 through 15 (must equal line 34)			286,413,378	16	293,621,296
Liabilities	17	Accounts payable and accrued expenses			86,521,606	17	81,446,199
	18	Grants payable				18	
	19	Deferred revenue			9,045,057	19	9,182,619
	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			8,782,000	24	9,402,500
	25	Other liabilities. Complete Part X of Schedule D			64,807,722	25	81,341,842
	26	Total liabilities. Add lines 17 through 25			169,156,385	26	181,373,160
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			111,591,775	32	106,582,918
	33	Total net assets or fund balances			117,256,993	33	112,248,136
	34	Total liabilities and net assets/fund balances			286,413,378	34	293,621,296

Part XI **Financial Statements and Reporting**

	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 consolidated basis, separate 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

2009

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. 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—2008. 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—2009. 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—2008. 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,599,488	1,428,452	1,562,162	1,882,337	2,057,241	8,529,680
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	887,772,032	971,753,714	1,041,404,677	1,083,297,320	1,060,150,602	5,044,378,345
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	889,371,520	973,182,166	1,042,966,839	1,085,179,657	1,062,207,843	5,052,908,025
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						5,052,908,025

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	889,371,520	973,182,166	1,042,966,839	1,085,179,657	1,062,207,843	5,052,908,025
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,719,453	7,204,678	7,749,684	6,513,719	5,254,905	32,442,439
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	5,719,453	7,204,678	7,749,684	6,513,719	5,254,905	32,442,439
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total support (Add lines 9, 10c, 11 and 12)	895,090,973	980,386,844	1,050,716,523	1,091,693,376	1,067,462,748	5,085,350,464
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	99.362 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	99.360 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0.638 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.640 %
19a33 1/3% support tests—2009. 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	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. 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	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), 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, line 35a (regarding 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
--	--

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	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input checked="" 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	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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) 2006	(b) 2007	(c) 2008	(d) 2009	(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		204,650
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		24,806
	j Total lines 1c through 1i			229,456
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (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
LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES	SCHEDULE C, PART II-B, LINE 1A THROUGH 1I	The Organization is a member of the Kaiser Permanente Medical Care Program and participated and benefited from lobbying activities conducted at the regional and national level for the benefit of its enrolled members and for the health care industry as a whole. As an organization generally exempt from income tax under Internal Revenue Code Section 501(c)(3), Health Plan has a policy prohibiting internal involvement in any political campaigns. This policy is closely monitored for compliance. During the year this Organization may have made comments or statements concerning legislation which may affect the health care industry. Health Plan may have engaged in telephone conversations and/or written letters to various federal, state, and local officials regarding matters which affected the healthcare industry as a whole. The amount of time and money involved in the activities is detailed on lines a through i. Health Plan has several employees and/or may retain a professional consultant to represent Health Plan's interests in various legislative and regulatory bodies and from time-to-time to keep informed of Federal and State legislation having an impact on Health Plan's charitable activities as an exempt Health Maintenance Organization. These individuals attempt to ensure that proposed legislation and enacted laws are compatible with the Interest of Health Plan and its members by performing the following activities: - Collecting, analyzing and distributing within the Organization, public and private policy recommendations regarding proposed legislation that affect the operation of Health Plan and its ability to provide quality health and medical care services to its members in a cost effective environment. - Providing appropriate informational materials to legislators and to their staffs that pertain to matters of common interest in the health care community and in the not-for-profit community. - Also by preparing written and oral testimony, these individuals appear at legislative hearings, monitor legislative proceedings and meet with legislators and/or their staffs regarding issues pertinent to the mission of Health Plan. Those individuals appearing at such hearings and meetings for and on behalf of Health Plan often are representing the interests of common interest groups as well as the interests of the members of Health Plan. - Other employees and officers perform services by delivering speeches at various public and private functions and in serving as faculty in healthcare related educational programs throughout the community.
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 improper political expenditure occurred 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public
Inspection

Name of the organization
KAISER FDN HEALTH PLAN OF GEORGIAINC

Employer identification number
58-1592076

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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		115,760,019	49,771,574	65,988,445
c Leasehold improvements		19,283,096	10,048,899	9,234,197
d Equipment		73,844,625	54,190,405	19,654,220
e Other		15,780,263	10,418,949	5,361,314
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				124,609,667

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,075,653,203
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,075,968,787
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-315,584
4	Net unrealized gains (losses) on investments	4	1,446,189
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,139,463
9	Total adjustments (net) Add lines 4 - 8	9	-4,693,274
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,008,858

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	1,072,021,655
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,446,189
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,680,838
e	Add lines 2a through 2d	2e	4,127,027
3	Subtract line 2e from line 1	3	1,067,894,628
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	7,758,575
c	Add lines 4a and 4b	4c	7,758,575
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,075,653,203

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,077,030,513
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	11,866,826
e	Add lines 2a through 2d	2e	11,866,826
3	Subtract line 2e from line 1	3	1,065,163,687
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	10,805,100
c	Add lines 4a and 4b	4c	10,805,100
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,075,968,787

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
RECONCILIATION OF CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	DECREASE IN PENSION & OTHER COMPREHENSIVE INCOME <\$7,133,808> GAIN (LOSS) ON INVESTMENTS - GAAP 1,474,411 SEE "NOTE 1" <\$ 480,066> _____ TOTAL <\$6,139,463> NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT (OTTI) OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII	LINE 2D BAD DEBT EXPENSE - RECLASS <\$ 3,033,572> INTER-ENTITY REVENUE - RECLASS \$ 4,720,065 GAIN (LOSS) ON INVESTMENTS - GAAP \$ 1,474,411 OTTI <\$ 480,066> _____ TOTAL \$ 2,680,838 LINE 4B FIXED ASSET LOSS - RECLASS <\$ 12,953> INSURANCE PREMIUM REIMBURSEMENT - RECLASS \$ 7,771,528 _____ TOTAL \$ 7,758,575
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII	LINE 2D FIXED ASSET LOSS - RECLASS \$ 12,953 INTER-ENTITY REVENUE - RECLASS \$ 4,720,065 DECREASE IN PENSION & OTHER COMPREHENSIVE INCOME \$ 7,133,808 _____ TOTAL \$11,866,826 LINE 4B INSURANCE PREMIUM REIMBURSEMENT - RECLASS \$ 7,771,528 BAD DEBT EXPENSE - RECLASS \$ 3,033,572 _____ TOTAL \$10,805,100
FIN 48 FOOTNOTE	SCHEDULE D, PART X	NOT REQUIRED
NOTE 2	2008 FORM 990, PART VIII, LINE 7C	In 2008, we reported \$187,888 gain from sales of securities. We use the best estimate of tax basis gain available at that time. We now have final tax basis numbers showing \$31,150 gain from sales of securities for 2008.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public
Inspection

Name of the organization
KAISER FDN HEALTH PLAN OF GEORGIAINC

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(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

88

3

Enter total number of other organizations

0

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

[illegible]

Software ID:

Software Version:

EIN: 58-1592076

Name: KAISER FDN HEALTH PLAN OF GEORGIA INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID Atlanta Inc1438 W Peachtree St NW Atlanta, GA 30309	58-1537967	501(c)(3)	50,000				Evolution Wellness Center
AID Gwinnett Inc3075 Breckinridge Blvd415 Duluth, GA 30096	58-1973324	501(c)(3)	120,000				HIV-AID Youth Svc
Aids Alliance of Northwest Georgia775 West Ave E Cartersville, GA 30120	58-2148238	501(c)(3)	5,100				Positively Thriving Program
American Cancer Society Inc 250 Williams Street Atlanta, GA 30303	58-0659875	501(c)(3)	50,000				Patient Research Navigators
American Heart Association Inc1101 Northchase Pkwy 1 Marietta, GA 30067	13-5613797	501(c)(3)	82,500				Healthy Heart Svc
American Red Cross1955 Monroe Drive NE Atlanta, GA 30324	53-0196605	501(c)(3)	10,000				Disaster Relief Support
Angel Flight of Georgia Inc 2000 Airport Road 227 Atlanta, GA 30341	58-1702239	501(c)(3)	16,680				Fly a Metro Atlantan
Armstrong Atlantic State Univ Fdn Inc11935 Abercorn Street Savannah, GA 31419	58-1577237	501(c)(3)	25,000				Nursing Scholarship
Atlanta Leadership Development Foundation Inc 817 W Peachtree St P-110 11th Floor Atlanta, GA 30308	23-7015688	501(c)(3)	6,000				2009 Health Day Sponsorship
Atlanta Lesbian and Gay Pride Committee Inc2300 Henderson Mill Rd Suite 125 Atlanta, GA 30345	58-2032010	501(c)(3)	9,500				Health Expo

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
Atlanta Regional Commission 40 Courtland Street NE Atlanta, GA 30303	58-6002324	501(c)(3)	30,000				Fifty Forward
Atlanta Women's Foundation Inc The Hurt Building 401 Atlanta, GA 30303	58-2389721	501(c)(3)	69,500				Community Programs / Services
Bobby Dodd Institute Inc 2120 Marietta Blvd NW Atlanta, GA 30318	58-1847107	501(c)(3)	25,000				BDI Initiative to Promote Health and Wellness
Boys and Girls Clubs of Metro Atlanta Inc 100 Edgewood Ave NE 700 Atlanta, GA 30303	58-0566123	501(c)(3)	45,000				Fitness Zones Initiatives
Brain Tumor Foundation for Children Inc 6065 Roswell Road 505 Atlanta, GA 30328	58-1524616	501(c)(3)	20,000				Butterfly Fund-Atlanta Hospitals
Center for Black Women's Wellness Inc 477 Windsor St SW 309 Atlanta, GA 30312	58-2212203	501(c)(3)	30,000				Wellness and Safety Net Clinic
Children's Healthcare of Atlanta Foundation Inc 1687 Tullie Circle NE Atlanta, GA 30329	58-1710601	501(c)(3)	1,147,500				Childrens' Health
Cobb County Board of Health 1650 County Svc Pkwy Marietta, GA 30008	58-1517015	Government	95,000				Babies Born healthy Expansion
Cobb County Community Services Board 3830 South Cobb Dr 300 Smyrna, GA 30080	58-2107033	501(c)(3)	66,593				The 4 Corners Project
Cobb County School District 5140 Glover Street Marietta, GA 30060	58-6000214	Government	13,000				Childrens' Health

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
Community Advanced Practice Nurses202 Milton Avenue Atlanta, GA 30315	58-2435328	501(c)(3)	60,000				Healthcare for the Medically Underserved
Community Health Center Inc6289 Veterans Memorial Highway Austell, GA 30168	20-1251746	501(c)(3)	25,000				A L L Initiative
Culture Connect Inc4151 Memorial Drive Decatur, GA 30032	42-1692101	501(c)(3)	27,125				Culturesmart Medical Interpreter Trainings
DeKalb County Board of Education3770 North Decatur Road Decatur, GA 30032	58-6000227	Government	277,000				Childrens' Health
DeKalb County Board of Health445 Winn Way Decatur, GA 30031	58-1417092	Government	20,000				Status of Health in Dekalb Report
DeKalb Habitat for Humanity 2915 Midway Road Decatur, GA 30030	58-1792761	501(c)(3)	89,000				2009 House Build
Diabetes Association of Atlanta Inc100 Edgewood Ave NE1004 Atlanta, GA 30303	58-0973055	501(c)(3)	35,000				Diabetes Prevention and Control Program
Easter Seals of North Georgia Inc1200 lake Hearn Dr 250 Atlanta, GA 30319	58-1919768	501(c)(3)	15,000				Early Intervention and Therapy
Families First Inc1105 W Peachtree St NE Atlanta, GA 30357	58-1054331	501(c)(3)	70,000				Mental Health Counseling for homeless women and ch
Fayette Care Clinic Inc128 Sumner Road Fayetteville, GA 30214	20-0314897	501(c)(3)	50,000				Dental Program

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
Fernbank Inc767 Clifton Road Atlanta, GA 30307	58-6028607	501(c)(3)	50,000				Environmental Education and Enrichment Programs fo
First Step Staffing236 Auburn Ave NE 203 Atlanta, GA 30303	20-8038859	501(c)(3)	25,000				First Step Staffing Benefits Program
Friends of Sandy Springs Inc 7840 Roswell Rd500 Sandy Springs, GA 30350	20-5078754	501(c)(3)	9,900				Youth Recreation Scholarship Program
Fulton County Dept of Health & Wellness99 Jesse Hill Jr Dr SE Atlanta, GA 30303	58-6001729	501(c)(3)	60,000				Common Ground Connected Care
Georgia Association for Primary Health Care315 W Ponce de Leon Ave Suite 1000 Decatur, GA 30030	59-2013140	501(c)(3)	75,000				A L L GAPHC Quality Initiative Collaborative
Georgia Bikes Inc2217 Tanglewood Road Decatur, GA 30033	20-0295376	501(c)(3)	73,750				Safe Routes to School State Network Project
Georgia Conservancy Inc 817 West Peachtree St200 Atlanta, GA 30308	58-1027246	501(c)(3)	50,000				Clean Air Program
Georgia Highlands Medical Services Inc260 Elm Street Cumming, GA 30040	58-1338038	501(c)(3)	30,000				Access and Referral for Specialty Care
Georgia Lions Lighthouse Foundation Inc1775 Clairmont Road Decatur, GA 30033	58-0548732	501(c)(3)	50,000				Access to Vision Care
Georgia Partnership for Caring Foundation Inc2300 Henderson Mill Rd Suite 421 Atlanta, GA 30345	58-2117174	501(c)(3)	25,000				Hospital Discharge Project

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgia Public Health Association IncPost Office Box 80524 Atlanta,GA 30366	58-1556077	501(c)(3)	8,000				The Medicine Showdown
Georgia Southern Univ Rsrch & Svc Fdn IncVeazey Hall Statesboro,GA 30460	58-2354256	501(c)(3)	25,000				Nursing Scholarships
Georgia Women for a Change Inc1130 Piedmont Ave 413 Atlanta,GA 30309	58-2087272	501(c)(3)	9,750				Mayor's Round Table and Women's Assembly
Girl Scout Council of Northwest Georgia Inc1577 Northeast Expressway Atlanta,GA 30329	58-0566190	501(c)(3)	10,000				Program support
Good News Clinics810 Pine Street Gainesville,GA 30501	58-2058853	501(c)(3)	95,000				Sam Poole Medical Clinic
Good Samaritan Health and Wellness Center Inc175 Samaritan Way Jasper,GA 30143	58-2576315	501(c)(3)	50,000				Substainability and Responding to Growth Initiativ
Good Samaritan Health Center of Cobb1605 Roberta Drive SW Marietta,GA 30008	32-0045238	501(c)(3)	95,000				Primary Medical Home-Acute and Chronic diseases
Good Shepherd Clinic Inc 6392 Murphy Drive Morrow,GA 30260	58-2578581	501(c)(3)	50,000				Expanding and Enhancing Patient Services
Grant Park Family Health Center1340 Boulevard SE Atlanta,GA 30315	58-1577640	501(c)(3)	95,000				Removing Barriers for Access to Quality Care
Hebron Community Health Center Inc195 Chestnut Street Lawrenceville,GA 30045	59-3772158	501(c)(3)	10,000				Being Put to the Test program

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
Hope Clinic Inc318 W Pike St 402 Lawrenceville,GA 30046	45-0478716	501(c)(3)	50,000				Building the Capacity of Hope 2010
Hope Health Clinic Inc125 N 10th Street Griffin,GA 30223	20-0719396	501(c)(3)	50,000				Expansion of Services
Kate's Club Inc1330 W Peachtree St 520 Atlanta,GA 30309	16-1646487	501(c)(3)	30,000				Program support
Lekotek of Georgia Inc1955 Cliff Valley Way102 Atlanta,GA 30329	58-1535266	501(c)(3)	10,000				Lekotek Neonatal Project
Literacy Action Inc100 Edgewood Ave 650 Atlanta,GA 30303	58-1053728	501(c)(3)	30,000				Health Literacy Program
Macon State College Foundation Inc100 College Station Dr Suite A-217 Macon,GA 31206	23-7066010	501(c)(3)	25,000				Nursing Scholarships
March of Dimes Foundation 1776 Peachtree St 100 Atlanta,GA 30309	13-1846366	501(c)(3)	85,815				Support March of Dimes
McIntosh Trail Community Service Board1501-A Kalamazoo Dr PO Box 1320 Griffin,GA 30224	58-2098758	501(c)(3)	80,000				Spalding Health Initiative
Meridian Education Resource Group1353 George W Brumley Way SE Atlanta,GA 30317	58-2180056	501(c)(3)	95,000				Expanding Primary Health care to underserved adult
My Brothaz HOME Inc2111 Price Street Savannah,GA 31401	58-2550564	501(c)(3)	9,999				Knowledge is Power Prevention Saves Lives

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
National Mental Hlth Association of Georgia Inc 100 Edgewood Ave 502 Atlanta,GA 30303	58-0611310	501(c)(3)	25,000				Project Healthcare Access
North Fulton Community Charities Inc 11270 Elkins Road Roswell,GA 30076	58-1521088	501(c)(3)	21,000				Health Services/Programs
Not One More Life Inc 891 Byrnwyck Road Atlanta,GA 30319	58-2520504	501(c)(3)	50,000				Asthma Initiative
Our House Inc 711 South Columbia Drive Decatur,GA 30030	58-1743333	501(c)(3)	16,000				Health Services/Programs
Park Pride Atlanta Inc 675 Ponce de Leon Ave 8th Floor Atlanta,GA 30308	58-1883895	501(c)(3)	25,000				Adopt a Community Garden Program
Piedmont Park Conservancy Inc 400 Park Drive NE Atlanta,GA 30306	58-1551369	501(c)(3)	85,000				Healthy Living Initiative in Piedmont Park
Prevent Child Abuse Georgia Inc 1720 Peachtree St 600 Atlanta,GA 30309	58-1558280	501(c)(3)	35,000				Healthy Families Georgia
Robert W Woodruff Arts Center Inc 1280 Peachtree Street NE Atlanta,GA 30309	58-0633971	501(c)(3)	90,000				2008-2009 Annual Corporate Campaign
Saint Vincent de Paul Society Inc 2050 Chamblee Tucker RdC Atlanta,GA 30341	58-0967972	501(c)(3)	25,000				Family Support Center Wellness Program
Senior Services North Fulton Inc 490 Sun Valley Dr 202 Roswell,GA 30076	58-1948370	501(c)(3)	25,000				Transportation Options Program for Seniors

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) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Servants of Relief for Incurable Cancer760 Pollard Boulevard SW Atlanta,GA 30315	53-0196617	501(c)(3)	9,500				Palliative Care Program
South Fulton Senior Services 3680-82 College St College Park,GA 30337	58-1948408	501(c)(3)	20,000				Nutritional Supplement Program
Susan G Komen Breast Cancer Foundation4840 Roswell Rd Bldg D Suite 100 Atlanta,GA 30342	58-1959763	501(c)(3)	22,500				Komen Race for the Cure
The Arch Foundation for the Univ of Georgia Inc394 S Milledge Ave 100 Atlanta,GA 30602	20-2779492	501(c)(3)	175,000				Allied Health Training & Education
The Atlanta Community Food Bank732 Joseph E Lowery Blvd NW Atlanta,GA 30318	58-1376648	501(c)(3)	10,000				Flood Relief Disaster Donation
The Children's Museum of Atlanta Inc275 Centennial Olympic Dr NW Atlanta,GA 30313	58-1785484	501(c)(3)	46,345				Exploration Station Cart
The Community Foundation for Greater Atlanta Inc50 Hurt Plaza suite 449 Atlatnta,GA 30303	58-1344646	501(c)(3)	500,000				Agenda for a Healthy Region
The Eating Disorders Information Network Inc600 means St 100 Atlanta,GA 30318	58-2334508	501(c)(3)	19,910				Love Your Body Week
The Environment Fund for GA Inc Earth Share of GA1447 Peachtree St 214 Atlanta,GA 30309	58-2022001	501(c)(3)	65,000				Healthy Environment
The Good Samaritan Health Center Inc1015 Donald Lee Hollowell Pkwy Atlanta,GA 30318	58-2373395	501(c)(3)	95,000				Program support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Leukemia & Lymphoma Society Inc3715 Northside Pkwy 400 Suite 300 Atlanta, GA 30327	13-5644916	501(c)(3)	25,000				Patient Financial Assistance Program
The Martin Luther King Jr Nonviolent Soc Chge Inc449 Auburn Avenue NE Atlanta, GA 30312	58-1030989	501(c)(3)	14,500				Salute to Greatness awards
The Morehouse School Of Medicine Inc720 Westview Drive SW Atlanta, GA 30310	58-1438873	501(c)(3)	249,868				Leadership Workforce Development Program
The Study Hall at Emmaus House Inc1010 Crew Street SW Atlanta, GA 30315	58-1830316	501(c)(3)	10,000				Wellness Initiative
United Way of Metropolitan Atlanta Inc100 Edgewood Avenue Atlanta, GA 30303	58-0566194	501(c)(3)	260,000				Corporate donation
Visiting Nurse Hlth System of Metropolitan Atlanta6610 Bay Circle Suite C Norcross, GA 30071	58-0566250	501(c)(3)	60,000				Healthy Transitions Program
YMCA of Metropolitan Atlanta Inc100 Edgewood Ave 1100 Atlanta, GA 30303	58-0566253	501(c)(3)	543,560				YMCA's Youth Health Program
YWCA of Greater Atlanta957 North Highland Ave NE Atlanta, GA 30306	58-0593442	501(c)(3)	24,550				Salute to Women of Achievement Annual Luncheon

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2009

Open to Public Inspection

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?	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	

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

[illegible]

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 4-A	SEVERANCE PAYMENT	CAROLYN M KENNY \$ 518,544 CHRISTINE MALCOLM \$1,492,105 JENNIFER WINGARD \$ 247,259 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 4-B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS	DAWN BADING \$ 20,736 DANIEL STYF \$ 17,300 BEVERLY THOMAS \$ 18,221 PETER ANDRUSZKIEWICZ \$ 101,358 FRANK BOONE \$ 23,457 BERNARD TYSON \$ 323,207 KATHY LANCASTER \$ 178,867 THOMAS MEIER \$ 43,474 ARTHUR SOUTHAM \$ 236,262 DEBORAH STOKES \$ 94,289 STEVEN ZATKIN \$ 468,045 JAMES CULLINAN \$ 20,316 SARAH SIDWELL \$ 26,103 GEORGE HALVORSON \$1,237,500 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 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 7		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 (ii) 391,169	0 173,662	0 162,016	0 136,505	0 11,987	0 875,339	0 0
DAWN BADING	(i) 0 (ii) 170,648	0 9,764	0 45,865	0 34,863	0 11,640	0 272,780	0 0
FRANK M BOONE	(i) 0 (ii) 207,816	0 33,240	0 54,902	0 61,001	0 12,451	0 369,410	0 0
JAMES CULLINAN	(i) 0 (ii) 196,710	0 12,558	0 19,355	0 40,839	0 9,920	0 279,382	0 0
NORBERT FELTROP	(i) 123,471 (ii) 0	99,743 0	15,113 0	8,834 0	12,451 0	259,612 0	0 0
JULIE FORTIN	(i) 0 (ii) 175,028	0 30,229	0 26,104	0 35,657	0 12,451	0 279,469	0 0
GEORGE HALVORSON	(i) 0 (ii) 1,188,160	0 4,054,050	0 1,349,839	0 62,820	0 12,802	0 6,667,671	0 0
CAROLYN KENNY	(i) 0 (ii) 0	0 0	0 519,484	0 0	0 12,646	0 532,130	0 518,544
KATHY LANCASTER	(i) 0 (ii) 577,270	0 612,074	0 61,366	0 218,461	0 13,790	0 1,482,961	0 0
CHRISTINE MALCOLM	(i) 0 (ii) 221,193	0 277,885	0 1,543,968	0 42,811	0 13,790	0 2,099,647	0 561,776
THOMAS MEIER	(i) 0 (ii) 284,736	0 224,422	0 58,678	0 75,573	0 13,127	0 656,536	0 0
J NEAL PURCELL	(i) 15,200 (ii) 202,000	0 0	10,757 400	0 0	0 0	25,957 202,400	0 0
SARAH SIDWELL	(i) 0 (ii) 250,877	0 13,363	0 15,821	0 50,157	0 11,218	0 341,436	0 0
ARTHUR SOUTHAM	(i) 0 (ii) 713,074	0 908,866	0 65,551	0 276,362	0 11,325	0 1,975,178	0 0
DEBORAH STOKES	(i) 0 (ii) 291,085	0 175,811	0 94,726	0 104,729	0 13,127	0 679,478	0 53,951
DANIEL STYF	(i) 0 (ii) 200,724	0 46,758	0 15,782	0 28,640	0 11,277	0 303,181	0 0
CYNTHIA TELLES	(i) 11,600 (ii) 173,000	0 0	0 6,441	0 0	0 0	11,600 179,441	0 0
BEVERLY THOMAS	(i) 0 (ii) 158,443	0 35,363	0 38,106	0 50,738	0 12,451	0 295,101	0 0
TIMOTHY TRUSSELL	(i) 56,772 (ii) 0	278,452 0	29,450 0	7,484 0	11,478 0	383,636 0	0 0
BERNARD TYSON	(i) 0 (ii) 680,034	0 901,070	0 148,868	0 262,495	0 13,790	0 2,006,257	0 0
JENNIFER WINGARD	(i) 0 (ii) 11,924	0 27,918	0 248,879	0 2,028	0 22,451	0 313,200	0 19,733
STEVEN ZATKIN	(i) 0 (ii) 545,314	0 579,050	0 546,352	0 90,250	0 12,493	0 1,773,459	0 462,144
VICTORIA ZATKIN	(i) 0 (ii) 181,000	0 38,584	0 46,865	0 44,991	0 2,298	0 313,738	0 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

2009

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
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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
MARK MALCOLM	KFHP INC EMPLOYEE	97,027	COMPENSATION		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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 REVIEW PROCESS	PART VI, SECTION B, LINE 11A	1 Community benefit details are presented to the community benefit committee of the board for review 2 The tax return is review ed and signed by a KPMG tax advisor 3 The complete tax return is review ed and signed by the senior vice president, Corporate Controller and Chief Accounting Officer 4 A compact disk containing the signed return is provided to each board member prior to filing
COMPLIANCE ENFORCEMENT	PART VI, SECTION B, LINE 12C	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 and without fear of retaliation Reports of actual or potential Conflicts of Interest are generated and investigations are conducted as required and information is tracked and trended to determine if additional guidance is required to avoid conflicts of interest Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually 2 The Senior Vice President & Chief Compliance Officer and the Vice President of Internal Audit Services annually review the directors', officers', key employees', and executives' Annual Conflicts of Interest Questionnaire disclosures and provide direction on any investigations required Investigations are documented, tracked and trended to 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 review s the Annual Conflicts of Interest Questionnaires completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/ Hospitals Audit and Compliance Committee Regularly and Consistently Enforces Compliance 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 notifies employees of the National Human Resources Policy No 14 Corrective/Disciplinary Action Policy during new employee orientation and in annual compliance training C In the event that it is necessary to discipline any employee because of, but not limited to, failure to comply 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
COMPENSATION DETERMINATION	PART VI, SECTION B, LINE 15	The executive compensation program is designed to recruit, retain and motivate qualified senior management personnel Senior management personnel have a significant impact on the strategic and policy direction and results of the organization Therefore, the executive compensation program is, to a significant degree, performance-based The compensation program is review ed annually by the Compensation Committee of the Board of Directors 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
PUBLIC INSPECTION	PART VI, SECTION C, LINE 19	Governing documents - are available as provided to state Dept of Insurance and maintained on state agency website or upon request Conflict of Interest is available on KP website under vendor Principles of Responsibility or upon request Financial Statements are on file 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 Tax Director Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Ste 15L Oakland, CA 94612
FAMILY AFFILIATIONS	PART VI, SECTION A, LINE 2	steven r zatkin - spouse officer of kfhp inc , kfhp and subsidiaries victoria zatkin - spouse senior vp, general counsel and officer of kfhp, kfhp inc and regional health plans

Identifier	Return Reference	Explanation
CHANGES TO ORGANIZATIONAL DOCUMENTS	PART VI, SECTION A, LINE 4	1 It is recommended that Article D, Section D-1 of the Bylaw s be amended to change the number of Directors to five, and to read in full as follow s "Section D-1 Pow er and Authority of Directors (d) Select, remove and prescribe powers and duties of officers, agents and employees, and require security for faithful service, provided how ever, that removal of the Chairman of the Board or the Regional President shall require the affirmative vote of the member, and the compensation of the Regional President and other executive officers of the corporation shall be approved by the member's Compensation Committee, (g) Approve expenditures for capital projects, except that capital expenditures that exceed \$25 million shall in addition require the affirmative vote of the member, (h) Borrow money, contract debts and issue bonds, debentures, notes or other evidences of indebtedness therefor, and secure the performance of obligations by mortgage or otherw ise, provided how ever that the issuance of tax-exempt bonds shall in addition require the affirmative vote of the member, (i) Acquire, subscribe for, hold, ow n , pledge and otherw ise dispose of and represent shares of stock, bonds and securities of any other corporation, domestic or foreign, (j) Purchase or acquire its ow n bonds, debentures or other evidences of its indebtedness or obligations, (k) Make donations for charitable purposes, (l) Act as trustee under any trust incidental to the principal purposes of the corporation, and receive, hold, administer and expend funds and property subject to such trust, (m) Participate with others in any partnership, joint venture or other association, transaction or arrangement of any kind, w hether or not such participation involves sharing or delegation of control with or to others, (n) Enter into any contracts, assume any obligations or do any other acts incidental to the conduct of corporate affairs or the attainment of corporate purposes, (o) Appoint or remove members of the Executive Advisory Board and approve the charter of the Executive Advisory Board, including amendments thereto, and (p) Do all other acts necessary or expedient for administration of the affairs and attainment of the purposes of the corporation " 2 It is recommended that Article D, Section D-2 of the Bylaw s be amended to change the number of Directors to five, and to read in full as follow s "Section D-2 Number "The number of Directors may be changed at any time by amendment of these Bylaw s by the member Until changed by the member, there shall be five Directors 3 It is recommended that the Bylaw s be amended to be consistent with current practice and with the State of Georgia's HMO law s regarding composition of the Board, and that Section D-4(a) of the Bylaw s be amended to read as follow s "Section D-4 Election and Term of Office (a) All Directors shall be persons whose background and experience qualify them to act in the broad public interest and contribute know ledge, skills or other expertise in formulating policy for the corporation At least one-third of the Directors shall be public Directors who shall be representatives of enrollees under contracts issued by the corporation and of the general public with no vested interest, financial or otheIWise, In the operations of the corporation, one Director shall be a provider licensed in the State of Georgia, and three Directors shall be inside Directors " 4 In accordance with the restructuring plan, it is recommended that Article D, Section D-4(b) and (c) of the Bylaw s be amended to read in full as set forth below , to provide that the term of the Directors in office as of June 1, 2009 shall expire on June 30, 2009, that the terms of the five new Directors shall commence on July 1, 2009, and to change the term of the Directors from three years to one year, which term shall end each year at the annual meeting of the member in the year follow ing the election "Section D-4 Election and Term of Office (b) The term of all Directors In office as of June 1, 2009 shall expire on June 30, 2009 Five Directors shall be elected by the member for a term of office to be effective on July 1, 2009, which shall end at the annual meeting of the member in 2010 or until successors are elected (c) Directors shall be elected by the member at the annual meeting of the member In 2010, and every year thereafter, for a term of office which shall end at the later of the annual meeting of the member in the year follow ing their election or when their successors are elected, except that in any event the term of a Director shall end on December 31 of the year in which he or she attains age 70, unless the Chairman of the Board specifically requests a Director to remain on the Board for an interim transition period which may continue for up to twelve months Any vacancy may be filled only by the member acting through its Board of Directors or its Executive Committee Each Director shall hold office until the end of his or her term, or until he or she shall resign, become unable to serve as a Director, or be removed in accord with Section D-3 " 4 In accordance with the restructuring plan, it is recommended that Article D, Section D-5 of the Bylaw s be amended to provide for the establishment of an Executive Advisory Board, to read in full as follow s "Section D-5 Enrollee Participation and Executive Advisory Board (b) An Executive Advisory Board shall be established Members of the Executive Advisory Board shall be appointed by the Board of Directors of this corporation upon recommendation by the Regional President, and may be removed at any time by the Board of Directors of this corporation The charter for the Executive Advisory Board and amendments thereto shall be approved by the Board of Directors of this corporation Proposed Amendment to Articles of Incorporation It is recommended that Article Five of the Restated Articles of Incorporation be amended to be consistent with the corporate powers of KFHP-GA listed in Section D-1 of the Bylaw s, as amended, and with the restructuring plan, to read in full as follow s "FIVE The sole member of the Corporation is Kaiser Foundation Health Plan, Inc , a California nonprofit public benefit corporation The member shall elect Directors and fill all vacancies on the Board of Directors In addition, the follow ing matters shall require the approval of the member (i) amendments to the Corporation's Articles of Incorporation, (u) amendments to the Corporation's Bylaw s that pertain to the member, the Board of Directors, or to procedures for amending the Bylaw s, (iii) removal of the Chairman of the Board or the President of the Corporation, (iv) the compensation of the Regional President and other executive officers of the Corporation, (v) expenditures for capital projects in excess of \$25 million, (vi) the issuance of tax exempt bonds, and (vii) the sale, lease, exchange, or other disposition of, the mortgage, pledge or dedication to the repayment of indebtedness (w hether with or without recourse), or any other encumbrance of property of the Corporation, or the acquisition of assets, w hether 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 "

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS - PROGRAM SERVICES	PART III, LINE 4A-D	<p>2009 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) Georgia Health Plan, along with KFHP, Kaiser Foundation Hospitals and their subsidiaries are nonprofit corporations that are part of the integrated health care delivery system known as the Kaiser Permanente Medical Care Program or "Kaiser Permanente", which provides a program of Healthcare and medical services as a prepaid direct care group practice health Maintenance organization Membership in Georgia Health Plan is available without regard to sex, race, religion, ethnic background, sexual orientation, and occupational status or income level Health Plan members are broadly representative of the various ages, social and income groups within the areas it serves Once enrolled, a member is free to maintain membership regardless of age, health status or employment KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY In 2001, the KFHP Board of Directors reaffirmed Direct Community Benefit Investment (DCBI) as a national program and set the following four goals - Address critical questions in American health care that the Program's history, culture and competencies position it uniquely to examine - Build the reputation of Kaiser Permanente for its leadership in helping to solve major health challenges - Create a program that engages the creativity and spirit of the people of Kaiser Permanente at all levels - Meet the requirements placed on KFHP, KFHP, and its subsidiary health plans as tax-exempt organizations that return value to the communities served beyond the provision of health care to members The Board directed that this new DCBI program be guided by a national strategy, with continued local flexibility and implementation The program is supported by national and regional funding pools, and built on the organization's integrated health care system 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 The KFHP/H Board has a standing Community Benefit Committee of the Board of Directors to oversee the program-wide Community Benefit program Kaiser Permanente also has a national executive of KFHP and KFHP to lead Kaiser Permanente's Community Benefit Program as a full-time assignment Raymond J Baxter, PhD is the Senior Vice President for Community Benefit, Research and Health Care Policy reporting to the CEO and Chairman of the Board THE COMMUNITY BENEFIT PROGRAM IN THE GEORGIA REGION In 2009, Kaiser Permanente spent approximately \$1.7 billion or approximately 4% of revenue to support the Community Benefit Program In Georgia, the Health Plan expended \$21.7 million to support community benefit activities A breakdown of the 2009 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 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 2009, the Georgia Health Plan expended \$11.3 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 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 2009, the Georgia Health Plan spent approximately \$10.8 million on under- and uninsured residents - Medical Financial Assistance Program The Georgia Health Plan's Medical Financial Assistance Program provides temporary financial assistance and/or medically necessary services, medications or supplies to patients 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 2009, this program assisted 342 patients In addition, the Georgia Health Plan provided charitable care to 8 babies through collaboration with a community-based organization, My House My House is a transitional living facility for infants born with special needs - Charitable Health Coverage Program Charitable Health Coverage (CHC) is our unique approach to caring for low-income uninsured persons in our communities Participants receive a regular Kaiser Permanente membership card and access to the full range of our service and providers - a much better alternative to a brief and costly emergency room visit or hospitalization This 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 2009, the Georgia Health Plan had 2,706 individuals in the Kaiser Permanente Bridge Program 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 \$3.2 million on community health initiatives during 2009</p>

Identifier	Return Reference	Explanation
		<p>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 2009, the Health Education Department organized numerous health fairs and screenings at Health Plan medical offices w hich w ere open to the general public Expenditures in this category exclude program cost for health education programs targeting or restricted to Health Plan members The follow ing is an example of a community partnership aimed at promoting health and well being - The Georgia Health Plan is the sponsor of the Green Market, w eekly farmers' market (May-December) offering a variety of organic fruits, vegetables, fresh cut flow ers, baked goods as w ell as healthy cooking demonstrations and fitness classes In 2009, 64,000 people attended the Green Market Grants and Donations for Community Health Initiatives The Georgia Health Plan contributed \$3 2 million to 99 nonprofit organizations to support a variety of community health initiatives Follow ing are examples of tw o programs funded in 2009 - Families First is the largest organization in Georgia dedicated to keeping children safe The organization provides therapeutic services such as family education and counseling, and advocacy Kaiser Permanente Georgia supported one of the organization's stabilization programs w ith a \$70,000 grant The contribution allow ed expansion of an initiative that provides housing and support services to homeless families w hose caretakers have been diagnosed w ith mental illness, substance abuse, and/or HIV/AIDS The program w orks to keep families healthy and intact, thereby increasing children's chances of grow ing into healthy, functioning adults The Kaiser Permanente grant provided funding so that families received stabilized housing, mental health assessments, treatment and medication, and assistance w ith securing employment and/or income - A recent Kaiser Permanente Georgia Community Health Needs Assessment noted that Georgia's air pollution rate ranks 47th in the nation, and that many metropolitan Atlanta residents have asthma problems severe enough to require hospitalization Georgia Conservancy mobilizes efforts to protect the state's natural resources, and through its "Mother & Others for Clean Air" program directly targets these problems Kaiser Permanente Georgia aw arded the organization a \$50,000 grant to mount the campaign, w hich educated residents about the link betw een air quality and health, how to reduce air pollution exposure, and how to improve air quality Georgia Conservancy w orks through families, health care professionals, and child care providers to protect children from air pollution 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 Grants and Donations for Safety Net Partnerships The Georgia Health Plan contributed \$2 1 million to 25 organizations that deliver medical or dental care services to uninsured people in community settings, primarily safety net clinics in Georgia Follow ing are tw o community organizations supported by these grants in 2009 - 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 w ere selected based on residents' health status, income levels, and the capacity of community-based health care organizations (w here they existed) Because of the project, hundreds of patients w ho have no other options for care w ill receive services through new access points for primary care - 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 w ho might not otherw ise 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 w ith urgent health crises DEVELOPING AND DISSEMINATING KNOWLEDGE Kaiser Permanente aims to improve health by sharing its know ledge, educating practitioners, advancing research, empow ering consumers, and informing policymakers about the evidence base for care and health The Georgia Health Plan spent \$3 9 million to support programs and services for the development and dissemination of know ledge and provided grants and donations to nonprofit organizations Clinical and Health Services Research The Georgia Health Plan's Center for Health Research department partners w ith 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 2009, the Center for Health Research participated in 108 studies and published results in 22 peer-review ed publications The follow ing are tw o examples of studies conducted in 2009 - Diabetes Social Support Pilot Study - Diabetes is a common, but serious disease that is a significant cause of both hospitalization and health disparities in Georgia For that reason, Kaiser Permanente Georgia's Center for Health Research-Southeast studied w hether or not applying technology and social support could help people better manage diabetes The three-month pilot study, conducted at tw o medical facilities in Georgia, w as designed to help adults w ith type 2 diabetes self-monitor their blood glucose levels more carefully by using wireless mobile technology and peer support Patients w ere asked to designate a family member or close friend to serve as their support system Patients w ere given a device equipped w ith a wireless transmitter through w hich they could test their blood glucose The device sends a text message summarizing results to both the participants' and supporters' cell phones, enabling supporters to keep tabs on the patients' diabetes in an unobtrusive way Initial results found this program to be helpful in patients gaining better control of their blood sugar levels - Online Interventions to Improve Fruit and Vegetable Consumption - Inadequate fruit and vegetable consumption is linked to higher rates of chronic disease including diabetes, cardiovascular disease, and obesity So, Kaiser Permanente Georgia's Center for Health Research-Southeast studied w hether or not three different interventions w ould increase adults' fruit and vegetable consumption The clinical trial assessed intake at 3, 6, and 12 months, and found a clear increase in the group w ho participated in a behavioral intervention program and received motivational counseling via email The online nutritional program netted sustained changes in participants' diets, and has promise if used on a wider scale Educational Theatre Programs (ETP) The Georgia Health Plan offered free, aw ard-w inning health education plays for youth and adults Kaiser Permanente's Educational Theatre Programs offers a unique series of dynamic theatre programs w ith compelling health messages to reach children, teens and adults These national aw ard-w inning 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 aw areness and stress management to grief counseling and health and w ellness messages, related to nutrition and asthma education All programs are offered free of charge as a community benefit of Kaiser Permanente In 2009, the program reached approximately 37,000 children w ith 441 school performances Training and Education of Health Care Professionals In 2009, the Georgia Health Plan spent \$173,042 to support the education and training of health care professionals The follow ing provides a description of tw o efforts undertaken to alleviate health care w orkforce shortages in the community</p>

Identifier	Return Reference	Explanation										
		<p>Pharmacy Residency Program The Pharmacy Residency Program helps students gain post graduate training experience in a managed care setting Training components of the Georgia Health Plan program include management and improvement of medication use through evidence-based patient-centered therapy with interdisciplinary teams, medication and practice-related education, population-based care and formulary management In 2009, two interns participated in the program License Practice Nurse (LPN) to Registered Nurse (RN) Program The License Practice Nurse Program provides a career ladder for LPN's who enroll in accredited registered nursing programs It offers educational assistance in the form of tuition reimbursement Upon earning a RN degree, nurses continue employment with Kaiser Permanente in their new capacity Currently the program has two participants Grants and Donations for Knowledge Dissemination The Georgia Health Plan donated \$550,868 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 2009 - To ensure that underserved populations receive mental health care when they need it, Kaiser Permanente Georgia awarded \$249,868 to the Satcher Health Leadership Institute at Morehouse School of Medicine The grant supports the Institute's work of eliminating health disparities, particularly in mental health, through a new program whose overall aim is to remove barriers to mental health care for vulnerable populations Through the program, postdoctoral health professionals are trained for leadership roles to promote and implement policies that eliminate mental health disparities Program fellows design community-based strategies to change attitudes and behaviors about mental health and enhance community-level mental health promotion and disorder prevention This program creates linkages between primary care providers and mental health specialists to improve access to quality care Georgia's health care disparities make it critically important to train health care workers to better manage populations that are disenfranchised OTHER COMMUNITY BENEFIT The Georgia Health Plan spent \$1.2 million on other community benefit activities and programs beyond the national streams of work Self-Sufficiency Programs The Georgia Health Plan spent \$103,681 to support five INROADS interns in 2009 The INROADS program is aimed at improving education and job skills or providing employment opportunities for targeted populations INROADS is an organization focused on developing minority college students for leadership roles in corporations and in the community Student interns typically work two to five summers with the organization with the goal of permanent placement upon graduation from college Community Giving Campaign The Georgia Region's Community Giving 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 Other Community Grants and Donations The Georgia Health Plan contributed \$255,000 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 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 Regional Community Benefit Operations The Georgia Health Plan has a Community Benefit Department with six employees to support regional community benefit programs and coordinate CB initiatives including the Educational Theatre Programs In addition, there are many other Health Plan personnel who collaborate to help manage community benefit programs like Charity Care, Charitable Health Coverage ATTACHMENT A 2009 COMMUNITY BENEFIT INVESTMENT - GEORGIA HEALTH PLAN The following chart summarizes 2009 Community Benefit investments by the Georgia Health Plan The investments in the community reflected in the chart are unaudited</p> <table><tr><th colspan="2">GEORGIA HEALTH PLAN TOTAL CARE AND COVERAGE</th></tr><tr><td>Charitable Care and Coverage Programs</td><td>\$10,772,032</td></tr><tr><td>Government-Sponsored Programs</td><td>22,993</td></tr><tr><td>Grants & Donations for Care & Coverage</td><td>500,000</td></tr><tr><td>Subtotal</td><td>\$11,295,027</td></tr></table> <p>COMMUNITY HEALTH INITIATIVES Community Health Initiatives Programs and Services \$3,830 Grants & Donations for Community Health Initiatives 3,194,279 Subtotal \$3,198,109 SAFETY NET PARTNERSHIPS Grants & Donations for Safety Net Partnerships \$2,076,593 Subtotal \$2,076,593 KNOWLEDGE DISSEMINATION Medical Research \$2,492,589 Educational Theatre Program 721,471 Health Care Training and Education Programs 173,042 Grants & Donations for Knowledge Dissemination 550,868 Subtotal \$3,937,970 OTHER COMMUNITY BENEFITS Self Sufficiency Programs \$103,681 Other CB Grants & Donations 255,000 CB Operations 831,272 Subtotal \$1,189,953 TOTAL \$21,697,650</p>	GEORGIA HEALTH PLAN TOTAL CARE AND COVERAGE		Charitable Care and Coverage Programs	\$10,772,032	Government-Sponsored Programs	22,993	Grants & Donations for Care & Coverage	500,000	Subtotal	\$11,295,027
GEORGIA HEALTH PLAN TOTAL CARE AND COVERAGE												
Charitable Care and Coverage Programs	\$10,772,032											
Government-Sponsored Programs	22,993											
Grants & Donations for Care & Coverage	500,000											
Subtotal	\$11,295,027											

MEMBERS OR STOCKHOLDERS PART VI, LINE 6 KAISER FOUNDATION HEALTH PLAN, INC IS SOLE MEMBER Upon dissolution, remaining assets shall be distributed to a 501(c)(3) organization ELECT MEMBERS OF THE GOVERNING BODY PART VI, LINE 7A Kaiser Foundation Health Plan, Inc appoints the Board of Directors (and fills vacancies and has authority to remove Directors) MEMBERS' APPROVAL PART VI, LINE 7B 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 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

▶ **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.**

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

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
HCMS LLC											
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3924985	CASE MANAGEMENT	CA	NA								

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

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 58-1592076

Name: KAISER FDN HEALTH PLAN OF GEORGIAINC

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

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

Additional Data

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

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

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
PETER ANDRUSZKIEWICZ REGIONAL PRESIDENT	40 0	X		X				0	726,847	148,492
VERONICA J BIGGINS DIRECTOR	2 0	X						23,957	0	0
FRANK M BOONE VP, FINANCE & CFO	40 0	X		X				0	295,958	73,452
GEORGE HALVORSON CHAIRMAN & CEO	40 0	X						0	6,592,049	75,622
LAURA J HARDMAN DIRECTOR	2 0	X						24,957	0	0
ROBERT C HUDSON DIRECTOR	2 0	X						11,600	0	0
JEFFREY P KOPLAN DIRECTOR	2 0	X						14,200	0	0
J NEAL PURCELL DIRECTOR	2 0	X						25,957	202,400	0
CYNTHIA TELLES DIRECTOR	2 0	X						11,600	179,441	0
BERNARD TYSON EVP, HP & HOSPITAL OPS	40 0	X		X				0	1,729,972	276,285
MARK WISON DIRECTOR	2 0	X						3,000	0	0
JULIE FORTIN VP, REGIONAL COUNSEL	40 0			X				0	231,361	48,108
KATHY LANCASTER EVP, CFO	40 0			X				0	1,250,710	232,251
CHRISTINE MALCOLM SVP, HOSPITAL STRATEGY	40 0			X				0	2,043,046	56,601
KIRKLAND MCGHEE VP, REGION COUNSEL	40 0			X				0	86,317	6,084
THOMAS MEIER SVP & TREASURER	40 0			X				0	567,836	88,700
ARTHUR SOUTHAM EVP - HP OPERATIONS	40 0			X				0	1,687,491	287,687
DEBORAH STOKES VP, CONTROLLER & CAO	40 0			X				0	561,622	117,856
STEVEN ZATKIN SVP, GENERAL COUNSEL	40 0			X				0	1,670,716	102,743
VICTORIA ZATKIN DIR BOD & ASST SECRETARY	40 0			X				0	266,449	47,289
JAMES CULLINAN VP, MKTG, SALES & BUS DEV	40 0				X			0	228,623	50,759
SARAH SIDWELL VP, COO	40 0				X			0	280,061	61,375
JENNIFER WINGARD VP, HEALTH CARE OPS	40 0				X			0	288,721	24,479
DAWN BADING VP - HUMAN RESOURCES	40 0					X		0	226,277	46,503
NORBERT FELTROP DIRECTOR, STRATEGIC ACCOUNTS	40 0					X		238,327	0	21,285

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									
(A) Name and Title	(B) Average hours per week	(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			
DANIEL STYF VP, STRATEGY & BUS EXEC	40 0					X	0	263,264	39,917
BEVERLY THOMAS VP, COMMS & PUBLIC AFFAIRS	40 0					X	0	231,912	63,189
TIMOTHY TRUSSELL SR SALES EXECUTIVES	40 0					X	364,674	0	18,962
CAROLYN KENNY REGIONAL PRESIDENT							X	519,484	12,646

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
MEMBERS HEALTH CARE	621,400	836,339,767	836,339,767		
SUPPLEMENTAL CHARGE	621,400	58,130,346	58,130,346		
NON-PLAN & INDUSTRIAL	621,400	1,744,191	1,730,563	13,628	
OTHER PROGRAM SERVICES	621,400	14,090,384	14,090,384		
MEDICARE/MEDICAID PAYMENTS	621,400	149,845,914	149,845,914		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PURCHASED MEDICAL SVC - BCP	563,368,946	563,368,946	0	0
SUPPLIES	113,106,421	99,483,501	13,622,920	0
INTER-REGIONAL CHARGES	29,487,205	29,487,205	0	0
EQUIPMENT, RENTAL & MAINT	6,798,916	6,590,004	208,912	0
PROPERTY TAXES	2,189,645	2,189,645	0	0