



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



04368 45799 NOV 19 15

SCANNED DEC 07 2015

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047  
**2011**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2011** calendar year, or tax year beginning , **2011**, and ending , **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>KAISER FDN HEALTH PLAN OF GEORGIA, INC</b>		<b>D</b> Employer identification number <b>58-1592076</b>
	Doing Business As		<b>E</b> Telephone number <b>(510) 271-6611</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>ONE KAISER PLAZA, SUITE 15L</b>		
	City or town, state or country, and ZIP + 4 <b>OAKLAND, CA 94612</b>		<b>G</b> Gross receipts \$ <b>1,165,210,262.</b>
	<b>F</b> Name and address of principal officer <b>PETER ANDRUSZKIEWICZ</b> <b>ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612</b>		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J</b> Website: ▶ <b>N/A</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>1985</b>	<b>M</b> State of legal domicile <b>GA</b>

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5.</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>2.</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>2,161.</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>754.</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 46	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,350,668.	8,056,693.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	945,171,878.	1,087,593,114.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,931,849.	4,236,372.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,140,775.	0
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	960,595,170.	1,099,886,179.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	9,046,312.	12,022,634.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	166,674,729.	182,121,879.
	<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25)	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	938,805,370.	935,402,301.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,114,526,411.	1,129,546,814.
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-153,931,241.	-29,660,635.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	372,483,994.	375,804,045.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	420,376,284.	468,048,759.
		-47,892,290.	-92,244,714.

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer <i>Deborah Stokes</i>		Date <b>10-19-2015</b>
	Type or print name and title <b>DEBORAH STOKES SVP, CC &amp; CAO</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBERT W FRIZ</b>	Preparer's signature <i>Robert W Friz</i>	Date <b>10/15/15</b>
	Firm's name ▶ <b>PRICEWATERHOUSECOOPERS LLP</b>	Firm's EIN ▶ <b>13-4008324</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00438748</b>
	Firm's address ▶ <b>2001 MARKET ST, SUITE 1700 PHILADELPHIA, PA 19103</b>		Phone no <b>267.330.3000</b>
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,011,943,067. including grants of \$ 0 ) (Revenue \$ 1,087,051,961. )

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 \$ 11,589,112. including grants of \$ 0 ) (Revenue \$ 541,153. )

ATTACHMENT 1

**4c** (Code: ) (Expenses \$ 12,022,634. including grants of \$ 12,022,634. ) (Revenue \$ 0 )

ATTACHMENT 2

**4d** Other program services (Describe in Schedule O.) ATTACHMENT 3

(Expenses \$ 4,463,762. including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses 1,040,018,575.

**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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2 X	
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	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
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	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	17	X
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	X
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	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
<b>22</b> 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>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 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>	X	
<b>24 a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
<b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		X
<b>25 b</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>		X
<b>26</b> 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>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
<b>28</b> 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):		
<b>28 a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>28 b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>28 c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b> 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>		X
<b>33</b> 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>		X
<b>34</b> 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>	X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>35 b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2011)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b> 1,241	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 2,161	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. . . . .		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b> 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? . . . . .	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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? . . . . .	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

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

Check if Schedule O contains a response to any question in this Part VI. ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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.		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official.	X	
<b>b</b> Other officers or key employees of the organization.	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: VP - NATIONAL TAX COMPLIANCE, ONE KAISER PLAZA, STE 151 OAKLAND, CA 94612 510 271-6385

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week  (describe hours for related organizations in Schedule O)	(C) Position  (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
ATTACHMENT 4										
(1) PETER ANDRUSZKIEWICZ REGION PRESIDENT - GEORGIA	30.00	X		X				0	634,729.	157,972.
(2) KERRY KOHNEN REGION PRESIDENT - GEORGIA	40.00	X		X				0	695,379.	270,371.
(3) JEFFREY KOPLAN DIRECTOR	1.00	X						12,000.	0	0
(4) DONNA LYNNE DIRECTOR	4.00	X		X				0	1,314,917.	411,236.
(5) J NEAL PURCELL DIRECTOR	1.00	X						13,000.	221,858.	0
(6) BERNARD J TYSON DIRECTOR & CHAIR	5.00	X		X				0	2,800,296.	234,014.
(7) GEORGE C HALVORSON CHAIRMAN AND CEO	5.00			X				0	7,861,915.	97,861.
(8) KATHRYN LANCASTER EVP & CFO	4.00			X				0	2,109,102.	196,170.
(9) KIRKLAND A MCGHEE VP, REGIONAL COUNSEL - GA	50.00			X				0	218,783.	23,010.
(10) THOMAS R MEIER SVP, CORPORATE TREASURER	3.00			X				0	802,247.	155,433.
(11) DONALD H ORNDOFF SVP, NFS	5.00			X				0	634,274.	142,152.
(12) ARTHUR M SOUTHAM EVP, HEALTH PLAN OPERATIONS	5.00			X				0	2,649,224.	89,726.
(13) DEBORAH STOKES SVP, CC & CAO	4.00			X				0	720,302.	149,988.
(14) VICTORIA B ZATKIN ASSISTANT SECRETARY	4.00			X				0	314,768.	162,604.



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) MARK S ZEMELMAN SVP, GEN COUNSEL & SECRETARY	3.00			X				0	778,576.	145,723.
(16) JAMES L CULLINAN VP, MKTG SALES & BUS DEV'T	30.00				X			0	278,833.	52,067.
(17) CARRIE J JENNISON VP, CFO - GEORGIA	30.00				X			0	617,276.	76,179.
(18) MICHAEL BERNARD WATHEN VP, HP SVCS ADMIN - GA	30.00				X			0	143,984.	11,698.
(19) DAWN BADING VP, HUMAN RESOURCES - GA	30.00					X		0	255,070.	72,173.
(20) LORI K EHRLICH SR SALES EXECUTIVE - LARGE GRO	30.00					X		0	323,634.	23,379.
(21) JONNA L KIRKWOOD VP, OPERATIONS - GA	30.00					X		0	257,853.	105,786.
(22) CAROLYN J MUSTILLE VP, QUALITY, SERVICE & NURSING	30.00					X		0	267,369.	94,574.
(23) BEVERLY THOMAS VP, COMMUNITY & PUBLIC AFFAIRS	30.00					X		0	300,208.	80,164.
(24) FRANK M BOONE VP, FINANCE	0						X	0	185,876.	39,752.
(25) STEVEN R ZATKIN CONSULTANT	0						X	0	574,121.	0
<b>1b Sub-total</b>								25,000.	20,977,794.	2,090,537.
<b>c Total from continuation sheets to Part VII, Section A</b>								0	3,982,800.	701,495.
<b>d Total (add lines 1b and 1c)</b>								25,000.	24,960,594.	2,792,032.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 165

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

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

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 358

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	7,784,437			
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	8,919			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	263,337			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total. Add lines 1a-1f . . . . .</b>		8,056,693			
<b>Program Service Revenue</b>	<b>2a</b>	MEMBERS HEALTH CARE	Business Code 621400	831,545,002	831,545,002		
	<b>b</b>	SUPPLEMENTAL CHARGE	621400	49,055,815	49,055,815		
	<b>c</b>	NON-PLAN & INDUSTRIAL	621400	2,911,296	2,911,296		
	<b>d</b>	OTHER PROGRAM SERVICES	621400	36,338,064	36,338,064		
	<b>e</b>	MEDICARE/MEDICAID PAYMENTS	621400	167,742,937	167,742,937		
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total. Add lines 2a-2f . . . . .</b>		1,087,593,114			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 6		3,549,083			3,549,083
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		0			
	<b>5</b>	Royalties . . . . .		0			
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . .					
	<b>c</b>	Rental income or (loss) . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0			
		(i) Securities	(ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory	66,000,908	10,464			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	65,320,963	3,120			
	<b>c</b>	Gain or (loss) . . . . .	679,945	7,344			
	<b>d</b>	Net gain or (loss) . . . . .		687,289			687,289
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
	Miscellaneous Revenue	Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total. Add lines 11a-11d . . . . .</b>		0				
<b>12</b>	<b>Total revenue. See instructions . . . . .</b>		1,099,886,179	1,087,593,114		4,236,372	

**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).

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

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 United States See Part IV, line 21 .	12,022,634.	12,022,634.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22. . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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. . . . .	25,000.		25,000.	
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. . . . .	137,262,384.	117,939,558.	19,322,826.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . . .	12,696,811.	12,696,811.		
9 Other employee benefits. . . . .	22,111,762.	16,621,965.	5,489,797.	
10 Payroll taxes. . . . .	10,025,922.	10,025,922.		
11 Fees for services (non-employees).	0			
a Management. . . . .	2,540.		2,540.	
b Legal. . . . .	952,768.		952,768.	
c Accounting. . . . .	165,687.		165,687.	
d Lobbying. . . . .	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees. . . . .	83,805,409.	66,974,139.	16,831,270.	
g Other. . . . .	20,912,348.	13,251,580.	7,660,768.	
12 Advertising and promotion. . . . .	2,325,918.	2,066,973.	258,945.	
13 Office expenses. . . . .	68,526,935.	57,935,135.	10,591,800.	
14 Information technology. . . . .	0			
15 Royalties. . . . .	11,298,814.	11,298,814.		
16 Occupancy. . . . .	1,546,156.	1,161,992.	384,164.	
17 Travel. . . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	519,278.		519,278.	
19 Conferences, conventions, and meetings. . . . .	10,958,793.	10,958,793.		
20 Interest. . . . .	0			
21 Payments to affiliates. . . . .	15,022,540.	15,022,540.		
22 Depreciation, depletion, and amortization. . . . .	1,772,669.	1,772,669.		
23 Insurance. . . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED MEDICAL SVC - BCP	543,339,983.	543,339,983.		
b SUPPLIES	117,070,088.	106,373,263.	10,696,825.	
c INTER-REGIONAL CHARGES	30,690,865.	25,959,923.	4,730,942.	
d REPAIRS & MAINTENANCE	8,876,033.	8,804,913.	71,120.	
e All other expenses	17,615,477.	5,790,968.	11,824,509.	
25 Total functional expenses. Add lines 1 through 24e	1,129,546,814.	1,040,018,575.	89,528,239.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	406,177.	1	695,806.
	2 Savings and temporary cash investments . . . . .	0	2	0
	3 Pledges and grants receivable, net . . . . .	0	3	0
	4 Accounts receivable, net . . . . .	26,718,979.	4	32,310,378.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .	0	6	0
	7 Notes and loans receivable, net . . . . .	0	7	0
	8 Inventories for sale or use . . . . .	9,806,294.	8	10,527,838.
	9 Prepaid expenses and deferred charges . . . . .	867,207.	9	1,280,557.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 331,584,283.		
	b Less: accumulated depreciation . . . . .	10b 145,360,539.		
		140,809,725.	10c	186,223,744.
	11 Investments - publicly traded securities . . . . .	193,511,986.	11	144,304,913.
	12 Investments - other securities. See Part IV, line 11 . . . . .	0	12	0
	13 Investments - program-related. See Part IV, line 11 . . . . .	0	13	0
	14 Intangible assets . . . . .	0	14	0
15 Other assets See Part IV, line 11 . . . . .	363,626.	15	460,809.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	372,483,994.	16	375,804,045.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	84,150,555.	17	97,667,730.
	18 Grants payable . . . . .	0	18	0
	19 Deferred revenue . . . . .	9,470,758.	19	16,107,012.
	20 Tax-exempt bond liabilities . . . . .	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	326,754,971.	25	354,274,017.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	420,376,284.	26	468,048,759.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .		27	
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 . . . . .	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	-53,557,508.	32	-97,909,932.
	33 <b>Total net assets or fund balances</b> . . . . .	-47,892,290.	33	-92,244,714.
	34 <b>Total liabilities and net assets/fund balances.</b> . . . . .	372,483,994.	34	375,804,045.

Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒ **X**

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,099,886,179.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,129,546,814.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-29,660,635.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	-47,892,290.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-14,691,789.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	-92,244,714.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> If "Yes" to line 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.	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</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	X	

Form **990** (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

**2011**

**Open to Public  
Inspection**

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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).

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a</b> <b>10%-facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> <b>10%-facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,562,162.	1,882,337.	2,057,241.	2,350,668.	8,056,693.	15,909,101
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	1,041,404,677.	1,083,297,320	1,060,150,602.	945,171,878.	1,087,593,114.	5,217,617,591.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5. . . . .	1,042,966,839.	1,085,179,657.	1,062,207,843.	947,522,546.	1,095,649,807.	5,233,526,692.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						5,233,526,692

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6. . . . .	1,042,966,839	1,085,179,657.	1,062,207,843.	947,522,546.	1,095,649,807.	5,233,526,692.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	7,749,684.	6,513,719.	5,254,905.	4,327,774.	3,549,083	27,395,165.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	7,749,684.	6,513,719	5,254,905.	4,327,774	3,549,083.	27,395,165.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	1,050,716,523.	1,091,693,376	1,067,462,748.	951,850,320	1,099,198,890	5,260,921,857.
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). . . . .	15	99.48 %
16 Public support percentage from 2010 Schedule A, Part III, line 15. . . . .	16	99.40 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	.52 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	18	.60 %

- 19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒
- b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



---

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

---

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**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.**

Department of the Treasury  
Internal Revenue Service

**2011**

**Open to Public  
Inspection**

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

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

**If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

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

**If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

Name of organization	Employer identification number
KAISER FDN HEALTH PLAN OF GEORGIA, INC	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 . . . . . ▶ \$
- 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. . . . . ▶ \$
- 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? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ 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 function 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? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**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												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

**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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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:			
<b>a</b>	Volunteers?		X	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b>	Media advertisements?		X	
<b>d</b>	Mailings to members, legislators, or the public?	X		
<b>e</b>	Publications, or published or broadcast statements?	X		
<b>f</b>	Grants to other organizations for lobbying purposes?	X		
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		156,312.
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b>	Other activities?	X		9,375.
<b>j</b>	Total. Add lines 1c through 1i			165,687.
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

**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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

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

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1A THROUGH 1I

LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES

THE ORGANIZATION IS A MEMBER OF THE KAISER PERMANENTE MEDICAL CARE PROGRAM AND PARTICIPATED AND BENEFITED FROM LOBBYING ACTIVITIES CONDUCTED AT THE REGIONAL AND NATIONAL LEVEL FOR THE BENEFIT OF ITS ENROLLED MEMBERS AND FOR THE HEALTH CARE INDUSTRY AS A WHOLE. AS AN ORGANIZATION GENERALLY EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), HEALTH PLAN HAS A POLICY PROHIBITING INTERNAL INVOLVEMENT IN ANY POLITICAL CAMPAIGNS. THIS POLICY IS CLOSELY MONITORED FOR COMPLIANCE.

DURING THE YEAR THIS ORGANIZATION MAY HAVE MADE COMMENTS OR STATEMENTS CONCERNING LEGISLATION WHICH MAY AFFECT THE HEALTH CARE INDUSTRY. HEALTH PLAN MAY HAVE ENGAGED IN TELEPHONE CONVERSATIONS AND/OR WRITTEN LETTERS TO VARIOUS FEDERAL, STATE, AND LOCAL OFFICIALS REGARDING MATTERS WHICH AFFECTED THE HEALTHCARE INDUSTRY AS A WHOLE. THE AMOUNT OF TIME AND MONEY INVOLVED IN THE ACTIVITIES IS DETAILED ON LINES A THROUGH I.

HEALTH PLAN HAS SEVERAL EMPLOYEES AND/OR MAY RETAIN A PROFESSIONAL CONSULTANT TO REPRESENT HEALTH PLAN'S INTERESTS IN VARIOUS LEGISLATIVE AND REGULATORY BODIES AND FROM TIME-TO-TIME TO KEEP INFORMED OF FEDERAL AND STATE LEGISLATION HAVING AN IMPACT ON HEALTH PLAN'S CHARITABLE ACTIVITIES AS AN EXEMPT HEALTH MAINTENANCE ORGANIZATION.

THESE INDIVIDUALS ATTEMPT TO ENSURE THAT PROPOSED LEGISLATION AND ENACTED LAWS ARE COMPATIBLE WITH THE INTEREST OF HEALTH PLAN AND ITS MEMBERS BY

**Part IV** Supplemental Information (continued)

## PERFORMING THE FOLLOWING ACTIVITIES:

- COLLECTING, ANALYZING AND DISTRIBUTING WITHIN THE ORGANIZATION, PUBLIC AND PRIVATE POLICY RECOMMENDATIONS REGARDING PROPOSED LEGISLATION THAT AFFECT THE OPERATION OF HEALTH PLAN AND ITS ABILITY TO PROVIDE QUALITY HEALTH AND MEDICAL CARE SERVICES TO ITS MEMBERS IN A COST EFFECTIVE ENVIRONMENT.
- PROVIDING APPROPRIATE INFORMATIONAL MATERIALS TO LEGISLATORS AND TO THEIR STAFFS THAT PERTAIN TO MATTERS OF COMMON INTEREST IN THE HEALTH CARE COMMUNITY AND IN THE NOT-FOR-PROFIT COMMUNITY.
- ALSO BY PREPARING WRITTEN AND ORAL TESTIMONY, THESE INDIVIDUALS APPEAR AT LEGISLATIVE HEARINGS, MONITOR LEGISLATIVE PROCEEDINGS AND MEET WITH LEGISLATORS AND/OR THEIR STAFFS REGARDING ISSUES PERTINENT TO THE MISSION OF HEALTH PLAN. THOSE INDIVIDUALS APPEARING AT SUCH HEARINGS AND MEETINGS FOR AND ON BEHALF OF HEALTH PLAN OFTEN ARE REPRESENTING THE INTERESTS OF COMMON INTEREST GROUPS AS WELL AS THE INTERESTS OF THE MEMBERS OF HEALTH PLAN.
- OTHER EMPLOYEES AND OFFICERS PERFORM SERVICES BY DELIVERING SPEECHES AT VARIOUS PUBLIC AND PRIVATE FUNCTIONS AND IN SERVING AS FACULTY IN HEALTHCARE RELATED EDUCATIONAL PROGRAMS THROUGHOUT THE COMMUNITY.

SCHEDULE D  
(Form 990)

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2011

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

3 Using the organization's acquisition, 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
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(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 . . . . .		125,305,855.	59,390,835.	65,915,020.
c Leasehold improvements . . . . .		34,127,275.	18,101,660.	16,025,615.
d Equipment . . . . .		94,025,417.	62,897,389.	31,128,028.
e Other . . . . .		53,754,245.	4,970,655.	48,783,590.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				186,223,744.



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION PLAN PAYABLE	63,786,210.
(3) SELF INS RISK-PROF PUBLIC LIAB	34,125,900.
(4) OTHER CURRENT LIABILITIES	6,655,981.
(5) OTHER LONG-TERM LIABILITIES	7,979,590.
(6) DUE TO AFFILIATED ORGANIZATION	56,957,689.
(7) PREMIUM DEFICIENCY RESERVE	18,998,480.
(8) NOTE PAYABLE TO AFFILIATES	164,330,167.
(9) SELF INS RISK - WORKERS COMP	1,440,000.
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,099,886,179.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,129,546,814.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-29,660,635.
4	Net unrealized gains (losses) on investments	4	-542,029.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-14,149,760.
9	Total adjustments (net). Add lines 4 through 8	9	-14,691,789.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-44,352,424.

**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	1082662332.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-542,029.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	5,943,538.
e	Add lines 2a through 2d	2e	5,401,509.
3	Subtract line 2e from line 1	3	1077260823.
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	22,625,356.
c	Add lines 4a and 4b	4c	22,625,356.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1099886179.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1127014756.
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	-2,532,058.
e	Add lines 2a through 2d	2e	-2,532,058.
3	Subtract line 2e from line 1	3	1129546814.
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	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1129546814.

**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, line 2; 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

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE

NOT REQUIRED

SCHEDULE D, PART XI, LINE 8

RECONCILIATION OF CHANGE IN NET ASSETS

DECREASE IN PENSION &amp; OTHER COMPREHENSIVE INCOME &lt;\$13,935,473&gt;

GAIN/LOSS ON INVESTMENTS - TAX &lt; 679,945&gt;

GAIN/LOSS ON INVESTMENTS - BOOK 959,929

SEE "NOTE 1" &lt; 494,271&gt;

TOTAL &lt;\$14,149,760&gt;

NOTE 1: OTHER THAN TEMPORARY IMPAIRMENT (OTTI) OF INVESTMENT RECOGNIZED

FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN

REALIZED

SCHEDULE D, PART XII

RECONCILIATION OF REVENUE

LINE 2D:

INTER-ENTITY REVENUE - RECLASS 5,477,880

GAIN/LOSS ON INVESTMENTS - BOOK 959,929

OTTI &lt; 494,271&gt;

TOTAL \$5,943,538

**Part XIV** Supplemental Information (continued)

## LINE 4B:

FIXED ASSET LOSS - RECLASS	<\$ 980>
PREMIUM DEFICIENCY RESERVES - RECLASS	21,946,391
GAIN/LOSS ON INVESTMENTS - TAX	679,945
	<hr/>
TOTAL	\$22,625,356

## SCHEDULE D, PART XIII

## RECONCILIATION OF EXPENSES

## LINE 2D:

FIXED ASSET LOSS - RECLASS	\$ 980
INTER-ENTITY REVENUE - RECLASS	5,477,880
DECREASE IN PENSION & OTHER COMPREHENSIVE INCOME	13,935,473
PREMIUM DEFICIENCY RESERVES - RECLASS	<21,946,391>
	<hr/>
TOTAL	<\$ 2,532,058>

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

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 ☐ Yes ☐ No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	AID GWINNETT, INC 3075 BRECKINRIDGE BLVD #415 DULUTH, GA 30096	58-1973324	501(C)(3)	75,000				HIGH-RISK YOUTH HIV
(2)	AMERICAN HEART ASSOCIATION, INC 1101 NORTHCHASE PKWY # 1 MARIETTA, GA 30067	13-5613797	501(C)(3)	92,880				CHILDREN'S NUTRITION
(3)	ANGEL FLIGHT OF GEORGIA, INC 2000 AIRPORT RD # 227 ATLANTA, GA 30341	58-1702239	501(C)(3)	37,344				FLY A METRO ATLANTAN
(4)	ARMSTRONG ATLANTIC STATE UNIV FDN INC 11935 ABERCORN ST SAVANNAH, GA 31419	58-1577237	501(C)(3)	25,000				NURSING RECRUITMENT
(5)	ARTHRITIS FOUNDATION SE REGION, INC 2970 PEACHTREE RD NW #200 ATLANTA, GA 30305	38-3806275	501(C)(3)	30,000				LIFE IMPROVEMENT
(6)	ASSOC OF STATE & TERRITORIAL CHRONIC DISEASE 2872 WOODSTOCK BLVD # 220 ATLANTA, GA 30341	73-1328414	501(C)(3)	99,864				SCHOOL NETWORK PROJ
(7)	ATHENS AREA COMMUNITY FDN INC 1240 S LUMPKIN ST ATHENS, GA 30602	26-1838979	501(C)(3)	25,000				ATHENS HEALTH NETWR
(8)	ATLANTA BICYCLE COALITION 213 MITCHELL ST ATLANTA, GA 30303	58-1996013	501(C)(3)	10,000				BICYCLE EDUC PROG
(9)	ATLANTA COMMUNITY FOOD BANK, INC 732 JOSEPH E LOJERY BLVD NW	58-1376648	501(C)(3)	75,000				NUTRITION EDUCATION
(10)	ATLANTA LEADERSHIP DEVELOPMENT FDN INC TEN PEACHTREE PLACE # 620 ATLANTA, GA 30309	23-7015688	501(C)(3)	6,000				HEALTH DAY 2011
(11)	ATLANTA REGIONAL COMMISSION 40 COURTLAND ST NE ATLANTA, GA 30303	59-6002324	501(C)(3)	68,000				SR COMMUNITY GARDEN
(12)	ATLANTA WOMEN'S FDN INC 50 HURT PLAZA # 401 ATLANTA, GA 30303	58-2389721	501(C)(3)	125,000				WOMEN'S FOUNDATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

JSA

3528HV 1467

V 11-6.5

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.** ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	ATLANTA BELTLINE PARTNERSHIP, INC 50 HURT PLAZA # 910 ATLANTA, GA 30303	56-2464486	501(C)(3)	1,250,000.				BELTLINE PROJECT
(2)	BOYS AND GIRLS CLUBS OF METRO ATLANTA, INC 100 EDGEWOOD AVE NE # 700 ATLANTA, GA 30303	58-0566123	501(C)(3)	75,000				TEEN AMBASSADORS
(3)	BRAIN TUMOR FDN FOR CHILDREN, INC 6065 ROSWELL RD NE # 505 ATLANTA, GA 30328	58-1524616	501(C)(3)	30,000				BUTTERFLY FUND HOSP
(4)	CAMP KUDZU, INC 5885 GLENRIDGE DR # 160 ATLANTA, GA 30328	58-2449646	501(C)(3)	25,000				DIABETES MANAGEMENT
(5)	CAMP TWIN LAKES, INC 600 MEANS ST # 110 ATLANTA, GA 30318	58-1826782	501(C)(3)	22,100				SUSTAINABLE EDUCFARM
(6)	CENTER FOR PAN ASIAN COMMUNITY SVCS INC 3510 SHALLOFORD RD NE ATLANTA, GA 30341	58-1437980	501(C)(3)	72,810.				DOWA CLINIC
(7)	CHATTahooCHEE NATURE CENTER, INC 9135 WILLEO RD ROSWELL, GA 30075	58-1275604	501(C)(3)	32,553.				COMMUNITY GARDEN
(8)	CHILDREN'S HEALTHCARE OF ATLANTA, INC 1584 TULLIE CIRCLE NE ATLANTA, GA 30329	58-1710601	501(C)(3)	1,000,000.				CHILDREN HEALTHCARE
(9)	CHRIS KIDS, INC 3109 CLAIRMONT RD # B ATLANTA, GA 30329	58-1430183	501(C)(3)	50,000				TRAUMA TREATMENT
(10)	CLARKSTON COMMUNITY CENTER FDN INC 3701 COLLEGE AVE CLARKSTON, GA 30021	58-2127610	501(C)(3)	20,000.				FOOD SECURITY/ACTIVE
(11)	CLAYTON COUNTY BOARD OF HEALTH 1117 BATTLECREEK RD JONESBORO, GA 30236	58-1108112	GOVERNMENT	75,000				HYPERTEN & DIABETES
(12)	CLAYTON STATE UNIVERSITY FDN INC 2000 CLAYTON STATE BLVD MORROW, GA 30260	23-7419285	501(C)(3)	85,000.				NURSING RECRUITMENT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.**

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	COBB COUNTY BOARD OF HEALTH 1650 COUNTY SRVS PKWY MARIETTA, GA 30008	58-1517015	GOVERNMENT	75,000.				BABIES BORN HEALTHY
(2)	COBB COUNTY COMMUNITY SERVICES BOARD 3830 S COBB DR # 300 SMYRNA, GA 30080	58-2107033	GOVERNMENT	75,000				PROJECT GATEWAY
(3)	COMMUNITY ADVANCED PRACTICE NURSES, INC 173 BOULEVARD NE ATLANTA, GA 30312	58-2435328	501(C)(3)	74,847				HEALTHCARE/MED HOME
(4)	DEKALB COMMUNITY SERVICE BOARD 445 WINN WAY, 4TH FL DECATUR, GA 30031	58-2104166	GOVERNMENT	74,029.				TELEHEALTH
(5)	DEKALB COUNTY BOARD OF HEALTH 445 WINN WAY DECATUR, GA 30031	58-1417092	GOVERNMENT	75,000.				EXPANSION HIV PRG
(6)	DEKALB HABITAT FOR HUMANITY 2915 MIDWAY RD DECATUR, GA 30030	58-1792761	501(C)(3)	90,000				A BRUSH W/ KINDNESS
(7)	DIABETES ASSOCIATION OF ATLANTA, INC 100 EDGEWOOD AVE NE #1004 ATLANTA, GA 30303	58-0973055	501(C)(3)	65,000				DIABETES PREVENTION
(8)	FAMILIES FIRST, INC 1105 W PEACHTREE ST NE ATLANTA, GA 30357	58-1054331	501(C)(3)	84,250.				HEALTHY BABIES/MOMS
(9)	FAYETTE CARE CLINIC, INC 1260 HIGHWAY 54W#101 FAYETTEVILLE, GA 30214	20-0314897	501(C)(3)	95,000				FCC COMMUNITY WELLNS
(10)	FERNBANK, INC 767 CLIFTON RD ATLANTA, GA 30307	58-6028607	501(C)(3)	50,000.				FERNBANK YOUTH EDUC
(11)	FIRST STEP STAFFING 236 AUBURN AVE NE # 203 ATLANTA, GA 30303	20-8038859	501(C)(3)	65,000.				FIRST STEP STAFFING
(12)	FOUR CORNERS PRIMARY CARE CENTERS, INC 5030 GEORGIA BELLE COURT NORCROSS, GA 30093	20-5870972	501(C)(3)	74,963				KEEP IN TOUCH PROG

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

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. ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GEORGIA CAMPAIGN ADOLESC PREGN PREVENT INC 1450 W PEACHTREE ST NW # 200	31-1520709	501(C)(3)	46,719.				BE PROUD/RESPONS
(2)	GEORGIA CONSERVANCY, INC 817 W PEACHTREE ST # 200 ATLANTA, GA 30308	58-1027246	501(C)(3)	52,350				DEV & TRAINING
(3)	GEORGIA FAMILY CONNECTION PARTNERSHIP, INC 235 PEACHTREE ST # 1600 ATLANTA, GA 30303	58-1888262	501(C)(3)	75,000.				REDUCING LOW BIRTHWT
(4)	GEORGIA FREE CLINIC NETWORK, INC 1015 DONALD LEE HOLLOWELL PKWY # 201	80-0100336	501(C)(3)	49,425				SECN OPERATING SUPRT
(5)	GEORGIA HEALTH NEWS, INC 2635 RANGEWOOD COURT ATLANTA, GA 30345	27-3543332	501(C)(3)	8,500				HEALTHCARE SAFETYNET
(6)	GEORGIA LIONS LIGHTHOUSE FDN INC 5582 PEACHTREE RD CHAMBLEE, GA 30341	58-0548732	501(C)(3)	50,000.				ACCESS VISION CARE
(7)	GEORGIA ORGANICS, INC 200 A OTTLEY DR ATLANTA, GA 30324	58-2345310	501(C)(3)	75,000				GA ORGANICS INITIATIVE
(8)	GEORGIA PERIMETER COLLEGE FDN INC 3251 FANTHERSVILLE RD DECATUR, GA 30034	58-1492364	501(C)(3)	85,000				NURSING RECRUITMENT
(9)	GEORGIA SOUTHERN UNIVERSITY FDN INC 2472 AKINS BLVD STATESBORO, GA 30460	58-6034031	501(C)(3)	25,000.				NURSING RECRUITMENT
(10)	GEORGIA STATE UNIVERSITY FDN INC ONE PARK PLACE # 533 ATLANTA, GA 30303	58-6033185	501(C)(3)	92,500.				NURSING RECRUITMENT
(11)	GIPL SCOUT COUNCIL OF NORTHWEST GA, INC 5601 N ALLEN RD MABLETON, GA 30126	58-0566190	501(C)(3)	25,000				SUMMER ED & WELLNESS
(12)	GOOD NEWS CLINICS, INC 810 PINE ST GAINESVILLE, GA 30501	58-2058853	501(C)(3)	75,000				PROMOTING WELLNESS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)



**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

**2011**

**Open to Public  
Inspection**

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	GOOD SAMARITAN HEALTH & WELLNESS CTR, INC 175 SAMARITAN WAY JASPER, GA 30143	58-2576315	501(C)(3)	63,750				COMMUNITY NEEDS PROJ
(2)	GOOD SAMARITAN HEALTH CENTER OF CORB, INC 1605 ROBERTA DR SW MARIETTA, GA 30008	32-0045238	501(C)(3)	75,000				PRIMARY MEDICAL
(3)	GOOD SAMARITAN HEALTH CENTER, INC 1015 DONALD LEE HOLLOWELL PKWY	58-2373395	501(C)(3)	75,000				PATIENT NAVIGATION
(4)	GRANT PARK FAMILY HEALTH CENTER, INC 1340 BOULEVARD SE ATLANTA, GA 30315	58-1577640	501(C)(3)	69,474				HISPANIC DIABETES
(5)	GRINNETT COMMUNITY CLINIC, INC 2160 FOUNTAIN DR SNELLVILLE, GA 30078	58-1868221	501(C)(3)	22,500				PRIMARY CARE
(6)	HABESHA, INC 477 WINDSOR ST ATLANTA, GA 30312	02-0536428	501(C)(3)	10,750				URBAN AGRICULTURE
(7)	HANDS OF HOPE CLINIC, INC 1010 HOSPITAL DR # B STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)	37,750				DIABETIC SELF-CARE
(8)	HEALTH EDUC ASSESSMENT & LEADERSHIP INC 1300 JOSEPH E BOONE BLVD NW	26-3990559	501(C)(3)	33,357				HEALING COMMUNITY
(9)	HERITAGE FUND OF ATLANTA MEDICAL ASSOC INC 100 EDGEWOOD AVE NE # 975 ATLANTA, GA 30303	59-2372394	501(C)(3)	9,100				HERITAGE FUND
(10)	HISPANIC HEALTH COALITION OF GEORGIA, INC 424 DECATUR ST ATLANTA, GA 30312	75-2995466	501(C)(3)	37,060				PRENATAL CARE
(11)	HOPE HEALTH CLINIC, INC 125 N 10TH ST GRIFFIN, GA 30223	20-0719396	501(C)(3)	75,000				DIETARY EFFECT
(12)	JERUSALEM HOUSE, INC 17 EXECUTIVE PK DR NE#290 ATLANTA, GA 30329	58-1829807	501(C)(3)	50,000				HOUSING PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.** ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	JUNIOR ACHIEVEMENT OF GEORGIA, INC 450 ABERNATHY RD ATLANTA, GA 30328	58-0598050	501(C)(3)	35,000				PROGRAM SUPPORT
(2)	KEEP COBB BEAUTIFUL, INC 1940 COUNTY SRVCS PKWY MARIETTA, GA 30008	58-1659192	501(C)(3)	9,800				MEDICATION DISPOSAL
(3)	KENNESAW STATE UNIVERSITY FDN INC 1000 CHASTAIN RD KENNESAW, GA 30144	23-7034345	501(C)(3)	99,915				NURSING RECRUITMENT
(4)	MACON COLLEGE FDN INC 100 COLLEGE STATION DR #217 MACON, GA 31210	23-7066010	501(C)(3)	25,000				NURSING ENDORSEMENT
(5)	MARTIN LUTHER KING JR CTR NONVIOLENT SOCIAL 449 AUBURN AVE NE ATLANTA, GA 30312	58-1030989	501(C)(3)	13,500				AWARDS DINNER
(6)	MARTIN LUTHER KING JR POOR PEOPLES CHURCH 1035 DONNELLY AVE SE ATLANTA, GA 30310	58-1340903	501(C)(3)	50,000				COMMUNITY OUTREACH PRG
(7)	MCINTOSH TRAIL COMMUNITY SERVICE BOARD 1501-A KALAMAZOO DR GRIFFIN, GA 30224	58-2098758	GOVERNMENT	74,859				SPALDING HEALTH
(8)	MINISTRIES UNITED FOR SERVICE & TRAINING 1407 COBB PKWY N MARIETTA, GA 30061	58-2034725	501(C)(3)	58,140				SUMMER LUNCH
(9)	MOREHOUSE COLLEGE 830 WESTVIEW DR ATLANTA, GA 30314	58-0566205	501(C)(3)	25,000				SCHOLARSHIP FUND
(10)	NATIONAL MENTAL HEALTH ASSOC OF GA, INC 100 EDGEWOOD AVE # 502 ATLANTA, GA 30303	58-0611310	501(C)(3)	56,000				ACCESS AND TREATMENT
(11)	NEW HOPE INITIATIVES, INC 970 JEFFERSON ST ATLANTA, GA 30318	27-0230104	501(C)(3)	40,000				JOB READINESS
(12)	NORTH FULTON COMMUNITY CHARITIES, INC 11270 ELKINS RD ROSWELL, GA 30076	58-1521088	501(C)(3)	25,000				EMERGENCY FINANCIAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

2011

Open to Public  
Inspection

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	OSKURST COMMUNITY GARDEN PROJECT, INC 435 OAKVIEW RD DECATUR, GA 30030	58-2339007	501(C)(3)	20,000				YOUTH OUTREACH
(2)	OUR HOUSE, INC 711 COLUMBIA DR DECATUR, GA 30030	58-1743333	501(C)(3)	15,000				FAMILY ADVOCACY
(3)	PALMETTO HEALTH COUNCIL, INC 547 PONCE DE LEON AVE #200 ATLANTA, GA 30308	58-1307597	501(C)(3)	75,000				CASE MGMT PROJECT
(4)	PARK PRIDE ATLANTA, INC 233 PEACHTREE ST NE #1600 ATLANTA, GA 30303	58-1883895	501(C)(3)	33,550				COMMUNITY GARDENS
(5)	PARTNERSHIP AGAINST DOMESTIC VIOLENCE 114 NEN ST # L DECATUR, GA 30030	58-1314556	501(C)(3)	50,000				VIOLENCE PREVENTION
(6)	PEDESTRIANS EDUCATING DRIVERS SAFETY 1389 PEACHTREE ST NE #202 ATLANTA, GA 30309	58-2267503	501(C)(3)	25,000				SAFE ROUTES TRANSIT
(7)	PIEDMONT PARK CONSERVANCY, INC 400 PARK DR NE ATLANTA, GA 30306	58-1551369	501(C)(3)	345,000				HEALTHY LIVING
(8)	PROJECT OPEN HAND-ATLANTA, INC 176 OTTLEY DR ATLANTA, GA 30324	58-1816778	501(C)(3)	65,000				MARKET BASKET PANTRY
(9)	RALLY FDN INC 5775 GLENRIDGE DR BLDG B # 370	20-1950849	501(C)(3)	7,500				PUBLIC POLICY
(10)	ROBERT W WOODRUFF ARTS CENTER, INC 1280 PEACHTREE ST NE ATLANTA, GA 30309	58-0633971	501(C)(3)	99,000				CORPORATE CAMPAIGN
(11)	ROCKDALE COALITION CHILDREN & FAMILIES 2796 GEORGIA HIGHWAY 20 S CONERS, GA 30013	58-2336561	501(C)(3)	10,000				MERCY HEART CLINIC
(12)	SENIOR CITIZEN SVCS METROPOLITAN ATLANTA 1705 COMMERCE DR NW ATLANTA, GA 30318	58-0960309	501(C)(3)	49,125				EXTRA HELPING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

**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

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

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. ☐ Yes ☐ No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐ Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	SENIOR CONNECTIONS, INC 5328 PEACHTREE RD CHAMBLEE, GA 30341	58-1187876	501(C)(3)	50,000.				REALS ON WHEELS SVCS
(2)	SENIOR SERVICES NORTH FULTON, INC 490 SUN VALLEY DR # 202 ROSWELL, GA 30076	58-1948370	501(C)(3)	25,000				SENIORS (TOPS)
(3)	SPECIAL OLYMPICS GEORGIA, INC 4000 DEKALB TECHNOLOGY PKWY # 400 BLDG 400	23-7201676	501(C)(3)	7,500.				HEALTH AND WELLNESS
(4)	SUSAN G KOMEN BREAST CANCER FDN 4840 ROSWELL PD BLDG D # 100	58-1959763	501(C)(3)	25,000.				KOMEN RACE FOR CURE
(5)	THE CENTER BLACK WOMEN'S WELLNESS CENW 477 WINDSOR ST SW # 309 ATLANTA, GA 30312	58-2212203	501(C)(3)	70,433				SAFETY NET CLINIC
(6)	THE CENTER FOR FAMILY RESOURCES, INC 995 ROSWELL ST # 100 MARIETTA, GA 30060	58-0876634	501(C)(3)	50,000				BUILDING STRONG COMM
(7)	THE COMMUNITY FDN GREATER ATLANTA, INC 50 HURT PLAZA # 449 ATLANTA, GA 30303	58-1344646	501(C)(3)	1,175,000				THE CENTERS OF HOPE
(8)	THE CORPORATION OF MERCER UNIVERSITY 3001 MERCER UNIVERSITY DR ATLANTA, GA 30341	58-0566167	501(C)(3)	30,000				KP PHARM ENDOWMENT
(9)	THE ENVIRONMENTAL FUND FOR GEORGIA, INC 1447 PEACHTREE ST # 214 ATLANTA, GA 30309	59-2022001	501(C)(3)	97,910.				2011 KP CORP CONTRIB
(10)	THE HENRY W GRADY HEALTH SYSTEM FDN 50 HURT PLAZA # 803 ATLANTA, GA 30303	58-2130437	501(C)(3)	2,023,500.				AMBULATORY CARE CTR
(11)	THE LEUKEMIA & LYMPHOMA SOCIETY, INC 3715 NORTHSIDE PKWY BLDG 400 # 300	13-5644916	501(C)(3)	25,500.				PT FINANCIAL AID PRG
(12)	THE MOPEHOUSE SCHOOL OF MEDICINE, INC 720 WESTVIEW DR SW #238 ATLANTA, GA 30310	58-1439873	501(C)(3)	160,000				STRATEGIC PARTNERSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

**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

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)	THE SHELTERING ARMS 395 CENTENNIAL OLYMPIC PARK DR TEES ATLANTA, INC	58-0566236	501(C)(3)	20,000				OPERATION STORYBOOK
(2)	225 CHESTER AVE ATLANTA, GA 30316	58-1584758	501(C)(3)	90,000				DOCENT EDUCATION
(3)	UNITED WAY OF METROPOLITAN ATLANTA, INC 100 EDGEWOOD AVE NE ATLANTA, GA 30303	58-0566194	501(C)(3)	800,000				HEALTHY COMMUNITIES
(4)	UNIVERSITY OF GEORGIA FDN 394 S MILLEDGE AVE # 100 ATHENS, GA 30602	58-6033837	501(C)(3)	25,000				KP PHARM ENDOWMENT
(5)	UNIVERSITY OF WEST GEORGIA FDN INC 1601 MAPLE ST CARROLLTON, GA 30118	58-6056464	501(C)(3)	20,000				KP NURSE SCHOLARSHIP
(6)	VOICES FOR GEORGIA'S CHILDREN 100 EDGEWOOD AVE NE #1580 ATLANTA, GA 30303	02-0678823	501(C)(3)	64,987				ADVOCACY & CONSUMER
(7)	YEAR UP, INC 730 PEACHTREE ST ATLANTA, GA 30308	04-3534407	501(C)(3)	28,540				LITERACY & PREVENTIN
(8)	YMCA OF METROPOLITAN ATLANTA, INC 100 EDGEWOOD AVE # 1100 ATLANTA, GA 30303	58-0566253	501(C)(3)	300,000				HEAL FUND
(9)	YMCA GREATER ATLANTA 957 N HIGHLAND AVE NE ATLANTA, GA 30306	58-0593442	501(C)(3)	50,000				ENCOREPLUS PROGRAM
(10)	YMCA NW GEORGIA 48 HENDERSON ST SW MARIETTA, GA 30064	58-0617782	501(C)(3)	37,500				OPERATING SUPPORT
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 106
- 3 Enter total number of other organizations listed in the line 1 table 106

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

Schedule I (Form 990) (2011)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						
<b>Part IV</b> Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						

PROCEDURES FOR MONITORING THE USE OF GRANTS

SCHEDULE I, PART I, LINE 2

AT THE END OF THEIR FUNDING CYCLE, GRANTEEES ARE REQUIRED TO SUBMIT A

FINAL REPORT WHICH DELINEATES ACCOMPLISHMENTS RELATED TO STATED

OBJECTIVES. LARGE GRANTS (TYPICALLY OVER \$100K) MAY REQUIRE QUARTERLY

PROGRESS REPORTS.

**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, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

**Part I Questions Regarding Compensation**

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

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- ☐ Compensation committee  
☐ Independent compensation consultant  
☐ Form 990 of other organizations

- ☐ Written employment contract  
☐ Compensation survey or study  
☐ Approval by the board or compensation committee

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

**Only section 501(c)(3) and 501(c)(4) organizations 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? . . . . .  
**b** Any related organization? . . . . .  
If "Yes" to line 5a or 5b, describe in Part III.

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

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

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

Yes No

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2011

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> PETER ANDRUSZKIEWICZ	(i) 162,469.	(ii) 241,999.	(iii) 230,261.	156,902.	1,070.	792,701.	220,256.
<b>2</b> DAWN BADING	(i) 185,982.	(ii) 37,951.	(iii) 31,137.	66,686.	5,487.	327,243.	0
<b>3</b> FRANK M BOONE	(i) 0	(ii) 0	(iii) 0	39,752.	0	225,628.	0
<b>4</b> JAMES L CULLINAN	(i) 198,066.	(ii) 65,792.	(iii) 14,975.	50,533.	1,534.	330,900.	0
<b>5</b> LORI K EHRLICH	(i) 85,650.	(ii) 235,066.	(iii) 2,918.	9,426.	13,953.	347,013.	0
<b>6</b> GEORGE C HALVORSON	(i) 1,215,613.	(ii) 5,039,506.	(iii) 1,606,796.	88,888.	8,973.	7,959,776.	0
<b>7</b> CARRIE J JENNISON	(i) 363,589.	(ii) 171,682.	(iii) 82,005.	75,229.	950.	693,455.	0
<b>8</b> JONNA L KIRKWOOD	(i) 213,059.	(ii) 27,368.	(iii) 17,426.	102,488.	3,298.	363,639.	0
<b>9</b> KERRY KOHNEN	(i) 356,960.	(ii) 188,914.	(iii) 149,505.	268,506.	1,865.	965,750.	81,203.
<b>10</b> KATHRYN LANCASTER	(i) 630,520.	(ii) 907,953.	(iii) 570,629.	195,110.	1,060.	2,305,272.	529,003.
<b>11</b> DONNA LYNNE	(i) 476,108.	(ii) 475,200.	(iii) 363,609.	407,690.	3,546.	1,726,153.	323,554.
<b>12</b> KIRKLAND A MCGHEE	(i) 192,809.	(ii) 22,776.	(iii) 3,198.	20,803.	2,207.	241,793.	0
<b>13</b> THOMAS R MEIER	(i) 314,471.	(ii) 339,188.	(iii) 148,588.	148,408.	7,025.	957,680.	113,944.
<b>14</b> CAROLYN J MUSTILLE	(i) 197,238.	(ii) 15,400.	(iii) 54,731.	91,812.	2,762.	361,943.	0
<b>15</b> DONALD H ORNDOFF	(i) 376,297.	(ii) 235,328.	(iii) 22,649.	135,027.	7,125.	776,426.	0
<b>16</b> J NEAL PURCELL	(i) 13,000.	(ii) 0	(iii) 0	0	0	13,000.	0
	(i) 221,858.	(ii) 0	(iii) 0	0	0	221,858.	0

Schedule J (Form 990) 2011



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> ARTHUR M SOUTHAM	(i) 741,374.	(ii) 1,175,000.	(iii) 732,850.	85,240.	4,486.	2,738,950.	688,121.
<b>2</b> DEBORAH STOKES	(i) 315,132.	(ii) 337,575.	(iii) 67,595.	148,344.	1,644.	870,290.	48,521.
<b>3</b> BEVERLY THOMAS	(i) 179,569.	(ii) 45,214.	(iii) 75,425.	78,889.	1,275.	380,372.	56,607.
<b>4</b> BERNARD J TYSON	(i) 892,605.	(ii) 1,290,000.	(iii) 617,691.	226,619.	7,395.	3,034,310.	587,707.
<b>5</b> MICHAEL BERNARD WATHEN	(i) 132,539.	(ii) 267.	(iii) 11,178.	6,771.	4,927.	155,682.	0
<b>6</b> STEVEN R ZATKIN	(i) 0	(ii) 542,685.	(iii) 31,436.	0	0	574,121.	0
<b>7</b> VICTORIA B ZATKIN	(i) 192,675.	(ii) 85,692.	(iii) 36,401.	161,805.	799.	477,372.	0
<b>8</b> MARK S ZEMELMAN	(i) 398,502.	(ii) 259,500.	(iii) 120,574.	139,571.	6,152.	924,299.	80,051.
<b>9</b>	(i) 0	(ii) 0	(iii) 0	0	0	0	0
<b>10</b>	(i) 0	(ii) 0	(iii) 0	0	0	0	0
<b>11</b>	(i) 0	(ii) 0	(iii) 0	0	0	0	0
<b>12</b>	(i) 0	(ii) 0	(iii) 0	0	0	0	0
<b>13</b>	(i) 0	(ii) 0	(iii) 0	0	0	0	0
<b>14</b>	(i) 0	(ii) 0	(iii) 0	0	0	0	0
<b>15</b>	(i) 0	(ii) 0	(iii) 0	0	0	0	0
<b>16</b>	(i) 0	(ii) 0	(iii) 0	0	0	0	0

Schedule J (Form 990) 2011

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SCHEDULE J, PART II

PETER ANDRUSKIEWICZ- REGIONAL PRESIDENT OF GEORGIA UNTIL 4/26/11.

KERRY KOHNEN- REGIONAL PRESIDENT OF GEORGIA BEGINNING 5/30/11.

STEVE ZATKIN- GENERAL COUNCIL TO 6/30/10; CONSULTANT 3/4/11 TO PRESENT.

## 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

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SCHEDULE J, PART I, LINE 4A

## SEVERANCE PAYMENT

FRANK BOONE \$185,608

LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO SEVERANCE BENEFITS IN THE EVENT OF TERMINATION BY THE ORGANIZATION WITHOUT CAUSE OR DUE TO JOB ELIMINATION. DEPENDING ON POSITION LEVEL, TENURE, AND TERMINATION REASON, SEVERANCE BENEFITS PAYABLE UNDER THESE ARRANGEMENTS PROVIDE FOR PAY AND HEALTH BENEFITS CONTINUATION PLUS PAYMENT OF ACCRUED OBLIGATIONS. IN ADDITION, FOR SOME OF THE LISTED PERSONS, SEVERANCE BENEFITS PAYABLE INCLUDE PRORATED INCENTIVE AWARDS FOR PERFORMANCE PERIODS NOT YET ENDED. NONE OF THE LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO CHANGE-OF-CONTROL PAYMENTS.

## SCHEDULE J, PART I, LINE 4B

## SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT

GEORGE HALVORSON \$1,500,000

FRANK BOONE 62

KATHRYN LANCASTER 529,350

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

THOMAS MEIER	114,781
DEBORAH STOKES	48,521
STEVEN ZATKIN	16,820
VICTORIA ZATKIN	3,307
MARK ZEMELMAN	81,133
ARTHUR SOUTHAM	690,649
PETER ANDRUSZKIEWICZ	220,256
KERRY KOHNEN	81,203
BERNARD TYSON	587,707
CAROLYN MUSTILLE	238
BEVERLY THOMAS	56,607
DONNA LYNNE	323,554

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

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

INVESTMENT RETURNS FROM UP TO FOUR MUTUAL FUNDS AND/OR WITH A FIXED RATE OF INTEREST OR A COMBINATION THEREOF. UNVESTED AMOUNTS ARE SUBJECT TO RISK OF FORFEITURE.

**SCHEDULE J, PART I, LINE 7****NON-FIXED PAYMENTS**

THE ORGANIZATION PROVIDED NON-FIXED PAYMENTS TO SOME OF THE PERSONS LISTED. PAYMENTS WERE MADE UNDER INCENTIVE PLANS, BASED ON ATTAINMENT OF ORGANIZATIONAL PERFORMANCE GOALS AND INDIVIDUAL PERFORMANCE, DESIGNED TO SUPPORT THE ORGANIZATION'S MISSION TO PROVIDE HIGH-QUALITY, AFFORDABLE CARE AND IMPROVE THE HEALTH OF ITS MEMBERS AND THE COMMUNITIES IT SERVES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

FORM 990, HEADING, ITEM B, AMENDED RETURN

PART VII AND SCHEDULE J OF THE RETURN HAVE BEEN AMENDED TO REFLECT

UPDATED COMPENSATION INFORMATION REGARDING CERTAIN DEFERRED COMPENSATION  
CALCULATIONS.

FORM 990, PART VI, LINE 4

CHANGES TO GOVERNING DOCUMENTS

ON JUNE 24, 2010 THE MEMBER OF THE CORPORATION APPROVED AN AMENDMENT TO  
ARTICLE FIVE OF THE RESTATED ARTICLES OF INCORPORATION TO ADD A CHIEF  
EXECUTIVE OFFICER AS ONE OF THE OFFICERS OF THE CORPORATION WHOSE REMOVAL  
SHALL REQUIRE THE APPROVAL OF THE MEMBER, WHICH AMENDMENT WAS APPROVED BY  
THE BOARD OF DIRECTORS OF THE CORPORATION ON NOVEMBER 17, 2010, AND FILED  
WITH THE SECRETARY OF STATE OF GEORGIA ON JANUARY 25, 2011;

ON DECEMBER 1, 2011 THE MEMBER OF THE CORPORATION APPROVED AMENDMENTS TO  
ARTICLES FOUR, FIVE AND SEVEN OF THE RESTATED ARTICLES OF INCORPORATION  
OF THE CORPORATION TO (A) REVISE THE PURPOSE SECTION FOR CONSISTENCY WITH  
THE ARTICLES OF INCORPORATION OF KAISER FOUNDATION HEALTH PLAN, INC. (THE  
MEMBER OF THE CORPORATION) AND ITS OTHER HEALTH PLAN SUBSIDIARIES,  
INCLUDING MAKING A REFERENCE TO THE INTERNAL REVENUE CODE (SECTION  
501(C)(3)) CONSISTENT WITH OTHER REFERENCES IN THE ARTICLES; (B) ADD THE  
PROVISION THAT REMOVAL OF "ANY" PRESIDENT SHALL REQUIRE THE APPROVAL OF  
THE MEMBER; (C) ADD THE PROVISION THAT COMPENSATION OF "ANY" PRESIDENT

Name of the organization KAISER FDN HEALTH PLAN OF GEORGIA, INC	Employer identification number 58-1592076
--	--

SHALL REQUIRE THE APPROVAL OF THE MEMBER; AND (D) EXPRESSLY STATE THAT THE CORPORATION IS PROHIBITED FROM ENGAGING IN ACTIVITIES NOT PERMITTED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND TO SPECIFICALLY STATE THAT THE CORPORATION SHALL NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE; WHICH AMENDMENT WAS APPROVED BY THE BOARD OF DIRECTORS OF THE CORPORATION ON DECEMBER 7, 2011, FILED WITH THE COMMISSIONER OF INSURANCE ON JANUARY 20, 2012, PUBLISHED, AND RESUBMITTED TO THE COMMISSIONER OF INSURANCE ON APRIL 3, 2012. RECEIPT OF THE SECRETARY OF STATE'S CERTIFICATE OF AMENDMENT IS PENDING; AND

ON MARCH 3, 2011, ARTICLE E., OFFICERS, OF THE BYLAWS OF THE CORPORATION WAS AMENDED BY THE MEMBER TO (A) PROVIDE THAT THE OFFICERS OF THE CORPORATION MAY INCLUDE ONE OR MORE GROUP PRESIDENTS (SECTION E-1, OFFICERS); (B) ADD A NEW SECTION E-8, GROUP PRESIDENT AND/OR REGIONAL PRESIDENT, TO DESCRIBE THE DUTIES AND RESPONSIBILITIES OF THOSE POSITIONS; (C) PROVIDE THAT THE PRESIDENT SHALL BE THE CHIEF OPERATING OFFICER OF THE CORPORATION (SECTION E-7, PRESIDENT); AND (D)) PROVIDE CLARIFICATION REGARDING LEADERSHIP IN THE EVENT OF THE ABSENCE OR DISABILITY OF THE PRESIDENT (SECTION D-9, EXECUTIVE VICE PRESIDENT OR NATIONAL SENIOR VICE PRESIDENT); AND (E) TO CHANGE THE REFERENCE TO "THE PRESIDENT" IN SECTIONS E-3, E-4 AND E-11 TO "ANY PRESIDENT"; WHICH AMENDMENTS WERE APPROVED BY THE BOARD OF DIRECTORS OF THE CORPORATION ON APRIL 6, 2011; AND

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

ON JUNE 23, 2011, MINOR TECHNICAL AMENDMENTS TO THE BYLAWS OF THE CORPORATION WERE APPROVED BY THE MEMBER TO MAKE THEM MORE CONSISTENT WITH THE BYLAWS OF THE MEMBER AND ITS HEALTH PLAN SUBSIDIARIES AND WITH ORGANIZATIONAL POLICIES AND CURRENT LAW, WHICH AMENDMENTS WERE APPROVED BY THE BOARD OF DIRECTORS OF THE CORPORATION ON JUNE 29, 2011. NONE OF THE CHANGES WERE SIGNIFICANT; AND

ON DECEMBER 1, 2011, AMENDMENTS TO ARTICLE A, PURPOSE, OF THE BYLAWS OF THE CORPORATION WERE APPROVED BY THE MEMBER TO (A) MORE CLEARLY STATE THE PURPOSES IN ONE PURPOSE SECTION (A-1, FORMER SECTION A-2 WAS DELETED); (B) EXPRESSLY STATE THAT THE CORPORATION IS PROHIBITED FROM ENGAGING IN ACTIVITIES NOT PERMITTED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND TO SPECIFICALLY STATE THAT THE CORPORATION SHALL NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE (SECTION A-3 NONPROFIT CHARACTER - NOW A-2); (C) MAKE A REFERENCE TO THE INTERNAL REVENUE CODE CONSISTENT WITH OTHER REFERENCES IN THE BYLAWS (SECTION A-4 DISPOSITION OF ASSETS ON LIQUIDATION OR DISSOLUTION - NOW A-3); AND (D) BE CONSISTENT WITH CURRENT LEGAL STANDARDS (SECTION A-5 NON-DISCRIMINATION - NOW A-4); WHICH AMENDMENTS WERE APPROVED BY THE BOARD OF DIRECTORS OF THE CORPORATION ON DECEMBER 7, 2011.

FORM 990, PART VI, LINE 6



Name of the organization KAISER FDN HEALTH PLAN OF GEORGIA, INC	Employer identification number 58-1592076
--	--

## MEMBERS OR STOCKHOLDERS

KAISER FOUNDATION HEALTH PLAN, INC IS SOLE MEMBER

UPON DISSOLUTION, REMAINING ASSETS SHALL BE DISTRIBUTED TO A 501(C)(3)  
ORGANIZATION

## FORM 990, PART VI, LINE 7A

## ELECT MEMBERS OF THE GOVERNING BODY

KAISER FOUNDATION HEALTH PLAN, INC APPOINTS THE BOARD OF DIRECTORS (AND  
FILLS VACANCIES AND HAS AUTHORITY TO REMOVE DIRECTORS)

## FORM 990, PART VI, LINE 7B

## MEMBERS' APPROVAL

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

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

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.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

1. COMMUNITY BENEFIT DETAILS ARE PRESENTED TO THE COMMUNITY BENEFIT COMMITTEE OF THE BOARD FOR REVIEW

2. THE TAX RETURN IS REVIEWED AND SIGNED BY A PRICEWATERHOUSECOOPERS TAX ADVISOR

3. THE COMPLETE TAX RETURN IS REVIEWED AND SIGNED BY AN OFFICER OR A MEMBER OF MANAGEMENT DESIGNATED BY AN OFFICER

4. A COMPACT DISK CONTAINING THE SIGNED RETURN IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING

FORM 990, PART VI, LINE 12C

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

## COMPLIANCE ENFORCEMENT

REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICTS OF  
INTEREST POLICY

KAISER PERMANENTE REGULARLY MONITORS COMPLIANCE WITH THE CONFLICTS OF  
INTEREST POLICY IN 3 KEY WAYS:

1. THE KAISER PERMANENTE COMPLIANCE HOTLINE IS AVAILABLE TO ALL EMPLOYEES  
AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. ALL  
CALLS ARE ANSWERED BY A THIRD PARTY AND PROVIDED TO KAISER PERMANENTE'S  
NATIONAL COMPLIANCE OFFICE FOR REVIEW AND APPROPRIATE ACTION. EMPLOYEES  
CAN REPORT ANONYMOUSLY. RETALIATION IS PROHIBITED. REPORTS OF ACTUAL OR  
POTENTIAL CONFLICTS OF INTEREST ARE GENERATED AND INVESTIGATIONS ARE  
CONDUCTED AS REQUIRED AND INFORMATION IS TRACKED AND TRENDED TO DETERMINE  
IF ADDITIONAL GUIDANCE IS REQUIRED TO AVOID OR MANAGE CONFLICTS OF  
INTEREST. COMPLIANCE HOTLINE REPORTS ARE PROVIDED FOR REVIEW AND ACTION  
TO THE KAISER FOUNDATION HEALTH PLAN/ HOSPITALS BOARDS OF DIRECTORS  
ANNUALLY.

2. THE CHIEF COMPLIANCE OFFICER AND THE SVP OF INTERNAL AUDIT SERVICES  
ANNUALLY REVIEW THE DIRECTORS', OFFICERS', KEY EMPLOYEES', AND  
EXECUTIVES' ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE DISCLOSURES AND  
PROVIDE DIRECTION ON ANY INVESTIGATIONS REQUIRED. INVESTIGATIONS ARE  
DOCUMENTED, TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL CONTROLS OR  
EDUCATION IS REQUIRED; IN ADDITION, CONFLICTS OF INTEREST QUESTIONNAIRE  
REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION  
HEALTH PLAN/ HOSPITALS BOARDS OF DIRECTORS ANNUALLY; AND

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

3. ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, KPMG REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES PROCESS COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN AS A RESULT OF THE DISCLOSURES. THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS IN THIS AREA ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/ HOSPITALS AUDIT AND COMPLIANCE COMMITTEE.

REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY

TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE:

A. REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES.

B. KAISER PERMANENTE INFORMS EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO. 14. CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION AND IN ANNUAL COMPLIANCE TRAINING.

C. IN THE EVENT THAT IT IS NECESSARY TO DISCIPLINE ANY EMPLOYEE BECAUSE OF, BUT NOT LIMITED TO, FAILURE TO COMPLY WITH APPLICABLE LEGAL/REGULATORY REQUIREMENTS, KAISER PERMANENTE POLICIES AND PROCEDURES,

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

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

FORM 990, PART VI, LINE 15A/B

#### COMPENSATION DETERMINATION

THE EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO RECRUIT, RETAIN AND MOTIVATE QUALIFIED SENIOR MANAGEMENT PERSONNEL. SENIOR MANAGEMENT PERSONNEL HAVE A SIGNIFICANT IMPACT ON THE STRATEGIC AND POLICY DIRECTION AND RESULTS OF THE ORGANIZATION. THEREFORE, THE EXECUTIVE COMPENSATION PROGRAM IS, TO A SIGNIFICANT DEGREE, PERFORMANCE-BASED. THE COMPENSATION PROGRAM IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS WHICH EVALUATES AND APPROVES, PRIOR TO PAYMENT, ALL PROGRAMS AND PAYMENTS TO CEO, EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIALS (EXECUTIVES).

BASE PAY FOR EXECUTIVE POSITIONS IS ESTABLISHED AT A LEVEL COMPARABLE TO THE RELEVANT MARKET. IN ADDITION, OTHER COMPONENTS OF THE COMPENSATION PROGRAM BEAR 'AT-RISK' FEATURES DESIGNED TO FOCUS ON STRATEGICALLY IMPORTANT PERFORMANCE GOALS AND TO ASSIST IN ATTRACTING AND RETAINING TOP PERFORMERS. THE EXECUTIVE COMPENSATION PROGRAM IS TARGETED AT THE MEDIAN

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

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.

FORM 990, PART VI, LINE 19

PUBLIC INSPECTION

GOVERNING DOCUMENTS ARE AVAILABLE AS PROVIDED TO STATE DEPT. OF INSURANCE AND MAINTAINED ON STATE AGENCY WEBSITE OR UPON REQUEST.

CONFLICT OF INTEREST IS AVAILABLE ON KP WEBSITE UNDER VENDOR PRINCIPLES OF RESPONSIBILITY OR UPON REQUEST.

FINANCIAL STATEMENTS ARE ON FILE WITH STATE INSURANCE AGENCY ON A STATUTORY BASIS (STAND ALONE ENTITY). COMBINED DATA IS PUBLISHED FOR KAISER FOUNDATION HEALTH PLAN INC. AND SUBSIDIARIES AND KAISER FOUNDATION HOSPITALS AND SUBSIDIARIES WITH AUDIT OPINION BY KPMG UPON REQUEST.

TO REQUEST COPIES CONTACT:

VP - NATIONAL TAX COMPLIANCE

KAISER FOUNDATION HEALTH PLAN AND HOSPITALS

ONE KAISER PLAZA, STE 15L

OAKLAND, CA 94612

Name of the organization KAISER FDN HEALTH PLAN OF GEORGIA, INC	Employer identification number 58-1592076
--	--

FORM 990, PART VII, SECTION A, COLUMN B

HOURS FOR RELATED ORGANIZATIONS

INDIVIDUALS WHO ARE BOTH OFFICERS AND MEMBERS OF BOARDS OF DIRECTORS WORK FULL TIME AS EMPLOYEES AS WELL AS FULFILL THEIR BOARD ASSIGNMENT. ALL OFFICERS WORK FULL TIME IN THEIR EMPLOYEE CAPACITY. FULL TIME WORK MAY REQUIRE IN EXCESS OF THE TRADITIONAL 40 HOUR WEEK. GIVEN THE INTEGRATED NATURE OF OUR ORGANIZATION, EMPLOYEES MAY PROVIDE SUPPORT FOR VARIOUS KAISER PERMANENTE COMPANIES. THE AVERAGE HOURS PER WEEK REPORTED FOR THE FILING ORGANIZATION AND RELATED ORGANIZATIONS WAS ESTIMATED.

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN UNREALIZED GAIN/LOSS ON INVESTMENTS	<\$ 542,029>
CHANGE IN OTHER COMPREHENSIVE INCOME	< 13,935,473>
GAIN/LOSS ON INVESTMENTS - TAX	< 679,945>
GAIN/LOSS ON INVESTMENTS - BOOK	959,929
OTTI LOSSES	< 494,271>
<hr/>	
TOTAL	<\$14,691,789>

FORM 990, PART III, LINE 4A-D

2011 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,

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

INC. (KFHP). KAISER FOUNDATION HEALTH PLAN OF GEORGIA, AS WELL AS KAISER FOUNDATION HOSPITALS (KFH) ARE NONPROFIT CORPORATIONS THAT ARE PART OF THE INTEGRATED HEALTH CARE DELIVERY SYSTEM KNOWN AS THE KAISER PERMANENTE MEDICAL CARE PROGRAM OR "KAISER PERMANENTE."

IN 2011, GEORGIA HEALTH PLAN SERVED 238,078 MEMBERS AND HAS 2,288 FULL-TIME ADMINISTRATIVE, CLERICAL AND TECHNICAL EMPLOYEES.

GEORGIA HEALTH PLAN PROVIDES AND ARRANGES COMPREHENSIVE HEALTH CARE SERVICES FOR MEMBERS ON A PREDOMINANTLY PREPAID BASIS. HEALTH PLAN FULFILLS ITS CONTRACTUAL OBLIGATIONS TO GROUP AND INDIVIDUAL MEMBERS BY CONTRACTING WITH KFH AND A PERMANENTE MEDICAL GROUP TO PROVIDE THE REQUIRED HEALTH CARE SERVICES.

MEMBERSHIP IN KFHP AND ITS HEALTH PLAN SUBSIDIARIES IS AVAILABLE WITHOUT REGARD TO SEX, RACE, RELIGION, ETHNIC BACKGROUND, SEXUAL ORIENTATION, AND OCCUPATIONAL STATUS OR INCOME LEVEL. HEALTH PLAN MEMBERS ARE BROADLY REPRESENTATIVE OF THE VARIOUS AGES, SOCIAL AND INCOME GROUPS WITHIN THE AREAS IT SERVES. ONCE ENROLLED, A MEMBER IS FREE TO MAINTAIN MEMBERSHIP REGARDLESS OF AGE, HEALTH STATUS OR EMPLOYMENT.

KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY

KAISER PERMANENTE BELIEVES ITS DIRECT COMMUNITY BENEFIT INVESTMENT



Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

(DCBI), IS FUNDAMENTAL TO BEING A NONPROFIT ORGANIZATION. IT EMBODIES THE ORGANIZATION'S COMMITMENT TO IMPROVE THE HEALTH OF COMMUNITIES BEYOND SERVICES TO HEALTH PLAN MEMBERS. IT IS MORE THAN TRADITIONAL CORPORATE CITIZENSHIP OR CORPORATE PHILANTHROPY. IT IS AN INTENTIONAL, PLANNED, BUDGETED, MEASURABLE, ACCOUNTABLE CREATION FOR BETTER HEALTH IN OUR COMMUNITIES. IT IS DONE IN COLLABORATION WITH, NOT IN ISOLATION FROM, THE COMMUNITY. DCBI SERVES TO FULFILL KAISER PERMANENTE'S SOCIAL PURPOSE, JUSTIFY ITS TAX-EXEMPT STATUS, AND DIFFERENTIATE IT FROM OTHER HEALTH CARE ORGANIZATIONS.

THIS TRADITION OF COMMUNITY BENEFIT DATES FROM THE EARLIEST DAYS OF THE PROGRAM, WHEN CHARITABLE CARE TO NON-EMPLOYEES, AND LATER, NONMEMBERS, WAS INITIATED. THAT HERITAGE HAS CONTINUED THROUGH THE YEARS IN KAISER PERMANENTE'S EARLY PARTICIPATION IN PUBLICLY FINANCED PROGRAMS SUCH AS MEDICAID AND MEDICARE, ESTABLISHMENT OF RESIDENCY TRAINING AND MEDICAL RESEARCH PROGRAMS, AND LATER, IN THE DEVELOPMENT OF THE EDUCATIONAL THEATRE PROGRAMS, SAFETY NET PARTNERSHIPS, COMMUNITY HEALTH INITIATIVES AND CHARITABLE HEALTH COVERAGE PROGRAMS.

IN 2007, THE KFHP/H BOARD OF DIRECTORS REFINED THE FOCUS OF THE ORGANIZATION'S COMMUNITY BENEFIT PROGRAM AND ESTABLISHED THE FOLLOWING FOUR PRIORITY AREAS WHICH HAVE COME TO BE KNOWN AS "STREAMS OF WORK":

- CARE AND COVERAGE FOR LOW-INCOME PEOPLE - CREATES AND SUPPORTS PROGRAMS THAT LOWER THE FINANCIAL BARRIERS FOR THE UNDER- AND UNINSURED.

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

- 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 COMMUNITY BENEFIT PROGRAM IN THE GEORGIA REGION

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

IN 2011, GEORGIA HEALTH PLAN EXPENDED \$32.8 MILLION TO SUPPORT COMMUNITY BENEFIT ACTIVITIES. A BREAKDOWN OF THE 2011 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 49 MILLION PEOPLE IN AMERICA 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 2011, THE GEORGIA HEALTH PLAN EXPENDED \$13.3 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 A BY PERMANENTE PROVIDER.

CHARITABLE CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE PROGRAMS)

IN THE GEORGIA REGION, HEALTH PLAN PROVIDES CHARITY CARE TO LOW-INCOME

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

VULNERABLE POPULATIONS THROUGH THE MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE COVERAGE PROGRAM. IN 2011, THE GEORGIA HEALTH PLAN SPENT APPROXIMATELY \$11 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 2011, THIS PROGRAM ASSISTED 2,175 PATIENTS.

- CHARITABLE HEALTH COVERAGE PROGRAM

CHARITABLE HEALTH COVERAGE (CHC) IS OUR UNIQUE APPROACH TO CARING FOR LOW-INCOME UNINSURED PERSONS IN OUR COMMUNITIES. PARTICIPANTS RECEIVE A REGULAR KAISER PERMANENTE MEMBERSHIP CARD AND ACCESS TO THE FULL RANGE OF OUR SERVICE AND PROVIDERS-A MUCH BETTER ALTERNATIVE TO A BRIEF AND COSTLY EMERGENCY ROOM VISIT OR HOSPITALIZATION. THIS ALLOWS US TO INVEST IN THE LONGER TERM HEALTH OF PATIENTS AND THE COMMUNITY.

SINCE INCEPTION IN THE EARLY 1980S, CHC PROGRAMS HAVE MADE A REAL DIFFERENCE IN THE LIVES OF PERSONS WHO MIGHT OTHERWISE HAVE NO OTHER

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

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 2011, THE GEORGIA HEALTH PLAN HAD 1,027 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 \$5.6 MILLION ON COMMUNITY HEALTH INITIATIVES DURING 2011.

#### 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 2011, THE HEALTH EDUCATION DEPARTMENT ORGANIZED NUMEROUS HEALTH FAIRS AND SCREENINGS AT HEALTH PLAN MEDICAL OFFICES WHICH WERE OPEN TO THE GENERAL PUBLIC. EXPENDITURES IN THIS CATEGORY EXCLUDE PROGRAM COST FOR HEALTH EDUCATION PROGRAMS TARGETING OR RESTRICTED TO HEALTH PLAN MEMBERS. THE FOLLOWING IS AN EXAMPLE OF A COMMUNITY PARTNERSHIP AIMED AT PROMOTING HEALTH AND WELL

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

BEING.

- THE GEORGIA HEALTH PLAN IS THE SPONSOR OF THE GREEN MARKET, WEEKLY FARMERS' MARKET (MAY-DECEMBER) OFFERING A VARIETY OF ORGANIC FRUITS, VEGETABLES, FRESH CUT FLOWERS, BAKED GOODS AS WELL AS HEALTHY COOKING DEMONSTRATIONS AND FITNESS CLASSES. IN 2011, 77,500 PEOPLE ATTENDED THE GREEN MARKET.

- IN 2011 KPGA OFFERED A VARIETY OF HEALTHY LIVING CLASSES AND CUSTOMIZED PROGRAMS TO OVER 1,050 CLIENTS OF 3 METRO ATLANTA "Y" BRANCHES WHO SERVE VULNERABLE COMMUNITIES.

GRANTS AND DONATIONS FOR COMMUNITY HEALTH INITIATIVES

THE GEORGIA HEALTH PLAN (KPGA) CONTRIBUTED \$5.6 MILLION TO 76 NONPROFIT ORGANIZATIONS TO SUPPORT A VARIETY OF COMMUNITY HEALTH INITIATIVES. FOLLOWING ARE EXAMPLES OF TWO PROGRAMS FUNDED IN 2011.

- SUPPORTED BY A KAISER PERMANENTE GRANT, THE CHATTAHOOCHEE NATURE CENTER (CNC) PROVIDED FRESH PRODUCE FOR A LOCAL FOOD PANTRY. WITH A \$32,553 KAISER PERMANENTE GRANT, CNC CONTINUED ITS SOCCER-FIELD-TURNED-COMMUNITY GARDEN PROJECT. THE GARDEN PRODUCED OVER 5,000 POUNDS AND 30,000 SERVINGS OF FRESH, SEASONAL PRODUCE IN 2011. THE PRODUCE BENEFITED CLIENTS OF ANOTHER KPGA GRANTEE, THE NEARBY NORTH FULTON COMMUNITY CHARITIES, A NONPROFIT THAT PROVIDES FOOD, CLOTHING AND SHORT-TERM EMERGENCY ASSISTANCE TO LOW-INCOME FAMILIES. OVER 5,000 CLIENTS RECEIVED PRODUCE IN

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

2011, AND PARTICIPATED IN EDUCATIONAL WORKSHOPS ON HEALTHY EATING AND ACTIVE LIVING PROVIDED BY CNC.

- KPGA IS ADDRESSING THE REGION'S CHILDHOOD OBESITY CHALLENGE (ALMOST 38% OF CHILDREN YOUNGER THAN 17 ARE OBESE) THROUGH A PROJECT IMPLEMENTED BY THE YMCA OF METROPOLITAN ATLANTA. THE INITIATIVE TESTED AND PUT INTO PRACTICE TECHNIQUES THAT MINIMIZE HEALTH RISKS RELATED TO OVERWEIGHT/OBESITY. THE GOAL IS TO IMPROVE HEALTH OUTCOMES FOR YOUTH (AGES 2 TO 16) THROUGH PROGRAMS THAT PROMOTE HEALTHY EATING, PHYSICAL ACTIVITY AND BEHAVIOR CHANGE THAT ESTABLISH LIFELONG HABITS OF HEALTH AND WELLNESS. THE CONTRIBUTION SUPPORTED THE STUDY'S FIRST PHASE, WHICH FOCUSES ON 3 TO 5 YEAR OLDS, AND FUNDED CURRICULUM DEVELOPMENT AND STRATEGY IMPLEMENTATION TO PREVENT AND ADDRESS OBESITY IN YMCA PRE-SCHOOL HEAD START STUDENTS. 526 CHILDREN PARTICIPATED IN THE PROJECT'S CONTROL AND INTERVENTION GROUPS AT NINE YMCA SITES IN 2011.

#### 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 \$4.9 MILLION TO 33 ORGANIZATIONS THAT

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

DELIVER MEDICAL OR DENTAL CARE SERVICES TO UNINSURED PEOPLE IN COMMUNITY SETTINGS, PRIMARILY SAFETY NET CLINICS IN GEORGIA. FOLLOWING ARE TWO COMMUNITY ORGANIZATIONS SUPPORTED BY THESE GRANTS IN 2011

- 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, AND SERVED OVER 2,700 PEOPLE IN 2011. THE INITIATIVE EXPANDS ACCESS TO CARE IN FIVE METRO ATLANTA COUNTIES. THE PROGRAM HELPED PEOPLE ACCESS PRIMARY CARE AND ADDRESSES THE DRAMATIC INCREASE IN PATIENTS SEEKING CARE THAT COMMUNITY CLINICS HAVE RECENTLY EXPERIENCED. COUNTIES WERE SELECTED BASED ON RESIDENTS' HEALTH STATUS, INCOME LEVELS, AND THE CAPACITY OF COMMUNITY-BASED HEALTH CARE ORGANIZATIONS. BECAUSE OF THE PROJECT, PATIENTS WHO HAVE NO OTHER OPTIONS FOR CARE RECEIVED 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. HANDS OF HOPE CLINIC IS SUCH A FACILITY. WITH A \$37,750 KAISER PERMANENTE GEORGIA GRANT, THE CLINIC LAUNCHED THEIR "DIABETIC SELF-CARE PROGRAM, WHICH PROVIDED AMERICAN DIABETES ASSOCIATION-APPROVED DIABETES EDUCATION TO PATIENTS. DIABETES IS A LEADING CAUSE OF DEATH AMONG GEORGIANS, AND IS LINKED TO HEALTH DISPARITIES IN THE KAISER PERMANENTE SERVICE AREA. THE GRANT MADE POSSIBLE HEALTH CARE FOR 120 DIABETIC PATIENTS WHO MIGHT NOT OTHERWISE RECEIVE APPROPRIATE CARE. BY PROVIDING PATIENT EDUCATION,



Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

SCREENING, MONITORING, AND MEDICATION HANDS OF HOPE IS IMPROVING ITS PATIENTS' HEALTH, BUT IS ALSO FREEING THE LOCAL HOSPITAL EMERGENCY ROOM TO TREAT PATIENTS WITH URGENT HEALTH CRISES.

#### DEVELOPING AND DISSEMINATING KNOWLEDGE

KAISER PERMANENTE AIMS TO IMPROVE HEALTH BY SHARING ITS KNOWLEDGE, EDUCATING PRACTITIONERS, ADVANCING RESEARCH, EMPOWERING CONSUMERS, AND INFORMING POLICYMAKERS ABOUT THE EVIDENCE BASE FOR CARE AND HEALTH. THE GEORGIA HEALTH PLAN SPENT \$7.6 MILLION TO SUPPORT PROGRAMS AND SERVICES FOR THE DEVELOPMENT AND DISSEMINATION OF KNOWLEDGE AND PROVIDED GRANTS AND DONATIONS TO NONPROFIT ORGANIZATIONS.

#### CLINICAL AND HEALTH SERVICES RESEARCH

THE GEORGIA HEALTH PLAN'S CENTER FOR HEALTH RESEARCH DEPARTMENT PARTNERS WITH RESEARCH PROGRAMS AT EMORY UNIVERSITY, MOREHOUSE SCHOOL OF MEDICINE, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND THE GEORGIA DEPARTMENT OF HUMAN RESOURCES, DIVISION OF PUBLIC HEALTH. DURING 2011, THE CENTER FOR HEALTH RESEARCH PARTICIPATED IN 97 STUDIES AND PUBLISHED RESULTS IN 23 PEER-REVIEWED PUBLICATIONS. FOLLOWING ARE EXAMPLES OF STUDIES CONDUCTED IN 2011

- THREE COMMUNITY BENEFIT-FUNDED STUDIES FOCUSED ON CONDITIONS AFFECTING VULNERABLE POPULATIONS IN GEORGIA. THE STUDIES INVOLVED VULNERABLE POPULATIONS AND 1) HYPERTENSION, 2) CHRONIC KIDNEY DISEASE - ESPECIALLY AMONG DIABETICS AND 3) MATERNAL INFLUENZA VACCINATIONS ON FETAL AND

Name of the organization KAISER FDN HEALTH PLAN OF GEORGIA, INC	Employer identification number 58-1592076
--	--

INFANT OUTCOMES.

#### EDUCATIONAL THEATRE PROGRAMS (ETP)

THE GEORGIA HEALTH PLAN OFFERED FREE, AWARD-WINNING HEALTH EDUCATION PLAYS FOR YOUTH AND ADULTS. KAISER PERMANENTE'S EDUCATIONAL THEATRE PROGRAMS OFFERS A UNIQUE SERIES OF DYNAMIC THEATRE PROGRAMS WITH COMPELLING HEALTH MESSAGES TO REACH CHILDREN, TEENS AND ADULTS. THESE NATIONAL AWARD-WINNING PLAYS PROMOTE INDIVIDUAL RESPONSIBILITY FOR ONE'S HEALTH, INSTILL POSITIVE ATTITUDES ABOUT HEALTHY LIFESTYLE CHOICES AND DEMONSTRATE THE BENEFITS OF POSITIVE ACTION. TOPICS ADDRESSED IN THE PERFORMANCES RANGE FROM AIDS AWARENESS AND STRESS MANAGEMENT TO GRIEF COUNSELING AND HEALTH AND WELLNESS MESSAGES, RELATED TO NUTRITION AND ASTHMA EDUCATION. ALL PROGRAMS ARE OFFERED FREE OF CHARGE AS A COMMUNITY BENEFIT OF KAISER PERMANENTE. IN 2011, THE PROGRAM REACHED APPROXIMATELY 59,856 CHILDREN AND ADULTS THROUGH 585 PROGRAMS.

#### TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS

IN 2011, THE GEORGIA HEALTH PLAN SPENT \$282,214 TO SUPPORT THE EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS. THE FOLLOWING PROVIDES A DESCRIPTION OF TWO EFFORTS UNDERTAKEN TO ALLEVIATE HEALTH CARE WORKFORCE SHORTAGES IN THE COMMUNITY.

#### PHARMACY RESIDENCY PROGRAM

THE PHARMACY RESIDENCY PROGRAM HELPS STUDENTS GAIN POST GRADUATE TRAINING EXPERIENCE IN A MANAGED CARE SETTING. TRAINING COMPONENTS OF THE GEORGIA

Name of the organization KAISER FDN HEALTH PLAN OF GEORGIA, INC	Employer identification number 58-1592076
--	--

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 2011, FOUR INTERNS PARTICIPATED IN THE PROGRAM.

GRANTS AND DONATIONS FOR KNOWLEDGE DISSEMINATION  
THE GEORGIA HEALTH PLAN DONATED \$874,487 IN CHARITABLE CONTRIBUTIONS TO 15 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 2011

- VOICES FOR GEORGIA'S CHILDREN PROVIDES RESEARCH-BASED INFORMATION THAT HELPS POLICYMAKERS AND GEORGIA'S CITIZENS MAKE INFORMED DECISIONS ABOUT POLICIES AFFECTING CHILDREN. KAISER PERMANENTE GEORGIA GRANTED THE ORGANIZATION \$64,987 TO USE EDUCATION AND ADVOCACY TO DECREASE THE NUMBER OF UNINSURED CHILDREN IN GEORGIA. THE ORGANIZATION PROVIDED CULTURALLY AND LINGUISTICALLY-APPROPRIATE CHILD HEALTH INSURANCE ELIGIBILITY AND ENROLLMENT MATERIALS AND PARTNERED WITH COMMUNITY-BASED ORGANIZATIONS TO ENSURE THAT ELIGIBLE CHILDREN WERE ENROLLED IN HEALTH INSURANCE PROGRAMS.

- IN ADDITION, THE GEORGIA HEALTH PLAN AWARDED \$692,500 IN GRANTS TO

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

LOCAL COLLEGES AND UNIVERSITIES TO ADDRESS HEALTH CARE WORKER SHORTAGES.

WE SUPPORTED SCHOLARSHIP PROGRAMS AT 8 NURSING PROGRAMS, THE MOREHOUSE SCHOOL OF MEDICINE AND TWO PHARMACY PROGRAMS, WHICH AWARDED A TOTAL OF 32 NURSING, PHARMACY, AND MEDICAL STUDENT SCHOLARSHIPS. FINALLY, WE CONTRIBUTED \$100,000 TO THE SATCHER HEALTH LEADERSHIP INSTITUTE AT THE MOREHOUSE SCHOOL OF MEDICINE TO ADDRESS MENTAL HEALTH DISPARITIES, AND FACILITATE THE INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH CARE.

#### 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 \$100,492 TO SUPPORT SEVEN INROADS INTERNS IN 2011. 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

Name of the organization	Employer identification number
KAISER FDN HEALTH PLAN OF GEORGIA, INC	58-1592076

FUNDRAISING. THE AMOUNT REPORTED IS TO COVER ADMINISTRATIVE EXPENSES FOR OPERATING THE CAMPAIGN.

OTHER COMMUNITY GRANTS AND DONATIONS

THE GEORGIA HEALTH PLAN CONTRIBUTED \$114,000 TO TWO 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 TO PROMOTE RESEARCH, EDUCATION AND TRAINING. EACH YEAR, THE CENTER HOSTS THE SALUTE TO GREATNESS AWARDS DINNER TO HONORS 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 NINE EMPLOYEES TO SUPPORT REGIONAL COMMUNITY BENEFIT PROGRAMS AND COORDINATE CB INITIATIVES INCLUDING THE EDUCATIONAL THEATRE PROGRAMS. IN ADDITION, THERE ARE MANY OTHER HEALTH PLAN PERSONNEL WHO COLLABORATE TO HELP MANAGE COMMUNITY BENEFIT PROGRAMS LIKE CHARITY CARE, CHARITABLE HEALTH

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

COVERAGE.

ATTACHMENT A

2011 COMMUNITY BENEFIT INVESTMENT - GEORGIA REGION

THE FOLLOWING CHART SUMMARIZES 2011 COMMUNITY BENEFIT INVESTMENTS BY THE GEORGIA HEALTH PLAN. THE INVESTMENTS IN THE COMMUNITY REFLECTED IN THE CHART ARE UNAUDITED.

CARE AND COVERAGE

CHARITABLE CARE & COVERAGE PROGRAMS	\$11,047,959
GOVERNMENT SPONSORED PROGRAM	1,719,080
GRANTS/DONATIONS FOR CARE AND COVERAGE	500,000
SUBTOTAL:	\$13,267,039

COMMUNITY HEALTH INITIATIVES

COMMUNITY HEALTH EDUCATION	\$12,262
GRANTS/DONATIONS FOR COMMUNITY HEALTH INITIATIVES	5,635,675
SUBTOTAL:	\$5,647,937

SAFETY NET PARTNERSHIPS

Name of the organization	Employer identification number
KAISER FDN HEALTH PLAN OF GEORGIA, INC	58-1592076

GRANTS/DONATIONS FOR SAFETY NET PARTNERSHIPS	\$4,908,112
SAFETY NET CB OPERATIONS	211,653
SUBTOTAL:	\$5,119,765

## KNOWLEDGE DISSEMINATION

MEDICAL RESEARCH	\$5,506,146
EDUCATIONAL THEATRE PROGRAM	890,350
HEALTH CARE TRAINING & EDUCATION PROGRAMS	282,214
GRANTS/DONATIONS FOR KNOWLEDGE DISSEMINATION	874,487
SUBTOTAL:	\$7,553,197

## OTHER COMMUNITY BENEFITS

SELF SUFFICIENCY PROGRAMS	\$100,492
GRANTS/DONATIONS FOR OTHER COMMUNITY BENEFITS	114,000
OTHER CB OPERATIONS	970,783
SUBTOTAL:	\$1,185,275

TOTAL	\$32,773,213
-------	--------------

ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4B

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

Name of the organization KAISER FDN HEALTH PLAN OF GEORGIA, INC	Employer identification number 58-1592076
--	--

ATTACHMENT 1 (CONT'D)

CHARITABLE HEALTH COVERAGE (CHC) PROGRAMS. MFA - HEALTH PLAN OFFERS FINANCIAL ASSISTANCE TO HELP FAMILIES AND INDIVIDUALS THAT ARE UNABLE TO PAY FOR ALL OR PART OF THE COST OF URGENT OR EMERGENT CARE PROVIDED IN KAISER PERMANENTE FACILITIES. IN 2011 THIS PROGRAM ASSISTED 2,175 APPLICANTS. CHC - THE KAISER PERMANENTE BRIDGE PROGRAM IS UNIQUELY DESIGNED TO HELP UNINSURED; INCOME ELIGIBLE INDIVIDUALS OBTAIN SUBSIDIZED HEALTH CARE COVERAGE FOR UP TO 24 MONTHS. AS A COMMUNITY BENEFIT, KAISER PERMANENTE SUBSIDIZES 95% OF THE PREMIUM. COMMUNITY AGENCIES PARTNER TO IDENTIFY CLIENTS/STUDENTS WHOSE INCOME FALLS AT OR BELOW 300% OF THE FEDERAL POVERTY LEVEL AND MEET ALL OTHER ELIGIBILITY CRITERIA. THROUGHOUT 2011, 2,617 INDIVIDUALS WERE ENROLLED IN THE BRIDGE PROGRAM AND WE ENDED THE YEAR WITH 1,027 MEMBERS. ADDITIONAL INFORMATION ABOUT GEORGIA HEALTH PLAN'S CHARITABLE ACTIVITIES CAN BE FOUND IN SCHEDULE O, COMMUNITY BENEFIT REPORT.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4C

## GRANTS AND DONATIONS

THE GEORGIA REGION HEALTH PLAN OFFERED A VARIETY OF HEALTH EDUCATION CLASSES, EVENTS AND PROGRAMS TO BOTH MEMBERS AND THE GENERAL PUBLIC. CLASSES INCLUDED HEART HEALTH, HEALTHY COOKING, AND BENEFITS OF PHYSICAL ACTIVITY, SMOKING CESSATION, WEIGHT LOSS, PARENTING, DIABETES, STRESS MANAGEMENT, AND MANAGING CHRONIC ILLNESS.



Name of the organization KAISER FDN HEALTH PLAN OF GEORGIA, INC	Employer identification number 58-1592076
--	--

ATTACHMENT 2 (CONT'D)

IN 2011 KPGA OFFERED A VARIETY OF HEALTHY LIVING CLASSES AND CUSTOMIZED PROGRAMS TO OVER 1,050 CLIENTS OF 3 METRO ATLANTA "Y" BRANCHES WHO SERVE VULNERABLE COMMUNITIES- (VILLAGES OF CARVER FAMILY, EASTLAKE AND ANDREW YOUNG).

THE GEORGIA REGION ALSO SPONSORED 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 TAI CHI CLASSES. IN 2011, 77,500 PEOPLE ATTENDED THE GREEN MARKET. ADDITIONAL INFORMATION ABOUT GEORGIA HEALTH PLAN'S CHARITABLE ACTIVITIES CAN BE FOUND IN SCHEDULE O, COMMUNITY BENEFIT REPORT.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SCH. O, COMMUNITY BENEFIT REPORT	0	4,463,762.	0
TOTALS	<u>0</u>	<u>4,463,762.</u>	<u>0</u>

ATTACHMENT 4FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

<u>NAME AND TITLE</u>	<u>HOURS DEVOTED FOR RELATED ORGANIZATION</u>
PETER ANDRUSZKIEWICZ	
REGION PRESIDENT - GEORGIA	20.00
KERRY KOHNEN	
REGION PRESIDENT - GEORGIA	10.00

Name of the organization	Employer identification number
KAISER FDN HEALTH PLAN OF GEORGIA, INC	58-1592076
ATTACHMENT 4 (CONT'D)	

JEFFREY KOPLAN	
DIRECTOR	0
DONNA LYNNE	
DIRECTOR	46.00
J NEAL PURCELL	
DIRECTOR	8.00
BERNARD J TYSON	
DIRECTOR & CHAIR	45.00
GEORGE C HALVORSON	
CHAIRMAN AND CEO	45.00
KATHRYN LANCASTER	
EVP & CFO	46.00
KIRKLAND A MCGHEE	
VP, REGIONAL COUNSEL - GA	0
THOMAS R MEIER	
SVP, CORPORATE TREASURER	47.00
DONALD H ORNDOFF	
SVP, NFS	45.00
ARTHUR M SOUTHAM	
EVP, HEALTH PLAN OPERATIONS	45.00
DEBORAH STOKES	
SVP, CC & CAO	46.00
VICTORIA B ZATKIN	
ASSISTANT SECRETARY	46.00
MARK S ZEMELMAN	
SVP, GEN COUNSEL & SECRETARY	47.00
JAMES L CULLINAN	
VP, MKTG SALES & BUS DEV'T	20.00
CARRIE J JENNISON	
VP, CFO - GEORGIA	20.00
MICHAEL BERNARD WATHEN	
VP, HP SVCS ADMIN - GA	20.00
DAWN BADING	
VP, HUMAN RESOURCES - GA	20.00
LORI K EHRLICH	
SR SALES EXECUTIVE - LARGE GRO	20.00
JONNA L KIRKWOOD	
VP, OPERATIONS - GA	20.00
CAROLYN J MUSTILLE	
VP, QUALITY, SERVICE & NURSING	20.00
BEVERLY THOMAS	
VP, COMMUNITY & PUBLIC AFFAIRS	20.00
FRANK M BOONE	
VP, FINANCE	0
STEVEN R ZATKIN	
CONSULTANT	0

Name of the organization	Employer identification number
KAISER FDN HEALTH PLAN OF GEORGIA, INC	58-1592076
	ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PIEDMONT HOSPITAL PO BOX 102526 ATLANTA, GA 30368	MEDICAL SERVICES	59,057,983.
NORTHSIDE HOSPITAL PO BOX 101818 ATLANTA, GA 30392	MEDICAL SERVICES	73,777,759.
SOUTHEASTERN PERMANENTE MEDICAL GROUP 3495 PIEDMONT ROAD NE ATLANTA, GA 30305	MEDICAL SERVICES	365,807,869.
CHILDREN'S HEALTHCARE OF ATLANTA PO BOX 116101 ATLANTA, GA 30368	MEDICAL SERVICES	14,224,131.
BRASFIELD & GORRIE LLC 1990 VAUGHN ROAD # 100 KENNESAW, GA 30144	GENERAL CONTRACTING	12,597,815.
TOTAL COMPENSATION		<u>525,465,557.</u>

ATTACHMENT 6FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	3,549,083.			3,549,083.
TOTALS	<u>3,549,083.</u>			<u>3,549,083.</u>

ATTACHMENT 7

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

ATTACHMENT 7 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENTS IN BONDS	86,746,272.	99,221,608.	FMV
OTHER DEBT INSTRUMENTS	106,765,714.	45,083,305.	FMV
TOTALS	<u>193,511,986.</u>	<u>144,304,913.</u>	

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	KAISER FOUNDATION HEALTH PLAN, INC ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	CA	501 (C) (3)	9	N/A		X
(2)	KAISER FOUNDATION HOSPITALS ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	CA	501 (C) (3)	3	KFHP INC	X	
(3)	KAISER FDN HEALTH PLAN OF COLORADO ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	CO	501 (C) (3)	9	KFHP INC	X	
(4)	KFHP OF THE MID-ATLANTIC STATES ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	MD	501 (C) (3)	9	KFHP INC	X	
(5)	KAISER FDN HEALTH PLAN OF THE NORTHWEST ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	OR	501 (C) (3)	9	KFHP INC	X	
(6)	KAISER FDN HEALTH PLAN OF OHIO ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	OH	501 (C) (3)	9	KFHP INC	X	
(7)	KAISER HEALTH PLAN ASSET MANAGEMENT, INC ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	ASSET MGMT	CA	501 (C) (3)	11 - I	KFHP INC	X	

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

Schedule R (Form 990) 2011

JSA

1E1307 1 000

3528HV 1467

V 11-6.5

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

KAISER FDN HEALTH PLAN OF GEORGIA, INC

Employer identification number

58-1592076

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	LOHAHI ASSURANCE, LTD ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612 91-2171891	RISK MGMT	HI	501 (C) (3)	11 - I	KFHP INC	X
(2)	KAISER HOSPITAL ASSET MANAGEMENT, INC ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612 94-3299125	ASSET MGMT	CA	501 (C) (3)	11 - I	KF HOSPITALS	X
(3)	CAMP BOWIE SERVICE CENTER ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612 94-3299123	ADMIN	CA	501 (C) (3)	11 - I	KFHP INC	X
(4)	OHP ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612 93-0480268	LEASING	WA	501 (C) (3)	11 - I	KFHP INC	X
(5)	KAISER HEALTH ALTERNATIVES ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501 (C) (3)	9	KFHP INC	X
(6)	1800 HARRISON ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501 (C) (3)	11 - II	KFHP INC	X
(7)	KAISER HOSPITAL ASSISTANCE CORPORATION ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501 (C) (3)	11 - III-O	KF HOSPITALS	X

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

Schedule R (Form 990) 2011

JSA

1E1307 1 000

3528HV 1467

V 11-6.5

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HOMS, LLC 20-3924985 ONE KAISER PLAZA, SUITE 15L	CASE MANAGEMENT	CA	N/A	NONE	0	0			0			
(2) KAISER PERMANENTE VENTURES LLC ONE KAISER PLAZA, SUITE 15L	INVESTMENTS SVC	CA	N/A	NONE								
(3) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) OAK TREE ASSURANCE, LTD 03-0329760 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	INSURANCE	VT	N/A	C CORP	0	0	
(2) KAISER PERMANENTE INSURANCE COMPANY 94-3203402 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	INSURANCE	CA	N/A	C CORP			
(3) KAISER PROPERTY SERVICES, INC. 94-3259432 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	REAL ESTATE	CA	N/A	C CORP			
(4) ASCHMEDES, INC. 20-3774729 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	CONSULTING	CA	N/A	C CORP			
(5) KAISER PERMANENTE INTERNATIONAL 94-3245176 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	CONSULTING	CA	N/A	C CORP			
(6) _____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____

Schedule R (Form 990) 2011

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

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

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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)	X	
<b>f</b> Sale of assets to related organization(s)		X
<b>g</b> Purchase of assets from related organization(s)		X
<b>h</b> Exchange of assets with related organization(s)		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)	X	
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>n</b> Sharing of paid employees with related organization(s)	X	
<b>o</b> Reimbursement paid to related organization(s) for expenses	X	
<b>p</b> Reimbursement paid by related organization(s) for expenses	X	
<b>q</b> Other transfer of cash or property to related organization(s)	X	
<b>r</b> Other transfer of cash or property from related organization(s)		

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) KAISER FOUNDATION HOSPITALS	B	54,155.	PER AGREEMENT
(2) KAISER FOUNDATION HOSPITALS	E	11,290,667.	PER AGREEMENT
(3) KAISER FOUNDATION HOSPITALS	I	177,170,027.	PER AGREEMENT
(4) KAISER FOUNDATION HEALTH PLAN INC.	K	6,802,359.	PER AGREEMENT
(5) KFHP OF COLORADO	K	228,566.	PER AGREEMENT
(6) KFHP OF THE MID- ATLANTIC STATES	K	1,149,007.	PER AGREEMENT



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

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

**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 or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	KFHP OF THE NORTHWEST	K	163,772.	PER AGREEMENT
(2)	KFHP OF OHIO	K	347,471.	PER AGREEMENT
(3)	KAISER PERMANENTE INSURANCE COMPANY	K	4,154,185.	PER AGREEMENT
(4)	KAISER FOUNDATION HEALTH PLAN INC.	L	25,285,720.	PER AGREEMENT
(5)	KAISER FOUNDATION HOSPITALS	L	71,035,877.	PER AGREEMENT
(6)	KFHP OF COLORADO	L	194,970.	PER AGREEMENT

Schedule R (Form 990) 2011

**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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 or (iv) rent from a controlled entity	1a			
b	Gift, grant, or capital contribution to related organization(s)	1b			
c	Gift, grant, or capital contribution from related organization(s)	1c			
d	Loans or loan guarantees to or for related organization(s)	1d			
e	Loans or loan guarantees by related organization(s)	1e			
f	Sale of assets to related organization(s)	1f			
g	Purchase of assets from related organization(s)	1g			
h	Exchange of assets with related organization(s)	1h			
i	Lease of facilities, equipment, or other assets to related organization(s)	1i			
j	Lease of facilities, equipment, or other assets from related organization(s)	1j			
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k			
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l			
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m			
n	Sharing of paid employees with related organization(s)	1n			
o	Reimbursement paid to related organization(s) for expenses	1o			
p	Reimbursement paid by related organization(s) for expenses	1p			
q	Other transfer of cash or property to related organization(s)	1q			
r	Other transfer of cash or property from related organization(s)	1r			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds				
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1)	KFHP OF THE MID-ATLANTIC STATES	L	609,177.	PER AGREEMENT	
(2)	KFHP OF THE NORTHWEST	L	15,328.	PER AGREEMENT	
(3)	KFHP OF OHIO	L	149,026.	PER AGREEMENT	
(4)	CAMP BOWIE SERVICE CENTER	L	3,502,819.	PER AGREEMENT	
(5)	KAISER PERMANENTE INSURANCE COMPANY	L	24,350,616.	PER AGREEMENT	
(6)	LOKAHI ASSURANCE LTD	L	20,679,149.	PER AGREEMENT	

JSA

Schedule R (Form 990) 2011

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

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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Sale of assets to related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Purchase of assets from related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Exchange of assets with related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of paid employees with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1r</b>	

**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-t)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	OAK TREE ASSURANCE LTD	L	967,500.	PER AGREEMENT
<b>(2)</b>	ORDWAY INDEMNITY	L	498,900.	PER AGREEMENT
<b>(3)</b>	KFHP OF COLORADO	N	422,638.	PER AGREEMENT
<b>(4)</b>	KAISER FOUNDATION HEALTH PLAN INC.	O	19,556,476.	PER AGREEMENT
<b>(5)</b>	KAISER FOUNDATION HOSPITALS	O	51,599,405.	PER AGREEMENT
<b>(6)</b>	KFHP OF COLORADO	O	123,330.	PER AGREEMENT

Schedule R (Form 990) 2011

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

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

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?	Yes No	
		1a	1b
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
b	Gift, grant, or capital contribution to related organization(s)		
c	Gift, grant, or capital contribution from related organization(s)		
d	Loans or loan guarantees to or for related organization(s)		
e	Loans or loan guarantees by related organization(s)		
f	Sale of assets to related organization(s)		
g	Purchase of assets from related organization(s)		
h	Exchange of assets with related organization(s)		
i	Lease of facilities, equipment, or other assets to related organization(s)		
j	Lease of facilities, equipment, or other assets from related organization(s)		
k	Performance of services or membership or fundraising solicitations for related organization(s)		
l	Performance of services or membership or fundraising solicitations by related organization(s)		
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
n	Sharing of paid employees with related organization(s)		
o	Reimbursement paid to related organization(s) for expenses		
p	Reimbursement paid by related organization(s) for expenses		
q	Other transfer of cash or property to related organization(s)		
r	Other transfer of cash or property from related organization(s)		

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				(d)
(a)	(b)	(c)	(d)	
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved	
(1) KFHP OF THE MID-ATLANTIC STATES	O	65,309.	PER AGREEMENT	
(2) KFHP OF THE NORTHWEST	O	2,654.	PER AGREEMENT	
(3) KFHP OF OHIO	O	18,601.	PER AGREEMENT	
(4) CAMP BOWIE SERVICE CENTER	O	314,348.	PER AGREEMENT	
(5) KAISER FOUNDATION HEALTH PLAN INC.	P	11,149,619.	PER AGREEMENT	
(6) KAISER FOUNDATION HOSPITALS	P	29,663,609.	PER AGREEMENT	

Schedule R (Form 990) 2011

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

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

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?	Yes	No
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b	Gift, grant, or capital contribution to related organization(s)	1b	
c	Gift, grant, or capital contribution from related organization(s)	1c	
d	Loans or loan guarantees to or for related organization(s)	1d	
e	Loans or loan guarantees by related organization(s)	1e	
f	Sale of assets to related organization(s)	1f	
g	Purchase of assets from related organization(s)	1g	
h	Exchange of assets with related organization(s)	1h	
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	
n	Sharing of paid employees with related organization(s)	1n	
o	Reimbursement paid to related organization(s) for expenses	1o	
p	Reimbursement paid by related organization(s) for expenses	1p	
q	Other transfer of cash or property to related organization(s)	1q	
r	Other transfer of cash or property from related organization(s)	1r	

2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	KFHP OF COLORADO		P	12,846.	PER AGREEMENT
(2)	KFHP OF THE MID-ATLANTIC STATES		P	144,216.	PER AGREEMENT
(3)	KFHP OF THE NORTHWEST		P	42,020.	PER AGREEMENT
(4)	KFHP OF OHIO		P	37,125.	PER AGREEMENT
(5)	KAISER PERMANENTE INSURANCE COMPANY		P	18,115,403.	PER AGREEMENT
(6)	LOKAHI ASSURANCE LTD		P	2,863,985.	PER AGREEMENT

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

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

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?

- |  | Yes | No |
|--|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   | 1a  |    |
| b Gift, grant, or capital contribution to related organization(s)                                | 1b  |    |
| c Gift, grant, or capital contribution from related organization(s)                              | 1c  |    |
| d Loans or loan guarantees to or for related organization(s)                                     | 1d  |    |
| e Loans or loan guarantees by related organization(s)  | 1e  |    |
| f Sale of assets to related organization(s)  | 1f  |    |
| g Purchase of assets from related organization(s)  | 1g  |    |
| h Exchange of assets with related organization(s)  | 1h  |    |
| i Lease of facilities, equipment, or other assets to related organization(s)                     | 1i  |    |
| j Lease of facilities, equipment, or other assets from related organization(s)                   | 1j  |    |
| k Performance of services or membership or fundraising solicitations for related organization(s) | 1k  |    |
| l Performance of services or membership or fundraising solicitations by related organization(s)  | 1l  |    |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1m  |    |
| n Sharing of paid employees with related organization(s)   | 1n  |    |
| o Reimbursement paid to related organization(s) for expenses                                     | 1o  |    |
| p Reimbursement paid by related organization(s) for expenses                                     | 1p  |    |
| q Other transfer of cash or property to related organization(s)                                  | 1q  |    |
| r Other transfer of cash or property from related organization(s)                                | 1r  |    |

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) OAK TREE ASSURANCE LTD	P	475,218.	PER AGREEMENT
(2) KAISER FOUNDATION HEALTH PLAN INC.	Q	3,051.	PER AGREEMENT
(3) KAISER FOUNDATION HOSPITALS	Q	183,463,568.	PER AGREEMENT
(4) LOKAHI ASSURANCE LTD	Q	4,833,000.	PER AGREEMENT
(5) KAISER FOUNDATION HEALTH PLAN INC.	R	4,946.	PER AGREEMENT
(6)			

**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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

**Part VII** **Supplemental Information**

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