



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



Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012**

<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 KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC		<b>D</b> Employer identification number  58-1592076
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) ONE KAISER PLAZA SUITE 15L	Room/suite	E Telephone number  (510) 271-6611
	City or town, state or country, and ZIP + 4 OAKLAND, CA 94612		<b>G</b> Gross receipts \$ 1,328,822,315
	<b>F</b> Name and address of principal officer Kerry Kohnen ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" attach a list (see instructions)




<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <input type="text"/>	
<b>J Website:</b> <input type="text"/> N/A			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="text"/>		<b>L</b> Year of formation 1985	<b>M</b> State of legal domicile GA

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	2
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	5	2,604
	6 Total number of volunteers (estimate if necessary) . . . . .	6	635
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) . . . . .	8,056,693	4,664,485
	9 Program service revenue (Part VIII, line 2g) . . . . .	1,087,593,114	1,131,979,156
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	4,236,372	6,359,705
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,099,886,179	1,143,003,346
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	12,022,634	9,393,627
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	182,121,879	209,255,812
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	935,402,301	1,004,569,356
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,129,546,814	1,223,218,795
	19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-29,660,635	-80,215,449
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16) . . . . .		375,804,045	521,618,742
21 Total liabilities (Part X, line 26) . . . . .		468,048,759	718,400,600
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .		-92,244,714	-196,781,858

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<div> <div></div> <div>Signature of officer</div> </div>				2015-11-10		
	<div> <div></div> <div>DEBORAH STOKES SVP, CC &amp; CAO</div> <div>Type or print name and title</div> </div>						
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name  PricewaterhouseCoopers LLP					Firm's EIN 	
	Firm's address  2001 MARKET ST SUITE 1800 <div>PHILADELPHIA, PA 19103</div>					Phone no (267) 330-3000	

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

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

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

2

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

☐ 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 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 \$ 1,102,907,432 including grants of \$ 0 ) (Revenue \$ 1,131,339,768 )

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 Summary Report.

4b

(Code ) (Expenses \$ 11,250,571 including grants of \$ 0 ) (Revenue \$ 639,388 )

Charitable Care (Medical Financial Assistance and Charitable Coverage) Georgia Health Plan provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs. Georgia Health Plan offers financial assistance through our MFA program 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 2012 this program assisted more than 2,600 qualifying applicants. The CHC Program is available to low-income families who are not eligible for other public or privately sponsored coverage. More than 1,600 individuals were receiving comprehensive care through this program at the end of 2012. Additional information about Georgia Health Plan's charitable activities can be found in Schedule O, Community Benefit Summary Report.

4c

(Code ) (Expenses \$ 9,393,627 including grants of \$ 9,393,627 ) (Revenue \$ 0 )

Grants and Donations Georgia Health Plan supported approximately 100 nonprofit organizations and government agencies through the distribution of charitable contributions in 2012. Donations were strategically targeted to address the objectives of our four priority areas or streams of work. These funds enabled the nonprofit organizations and government agencies with whom we partner to continue providing programs and services that benefit vulnerable populations within the communities served by KFHP. Additional information about Georgia Health Plan's charitable activities can be found in Schedule O, Community Benefit Summary Report.

(Code ) (Expenses \$ 9,326,888 including grants of \$ 0 ) (Revenue \$ 0 )

SCH O, COMMUNITY BENEFIT SUMMARY REPORT

4d

Other program services (Describe in Schedule O )

(Expenses \$ 9,326,888 including grants of \$ 0 ) (Revenue \$ 0 )



















4e

Total program service expenses

1,132,878,518

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
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)

21	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> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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> . . . .	35b	Yes	
36	<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> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1,196	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
2a	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.	2,604	
2b 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).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
4b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a 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.			
13b 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.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	5	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	2	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	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? . . . . .	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body? . . . . .	8a	Yes
8b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
10b	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? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
15b	Other officers or key employees of the organization . . . . .	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
16b	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? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input checked="" type="checkbox"/> Other (explain in Schedule O)	
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 15L OAKLAND, CA (510) 271-6385	

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, or 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 (list any hours for related organizations below dotted line)	(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			
(1) Kerry Kohnen Region President - Georgia	40 0 10 0	X		X				0	650,751	192,226
(2) Jeffrey Koplan Director	1 0 0 0	X						13,000	0	0
(3) Donna Lynne Director	4 0 46 0	X		X				0	1,109,779	461,663
(4) J Neal Purcell Director	1 0 9 0	X						14,000	237,464	0
(5) Bernard J Tyson Director & Chair	5 0 45 0	X		X				0	4,087,093	246,726
(6) George Halvorson Chairman and CEO	5 0 45 0			X				0	9,800,351	112,560
(7) Kathryn Lancaster EVP & CFO	4 0 46 0			X				0	2,779,989	235,528
(8) Kirkland McGhee VP, Regional Counsel - GA	50 0 0 0			X				0	279,471	49,059
(9) Thomas Meier SVP, Corporate Treasurer	3 0 47 0			X				0	816,082	125,506
(10) Donald Orndoff SVP, NFS	5 0 45 0			X				0	766,341	179,878
(11) Arthur Southam EVP, Health Plan Operations	5 0 45 0			X				0	3,350,376	119,108
(12) Deborah Stokes SVP, CC & CAO	4 0 46 0			X				0	690,493	184,332
(13) Victoria Zatkín Assistant Secretary	4 0 46 0			X				0	339,271	192,592
(14) Mark Zemelman SVP, Gen Counsel & Secretary	3 0 47 0			X				0	1,019,066	181,919
(15) James Cullinan VP, Mktg Sales & Bus Dev't	50 0 0 0				X			0	410,911	85,372
(16) Carrie J Jennison VP, CFO - Georgia	50 0 0 0				X			0	814,788	103,799
(17) Michael Bernard Wathen VP, HP Svcs Admin - GA	50 0 0 0				X			0	190,345	64,416



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	27,000	29,227,190	3,042,976

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 229

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

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
PIEDMONT HOSPITAL , PO BOX 102526 ATLANTA GA 30368	MEDICAL SERVICES	57,509,444
NORTHSIDE HOSPITAL , PO BOX 101818 ATLANTA GA 30392	MEDICAL SERVICES	79,220,140
SOUTHEASTERN PERMANENTE MEDICAL GRO , 3495 PIEDMONT ROAD NE ATLANTA GA 30305	MEDICAL SERVICES	256,288,882
CHILDREN'S HEALTHCARE OF ATLANTA , PO BOX 116101 ATLANTA GA 30368	MEDICAL SERVICES	16,111,096
GWINNETT HOSPITAL SYSTEM , PO BOX 116360 ATLANTA GA 30368	GENERAL CONTRACTING	14,540,496

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **347**

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	4,009,958			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	654,527			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		4,664,485			
Program Service Revenue	2a	MEMBERS HEALTH CARE	Business Code 621400	869,553,939	869,553,939		
	b	SUPPLEMENTAL CHARGE	621400	56,899,549	56,899,549		
	c	NON-PLAN & INDUSTRIAL	621400	3,196,525	3,196,525		
	d	OTHER PROGRAM SERVICES	621400	23,136,431	23,136,431		
	e	MEDICARE/MEDICAID PAYMENTS	621400	179,192,712	179,192,712		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		1,131,979,156			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,761,470		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties . . . . .		0			
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)		0	0		
d		Net rental income or (loss) . . . . .		0			
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses		189,393,204	24,000		
c		Gain or (loss)		185,797,852	21,117		
d		Net gain or (loss) . . . . .		3,595,352	2,883		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
b		Less direct expenses . . . . .					
c		Net income or (loss) from fundraising events . . .		0			
9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
b	Less direct expenses . . . . .						
c	Net income or (loss) from gaming activities . . .		0				
10a	Gross sales of inventory, less returns and allowances . . . . .						
b	Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . . .		0				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		0				
12	Total revenue. See Instructions . . . . .		1,143,003,346	1,131,979,156		6,359,705	

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)

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	9,393,627	9,393,627		
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	27,000		27,000	
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	154,036,474	134,086,597	19,949,877	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,981,710	16,981,710		
9	Other employee benefits	26,466,919	25,170,836	1,296,083	
10	Payroll taxes	11,743,709	6,920,448	4,823,261	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	2,517		2,517	0
c	Accounting	831,755		831,755	
d	Lobbying	168,246		168,246	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	85,427		85,427	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	217,279,830	201,040,763	16,239,067	
12	Advertising and promotion	8,158,079	750,678	7,407,401	
13	Office expenses	2,033,074	1,802,968	230,106	
14	Information technology	74,494,985	67,021,098	7,473,887	
15	Royalties	0			
16	Occupancy	12,821,155	12,820,963	192	
17	Travel	1,422,112	1,024,304	397,808	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	414,353		414,353	
20	Interest	14,709,468	14,709,468		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	20,292,575	20,292,575		
23	Insurance	4,010,482	4,010,482		
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	BASIC CONTRACTUAL PAYMENTS	443,548,710	443,548,710		
b	SUPPLIES	129,073,611	121,488,386	7,585,225	
c	INTER-REGIONAL CHARGES	35,155,732	31,831,597	3,324,135	
d	REPAIRS & MAINTENANCE	9,415,647	9,288,727	126,920	
e	All other expenses	30,651,598	10,694,581	19,957,017	
25	Total functional expenses. Add lines 1 through 24e	1,223,218,795	1,132,878,518	90,340,277	0
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)				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		695,806	1	620,212
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		32,310,378	4	37,967,432
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		10,527,838	8	9,772,183
	9	Prepaid expenses and deferred charges		1,280,557	9	1,387,831
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a368,546,957			
	b	Less accumulated depreciation	10b152,936,599	186,223,744	10c	215,610,358
	11	Investments—publicly traded securities		144,304,913	11	255,933,826
	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		460,809	15	326,900
	16	Total assets. Add lines 1 through 15 (must equal line 34)		375,804,045	16	521,618,742
Liabilities	17	Accounts payable and accrued expenses		97,667,730	17	114,400,136
	18	Grants payable		0	18	0
	19	Deferred revenue		16,107,012	19	14,622,269
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other 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		354,274,017	25	589,378,195
	26	Total liabilities. Add lines 17 through 25		468,048,759	26	718,400,600
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		5,665,218	30	8,511,540
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		-97,909,932	32	-205,293,398
	33	Total net assets or fund balances		-92,244,714	33	-196,781,858
	34	Total liabilities and net assets/fund balances		375,804,045	34	521,618,742

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	1,143,003,346
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	1,223,218,795
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-80,215,449
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	-92,244,714
5	Net unrealized gains (losses) on investments . . . . .	5	-2,924,304
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-21,397,391
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-196,781,858

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	2b	Yes
c	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	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
KAISER FOUNDATION 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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 - Non-functionally integrated

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)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2011. 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 stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,882,337	2,057,241	2,350,668	8,056,693	4,664,485	19,011,424
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	1,083,297,320	1,060,150,602	945,171,878	1,087,593,114	1,131,979,156	5,308,192,070
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	1,085,179,657	1,062,207,843	947,522,546	1,095,649,807	1,136,643,641	5,327,203,494
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6 )						5,327,203,494

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	1,085,179,657	1,062,207,843	947,522,546	1,095,649,807	1,136,643,641	5,327,203,494
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,513,719	5,254,905	4,327,774	3,549,083	2,761,470	22,406,951
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	6,513,719	5,254,905	4,327,774	3,549,083	2,761,470	22,406,951
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						0
13 Total support. (Add lines 9, 10c, 11, and 12 )	1,091,693,376	1,067,462,748	951,850,320	1,099,198,890	1,139,405,111	5,349,610,445
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99 581 %	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99 479 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 419 %	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 521 %	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		<input checked="" type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		<input checked="" type="checkbox"/>	



**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).

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

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 the organization KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC	Employer identification number 58-1592076
--	--

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

Part I-C 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

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

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
			No			
		Yes				
		a	Volunteers?		No	
		b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
		c	Media advertisements?		No	
		d	Mailings to members, legislators, or the public?	Yes		
		e	Publications, or published or broadcast statements?	Yes		
		f	Grants to other organizations for lobbying purposes?	Yes		
		g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		158,871
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes		9,375		
j	Total. Add lines 1c through 1i.			168,246		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No			

Part III-A

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

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

Part III-B

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

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

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 (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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 in and benefited from lobbying activities conducted at the regional and national levels for the benefit of its enrolled members and for the health care industry as a whole. As an organization 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 conversations with and/or written communications 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 employs individuals, including one or more registered lobbyists and/or may retain one or more professional consultants to represent Health Plan's interests in various legislative and regulatory bodies and from time-to-time to keep informed about 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 interests of Health Plan and its members by performing the following activities: (I) 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; (II) 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; (III) 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; (IV) Other employees and officers perform services by delivering speeches at various public and private functions and in serving as faculty in healthcare related educational programs throughout the community.

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization  
KAISER FOUNDATION 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? <div>YesNo</div>	
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? <div>YesNo</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)Preservation of an historically important land areaProtection of natural habitatPreservation of a certified historic structurePreservation 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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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?

YesNo

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)?

YesNo

9

In Part XIII, 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 XIII, 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

**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 XIII

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (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

b

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

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

4

Describe in Part XIII 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	189,571,392	68,611,501	120,959,891
c	Leasehold improvements	36,016,154	20,803,970	15,212,184
d	Equipment	104,594,649	62,235,394	42,359,255
e	Other	13,993,271	1,285,734	12,707,537
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				215,610,358



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements . . . . .		1	1,144,138,848
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments . . . . .	2a	-2,924,304	
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d	11,184,943	
e	Add lines 2a through 2d . . . . .		2e	8,260,639
3	Subtract line 2e from line 1 . . . . .		3	1,135,878,209
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 XIII ) . . . . .	4b	7,125,137	
c	Add lines 4a and 4b . . . . .		4c	7,125,137
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .		5	1,143,003,346

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements . . . . .		1	1,248,675,992
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 XIII ) . . . . .	2d	29,081,257	
e	Add lines 2a through 2d . . . . .		2e	29,081,257
3	Subtract line 2e from line 1 . . . . .		3	1,219,594,735
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	85,427	
b	Other (Describe in Part XIII ) . . . . .	4b	3,538,633	
c	Add lines 4a and 4b . . . . .		4c	3,624,060
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	1,223,218,795

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 FOOTNOTE	The organization financial statements do not include a footnote under FIN 48.
SCHEDULE D, PART XI	RECONCILIATION OF REVENUE	LINE 2D TRANSFER OF UNREALIZED GAINS \$ 2,846,322 INTER-ENTITY REVENUE - RECLASS 7,304,002 GAIN/LOSS ON INVESTMENTS - BOOK 1,369,012 Investment Management Expenses < 85,427 > OTTI LOSSES - SEE "NOTE 1" < 248,966 > _____ TOTAL 11,184,943 NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT (OTTI) OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED LINE 4B FIXED ASSETS LOSS - RECLASS \$ < 8,848 > BAD DEBT EXPENSES - RECLASS 3,538,633 GAIN/LOSS ON INVESTMENTS - TAX 3,595,352 _____ TOTAL 7,125,137
SCHEDULE D, PART XII	RECONCILIATION OF EXPENSES	Line 2D FIXED ASSET LOSS - RECLASS \$ 8,848 INTER- ENTITY REVENUE - RECLASS 7,304,002 CHANGE IN PENSION & OTHER COMPREHENSIVE INCOME 21,768,407 _____ TOTAL 29,081,257 Line 4B Bad Debt Expenses - Reclass \$ 3,538,633



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

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

2012

Open to Public  
Inspection

Employer identification number  
58-1592076

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

103

3

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

0

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
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

**Part IV**

**Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

Software ID:

Software Version:

EIN: 58-1592076

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advantage Behavioral Health Systems250 North Avenue Athens,GA 30601	58-2112427	Government	50,000				Integrate Hlth Care
AID Gwinnett Inc3075 Breckinridge Blvd415 Duluth,GA 30096	58-1973324	501(c)(3)	69,704				High Risk Youth HIV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association Inc1101 Northchase Pkwy 1 Marietta,GA 30067	13-5613797	501(c)(3)	96,950				CPR Anytime Program
American Lung Association Southeast Incorp2452 Spring Road SE Smyrna,GA 30080	59-0662271	501(c)(3)	50,000				SMART Project

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Aniz Inc233 Mitchell St Ste 200 Atlanta, GA 30303	58-2272426	501(c)(3)	38,000				Adolescents Learn
Armstrong Atlantic State Univ Fdn Inc11935 Abercorn St Savannah, GA 31419	58-1577237	501(c)(3)	20,000				Nursing Department

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Assoc of State and Territorial Chronic Dis2200 Century Pkwy 250 Atlanta,GA 30345	73-1328414	501(c)(3)	80,000				Metro Atlanta Safe
Atlanta Community Food Bank Inc732 Joseph E Lowery Blvd Atlanta,GA 30318	58-1376648	501(c)(3)	95,000				Expand Mobile Food

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Atlanta Leadership Development Fdn IncTen Peachtree Pl Ste 620 Atlanta, GA 30309	23-7015688	501(c)(3)	12,000				Leadership Atl Class
Atlanta Regional Commission 40 Courtland Street NE Atlanta, GA 30303	58-6002324	501(c)(3)	50,000				Atlanta Regional Com

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Atlanta Women's Foundation Inc50 Hurt Plaza Suite 401 Atlanta,GA 30303	58-2389721	501(c)(3)	50,000				Atlanta Women's Fdn
Back on My Feet50 Hurt Plaza Suite 850 Atlanta,GA 30303	26-2109809	501(c)(3)	18,000				Empower Individual



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brain Tumor Foundation for Children Inc6065 Roswell Rd NE 505 Atlanta, GA 30328	58-1524616	501(c)(3)	30,000				Butterfly Fund
Camp Kudzu Inc5885 Glenridge Dr Ste 160 Atlanta, GA 30328	58-2449646	501(c)(3)	25,000				Diabetes Management

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Pan Asian Community Servs Inc3510 Shallowford Road NE Atlanta, GA 30341	58-1437980	501(c)(3)	56,700				Dowa Clinic
Center for the Visually Impaired Inc739 West Peachtree St NW Atlanta, GA 30308	58-1168874	501(c)(3)	15,000				STARS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Healthcare of Atlanta Inc1584 Tullie Circle NE Atlanta, GA 30329	58-1710601	501(c)(3)	1,000,000				Children Healthcare
CHRIS Kids Inc1017 Fayetteville Rd Ste B Atlanta, GA 30316	58-1430183	501(c)(3)	75,000				Trauma, Treatment

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Refuge Inc1300 Joseph E Boone Blvd Atlanta, GA 30314	58-2194642	501(c)(3)	49,951				City of Refuge Organ
Clarkston Community Center Foundation Inc3701 College Ave Clarkston,GA 30021	58-2127610	501(c)(3)	20,000				Clarkston Nutrit Ed

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Clayton Cty Community Srvs Authority Inc1000 Main St Forest Park,GA 30298	58-0965193	501(c)(3)	25,000				Rise Up!
Clayton State University Foundation Inc2000 Clayton State Blvd Morrow,GA 30260	23-7419285	501(c)(3)	80,000				Nursing Department

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cobb County Board of Health 1650 County Svcs Pkwy Marietta,GA 30008	58-1517015	Government	70,000				Babies Born Healthy
Cobb County Community Services Board 3830 S Cobb Dr Ste 300 Smyrna,GA 30080	58-2107033	Government	70,000				Project Gateway

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Advanced Practice Nurses Inc173 Boulevard NE Atlanta,GA 30312	58-2435328	501(c)(3)	69,989				Healthcare and Med
Culture Connect Inc4151 Memorial Dr Ste 207E Decatur,GA 30032	42-1692101	501(c)(3)	38,820				Medical Interpreter

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emory University1762 Clifton Rd Ste 1400 Suite 200 Atlanta,GA 30322	58-0566256	501(c)(3)	110,000				Georgia School-Based
Families First Inc1105 West Peachtree St NE Atlanta,GA 30309	58-1054331	501(c)(3)	65,000				Families Firsts Teen



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fayette Care Clinic Inc1260 Highway 54W 101 Fayetteville, GA 30214	20-0314897	501(c)(3)	70,000				Increasing Access
First Step Staffing236 Auburn Ave NE 203 Atlanta,GA 30303	20-8038859	501(c)(3)	95,000				First Step Ben Prog

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgia Ballet Inc1255 Field Parkway Marietta,GA 30066	58-1420599	501(c)(3)	10,000				Arts In Education
Georgia Charitable Care Network Inc1015Don Lee Hollowell Pky Atlanta,GA 30318	80-0100336	501(c)(3)	72,000				GCCN Telemedicine

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgia Conservancy Inc817 W Peachtree St 200 Atlanta,GA 30308	58-1027246	501(c)(3)	50,000				School Siting Train
Georgia Health News Inc 2635 Rangewood Court Atlanta,GA 30345	27-3543332	501(c)(3)	8,500				Children health/safe

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgia Meth Project3715 Northside Pkwy1-320 Atlanta,GA 30327	26-4238238	501(c)(3)	50,000				Georgia Meth Project
Georgia Organics Inc200 A Ottley Drive Atlanta,GA 30324	58-2345310	501(c)(3)	77,220				Farm RX 'A Prescrip

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgia Perimeter College Foundation Inc3251 Panthersville Road Decatur,GA 30034	58-1492364	501(c)(3)	80,000				Nursing Department
Georgia State University Foundation IncOne Park Place Suite 533 Atlanta,GA 30303	58-6033185	501(c)(3)	87,500				J Rhodes Haverty

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girl Scouts of Greater Atlanta Inc5601 N Allen Rd Mableton, GA 30126	58-0566190	501(c)(3)	24,900				Camp Financial Assis
Girls on the Run of Atlanta Inc1904 Monroe Dr Ste 140 Atlanta, GA 30306	58-2568271	501(c)(3)	32,000				Atlanta Expansion

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good News Clinics Inc810 Pine Street Gainesville,GA 30501	58-2058853	501(c)(3)	70,000				Sam Poole Medical
Good Samaritan Health and Welln Cntr Inc175 Samaritan Way Jasper,GA 30143	58-2576315	501(c)(3)	70,000				Sustain and Response

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Samaritan Health Center of Cobb Inc1605 Roberta Drive SW Marietta,GA 30008	32-0045238	501(c)(3)	50,000				Primary Health Home
Good Samaritan Health Center Inc1015Don Lee Hollowell Pky Suite 290 Atlanta,GA 30318	58-2373395	501(c)(3)	69,550				Establishing Medical



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Samaritan Health Ctr of Gwinnett Inc3700 Club Drive Lawrenceville,GA 30044	27-0080400	501(c)(3)	8,100				Project 250
Gwinnett Community Clinic Inc2160 Fountain Drive Snellville,GA 30078	58-1868227	501(c)(3)	24,750				Chronic Disease Mgm

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gwinnett Tech Foundation 5150 Sugarloaf Pkwy Lawrenceville,GA 30043	58-2106879	501(c)(3)	15,000				Nursing Department
Hands of Hope Clinic Inc 1010 Hospital Dr B Stockbridge,GA 30281	42-1591970	501(c)(3)	24,400				Diabetic SelfCare

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HealthMPowers Inc3200 Pointe Pkwy Ste 400 Norcross,GA 30092	58-2524601	501(c)(3)	20,000				Empowering Students
Healthy Mothers Healthy Babies of GA Inc 2300Henderson Mill Rd 410 Atlanta,GA 30345	58-1440585	501(c)(3)	15,800				Breastfeeding Initia

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Heritage Fund of Atlanta Med Assoc Inc100 Edgewood Ave Ste 820 Atlanta, GA 30303	58-2372394	501(c)(3)	18,200				Heritage Fund of Atl
Hispanic Health Coalition of Georgia Inc424 Decatur Street Atlanta, GA 30312	75-2995466	501(c)(3)	35,000				Inclusive & Cultural

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hope Health Clinic Inc409 W Solomon Street Griffin,GA 30223	20-0719396	501(c)(3)	70,000				Maximizing Nutrition
Jewish Family & Career Services Inc4549 Chamblee Dunwoody Rd Atlanta,GA 30338	58-1479212	501(c)(3)	50,000				Ben Massell Dental

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Junior Achievement of Georgia Inc460 Abernathy Road NE Atlanta, GA 30328	58-0598050	501(c)(3)	35,000				Program Support
Kate's Club INC1330 W Peachtree St NW520 Atlanta, GA 30309	16-1646487	501(c)(3)	29,400				Kate's Club Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kennesaw State University Foundation Inc1000 Chastain Road Kennesaw,GA 30066	23-7034345	501(c)(3)	90,000				Nursing Department
Leadership DeKalb Inc315W Ponce deLeon Ave1069 Decatur,GA 30030	58-2131661	501(c)(3)	7,500				Health &Wellness Day

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Life Tools Community Development Corp5357 Chapel Hill Rd Douglasville,GA 30135	27-0070164	501(c)(3)	6,300				Open the Door Care
Macon College Foundation Inc100College Station Dr A217 Macon,GA 31210	23-7066010	501(c)(3)	20,000				KP Nursing



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mary Hall Freedom House Inc200 Hannover Park Rd 200 Atlanta, GA 30350	58-2238354	501(c)(3)	25,000				Destiny Unlimited
Maynard Jackson Youth Foundation100 Peachtree St Ste 2275 Atlanta, GA 30303	58-1884897	501(c)(3)	19,500				Learn Live Lead (L3)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
McIntosh Trail Community Service Board1501-A Kalamazoo Dr Griffin, GA 30224	58-2098758	Government	70,000				Spalding Health
Mercy Health Center Inc767 Oglethorpe Ave Ste B Athens,GA 30606	58-2603523	501(c)(3)	40,000				It Takes a Village

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Heart Inc2796 Georgia Hwy 20 S Conyers,GA 30013	26-3786470	501(c)(3)	12,000				Mercy Heart Operatn
Ministries United for Serv & Training Inc1407 Cobb Parkway North Marietta,GA 30061	58-2034725	501(c)(3)	58,150				Summer Lunch Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MLK Jr Cntr Nonviolent Social Chge Inc449 Auburn Avenue NE Atlanta,GA 30312	58-1030989	501(c)(3)	27,000				2013 Salute To Great
MLK Jr Poor Peoples Church of Love1035 Donnelly Avenue SW Suite 100 Atlanta,GA 30310	58-1340903	501(c)(3)	25,000				MLK, Jr

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Morehouse College830 Westview Drive Atlanta, GA 30314	58-0566205	501(c)(3)	15,000				Dr Franklin Health
National Mental Health Assoc of GA Inc100 Edgewood Ave Ste 502 NW Atlanta, GA 30303	58-0611310	501(c)(3)	50,000				Healthcare Access

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nature Conservancy Inc 1330 W Peachtree St NW410 Atlanta, GA 30309	53-0242652	501(c)(3)	15,000				Preserve North GA
New Hope Initiatives970 Jefferson St NW Atlanta, GA 30318	27-0230104	501(c)(3)	40,000				C N A andSTRIVE Job

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Fulton Community Charities Inc11270 Elkins Road Roswell,GA 30076	58-1521088	501(c)(3)	25,000				Emergency Assistance
Palmetto Health Council Inc 643 Main Street Palmetto,GA 30268	58-1307597	501(c)(3)	70,000				Integration Primary

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Park Pride Atlanta Inc233 Peachtree St NE 1600 Suite 300 Atlanta, GA 30303	58-1883895	501(c)(3)	48,500				Community Gardening
Partnership Against Domestic Violence114 New Street Suite L Decatur,GA 30030	58-1314556	501(c)(3)	54,250				FY13 Teen Dat Viol



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Partnership for Community Action Inc815 Park North Blvd Clarkston,GA 30021	58-6049575	501(c)(3)	45,000				Healthy Access Proj
Pedestrians Educat Drivers on Safety Inc1389 Peachtree St NE 202 Atlanta,GA 30309	58-2267503	501(c)(3)	25,000				Safe Routes Transit

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Physicians Care Clinic Inc 2675 N Decatur Rd 406 Decatur,GA 30033	58-2107579	501(c)(3)	19,500				Clinic & chronic dis
Piedmont Hospital Incorporated1968 Peachtree Road NW Atlanta,GA 30309	58-0566213	501(c)(3)	500,000				Enhancing Patients

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Piedmont Park Conservancy Inc400 Park Drive NE Atlanta,GA 30306	58-1551369	501(c)(3)	74,400				Healthy Living
Project Open Hand-Atlanta Inc176 Ottley Drive Atlanta,GA 30324	58-1816778	501(c)(3)	95,000				Market Basket Pantry

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Robert W Woodruff Arts Center Inc1280 Peachtree St NE Atlanta,GA 30309	58-0633971	501(c)(3)	99,000				Young smART
Rockdale County1240 Dogwood Dr PO 289 Conyers,GA 30012	58-6000882	Government	50,000				Rockdale Senior Well

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Senior Connections Inc5328 Peachtree Road Chamblee,GA 30341	58-1187876	501(c)(3)	50,000				Meals On Wheels
Senior Services North Fulton Inc3060 Royal Blvd S130 Alpharetta,GA 30022	58-1948370	501(c)(3)	20,000				Transport Options

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Snr Citizen Services of Metro Atlanta Inc1705 Commerce Drive NW Atlanta,GA 30318	58-0960309	501(c)(3)	50,000				Extra Help&Care Mgmt
Special Olympics Georgia Inc4000DeKalb Technology Pky Atlanta,GA 30340	23-7201676	501(c)(3)	8,000				Health & Wellness

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susan G Komen Breast Cancer Foundation 4840Roswell Rd Bldg D100 Atlanta, GA 30342	58-1959763	501(c)(3)	22,000				Komen Atlanta Race
The Cancer Foundation of Northeast Georgia3320Old Jefferson Rd 700 Athens,GA 30607	20-3378035	501(c)(3)	12,600				Financial Assist

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Children's Museum of Atlanta Inc275Centennial Olympic Dr Atlanta,GA 30313	58-1785484	501(c)(3)	50,000				Growing Healthy Kids
The Cntr for Black Women's Well CBWW Inc477 Windsor St SW Ste309 Atlanta,GA 30312	58-2212203	501(c)(3)	65,348				Safety Clinic -CVD



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Community Fdn for Greater Atlanta Inc50 Hurt Plaza Suite 449 Atlatnta,GA 30303	58-1344646	501(c)(3)	650,000				K P Fund for CB
The Environmental Fund for Georgia Inc1447 Peachtree St Ste214 Atlanta,GA 30309	58-2022001	501(c)(3)	97,000				2013 Earth Day Event

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Henry W Grady Health System Fdn Inc191 Peachtree St NE 820 Atlanta,GA 30303	58-2130437	501(c)(3)	2,083,000				TRAVEL in PINK Fund
The Morehouse School Of Medicine Inc720 Westview Drive SW Atlanta,GA 30310	58-1438873	501(c)(3)	160,000				Strategic Partner

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trees Atlanta Inc225 Chester Avenue Atlanta, GA 30316	58-1584758	501(c)(3)	90,000				Atl BeltLine Arbore
United Way of Metropolitan Atlanta Inc100 Edgewood Ave NE Atlanta, GA 30303	58-0566194	501(c)(3)	300,000				Healthy Communities

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of West Georgia Foundation Inc1601 Maple Street Carrolllton,GA 30118	58-6056464	501(c)(3)	20,000				K P Nursing
Visiting Nurse Health System Inc5775 Glenridge Dr E200 Atlanta,GA 30328	58-0566250	501(c)(3)	70,000				PalliativeCare Pilot

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wellspring Living Inc140 Howell Road Ste C-2 Tyrone,GA 30291	58-2614182	501(c)(3)	32,000				Wellspring Girls Pro
Year Up Inc730 Peachtree Street Atlanta,GA 30308	04-3534407	501(c)(3)	24,695				Student Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Metropolitan Atlanta Inc100 Edgewood Ave Ste 1100 Atlanta, GA 30303	58-0566253	501(c)(3)	250,000				K P /YMCA HEAL 2013

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Employer identification number  
58-1592076

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div>	<div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the 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, but explain in Part III			
	<div><input type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div>	<div><input type="checkbox"/> Written employment contract</div> <div><input type="checkbox"/> Compensation survey or study</div> <div><input type="checkbox"/> Approval by the board or compensation committee</div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

**Note.** The sum of columns (B)(i)-(iii) 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 and Title		(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				
See Additional Data Table								



**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.

**990 Schedule J, Supplemental Information**

Identifier	Return Reference	Explanation
SCHEDULE J, PART II		



Software ID:

Software Version:

EIN: 58-1592076

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Dawn Bading	(i)	0	0	0	0	0	0	0
	(ii)	188,141	81,790	32,402	67,894	27,857	398,084	0
James Cullinan	(i)	0	0	0	0	0	0	0
	(ii)	203,738	136,056	71,117	69,836	15,536	496,283	13,366
George Halvorson	(i)	0	0	0	0	0	0	0
	(ii)	1,242,168	6,949,670	1,608,513	80,547	32,013	9,912,911	1,500,000
Carrie J Jennison	(i)	0	0	0	0	0	0	0
	(ii)	363,441	232,559	218,788	93,079	10,720	918,587	0
Jonna Kirkwood	(i)	0	0	0	0	0	0	0
	(ii)	230,579	101,947	17,758	68,386	27,779	446,449	0
Kerry Kohnen	(i)	0	0	0	0	0	0	0
	(ii)	384,355	202,438	63,958	173,696	18,530	842,977	0
Kathryn Lancaster	(i)	0	0	0	0	0	0	0
	(ii)	650,287	1,297,450	832,252	221,210	14,318	3,015,517	261,310
Donna Lynne	(i)	0	0	0	0	0	0	0
	(ii)	491,921	577,175	40,683	445,950	15,713	1,571,442	0
Kirkland McGhee	(i)	0	0	0	0	0	0	0
	(ii)	196,507	79,688	3,276	37,683	11,376	328,530	0
Thomas Meier	(i)	0	0	0	0	0	0	0
	(ii)	318,951	459,975	37,156	98,090	27,416	941,588	1,075
Carolyn J Mustille	(i)	0	0	0	0	0	0	0
	(ii)	256,541	63,734	19,670	143,466	15,147	498,558	374
Donald Orndoff	(i)	0	0	0	0	0	0	0
	(ii)	390,840	352,750	22,751	156,068	23,810	946,219	0
J Neal Purcell	(i)	14,000	0	0	0	0	14,000	0
	(ii)	223,250	0	14,214	0	0	237,464	0
Arthur Southam	(i)	0	0	0	0	0	0	0
	(ii)	755,588	1,530,102	1,064,686	97,089	22,019	3,469,484	333,769
Deborah Stokes	(i)	0	0	0	0	0	0	0
	(ii)	347,253	278,496	64,744	167,539	16,793	874,825	43,578
Daniel J Styf	(i)	0	0	0	0	0	0	0
	(ii)	186,193	70,335	14,937	59,700	18,639	349,804	0
Beverly Thomas	(i)	0	0	0	0	0	0	0
	(ii)	182,000	93,038	22,053	68,419	11,005	376,515	0
Bernard J Tyson	(i)	0	0	0	0	0	0	0
	(ii)	932,699	2,087,352	1,067,042	221,647	25,079	4,333,819	449,238
Michael Bernard Wathen	(i)	0	0	0	0	0	0	0
	(ii)	160,194	14,514	15,637	44,070	20,346	254,761	0
Steven Zatkin	(i)	0	0	0	0	0	0	0
	(ii)	0	288,225	35,276	0	0	323,501	16,632

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Victoria Zatkín	(i)	0	0	0	0	0	0	0
	(ii)	196,294	106,133	36,844	189,027	3,565	531,863	3,175
Mark Zemelman	(i)	0	0	0	0	0	0	0
	(ii)	465,119	387,152	166,795	159,780	22,139	1,200,985	126,344

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012****Open to Public  
Inspection**Name of the organization  
KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC**Employer identification number**

58-1592076

Identifier	Return Reference	Explanation
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 The Articles of Incorporation of the Corporation were amended in 2012 as follows Articles Four, Five and Seven of the Restated Articles of Incorporation of the Corporation were amended 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 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 Articles of Amendment to the Restated Articles of Incorporation of the Corporation were filed June 21, 2012, and The Articles of Incorporation of the Corporation were amended in 2013 as follows Article Eight, which contained the name and address of the Corporations initial registered agent, was removed and the articles were fully restated to integrate into in one document all of the provisions of the articles currently on file Second Restated Articles of Incorporation of the Corporation were filed January 25, 2013

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

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

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



Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11B	FORM 990 REVIEW PROCESS	1 Key information necessary for the preparation of the tax return is obtained and/or confirmed with internal sources including regional finance, executive compensation, community benefits, treasury, government relations, and legal 2 Community benefit details are presented to the community benefit committee of the board for review 3 Executive compensation details are presented to the compensation committee of the board for review 4 The tax return is reviewed and signed by a Pricewaterhousecoopers LLP tax advisor 5 The complete tax return is reviewed and signed by an officer or a member of management designated by an officer 6 A compact disk containing the signed return is provided to each board member prior to filing

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C	COMPLIANCE ENFORCEMENT	<p>A 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 National Compliance Office and Internal Audit Services annually review the directors', officers', key employees', and executives' Annual Conflicts of Interest Questionnaire disclosures and provide direction on any investigations required Investigations are documented, tracked and trended to determine if additional controls or education is required In addition, Conflicts of Interest Questionnaire reports are provided for review and action to the Kaiser Foundation Health Plan/Hospitals Boards of Directors annually, and 3 Annually, as a component of the external audit, KPMG reviews the Annual Conflicts of Interest Questionnaires process completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/Hospitals Audit and Compliance Committee</p> <p>B 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 1 Represented employees are subject to any corrective/disciplinary action provisions described in specific regional/national collective bargaining agreements and/or organizational policies and practices 2 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 3 In the event that it is necessary to discipline any employee because of, but not limited to, failure to comply with applicable legal/regulatory requirements, Kaiser Permanente policies and procedures, or the Principles of Responsibility, or for unsatisfactory performance or misconduct, coaching/counseling and/or corrective/disciplinary action may include, but is not limited to - Oral discussion and/or warning by the employee's immediate supervisor or higher level manager to correct the problem, - Written notice, with or without final warning, - Paid or unpaid suspension, with or without final warning, - Termination of employment - Written notice, with or without final warning, - Paid or unpaid suspension, with or without final warning, - Termination of employment</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15A/B	COMPENSATION DETERMINATION	<p>The executive compensation program is designed to recruit, retain and motivate qualified senior management personnel. Senior management personnel have a significant impact on the strategic and policy direction and results of the organization. Therefore, the executive compensation program is, to a significant degree, performance-based. The compensation program is reviewed annually by the Compensation Committee of the Board of Directors which evaluates and approves, prior to payment, all programs and payments to CEO, Executive Director and top management officials (executives). Base pay for executive positions is established at a level comparable to the relevant market. In addition, other components of the compensation program bear 'at-risk' features designed to focus on strategically important performance goals and to assist in attracting and retaining top performers. The executive compensation program is targeted at the median of the comparable external market in which the organization competes for executive leadership. Evaluation of comparable pay data is performed by an Independent Compensation, Benefit &amp; Human Resource Consulting firm. The compensation program focuses on objectives in the areas of quality of member care and service, financial soundness, and the community and social mission of the organization.</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 18		Form 990 is available on <a href="http://www.guidestar.org">www.guidestar.org</a>

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	PUBLIC INSPECTION	Governing documents - are available from the Department of Insurance and maintained on the 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 Vice President - National Tax Compliance Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Suite 15L Oakland, CA 94612

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

Identifier	Return Reference	Explanation
FORM 990, PART IX, LINE 11g	Other Fees for Services	PURCHASED MEDICAL SERVICES - OUTSIDE PERSONNEL \$ 186,309,752 PURCHASED SERVICES - OTHER NON-MEDICAL 30,970,078 _____ TOTAL 217,279,830

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	TRANSFER OF UNREALIZED GAINS \$ 2,846,322 CHANGE IN OTHER COMPREHENSIVE INCOME < 21,768,407> GAIN/LOSS ON INVESTMENTS - TAX < 3,595,352> GAIN/LOSS ON INVESTMENTS - BOOK 1,369,012 OTHER THAN TEMPORARY IMPAIRMENTS < 248,966> _____ TOTAL < 21,397,391>



Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A-D	2012 COMMUNITY BENEFIT SUMMARY REPORT	<p>KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC KAISER FOUNDATION HEALTH PLAN'S COMMITMENT TO THE COMMUNITY IN 2007, KAISER FOUNDATION HEALTH PLAN'S 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" A CARE AND COVERAGE FOR LOW-INCOME PEOPLE - CREATES AND SUPPORTS PROGRAMS THAT LOWER THE FINANCIAL BARRIERS FOR THE UNDER-AND UNINSURED B COMMUNITY HEALTH INITIATIVES (CHI) - SEEKS TO MEASURABLY IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE DESIGNS, DELIVERS, AND SUSTAINS LONG-TERM PROGRAMS THAT ENGAGE COMMUNITIES IN WORK TO IMPROVE CONDITIONS IN THEIR NEIGHBORHOODS C 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 D DEVELOPING AND DISSEMINATING KNOWLEDGE - IMPROVES HEALTH CARE BY SHARING OUR KNOWLEDGE - EDUCATING PRACTITIONERS, ADVANCING RESEARCH, EMPOWERING CONSUMERS AND INFORMING POLICY MAKERS ABOUT THE EVIDENCE BASE FOR CARE AND HEALTH THE FOLLOWING ARE DETAILS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY KAISER FOUNDATION HEALTH PLAN OF GEORGIA IN 2012, GEORGIA HEALTH PLAN SERVED 234,407 MEMBERS AND EXPENDED \$34.8 MILLION (AT COST, NET OF \$1.6 MILLION OF RELATED REVENUES) TO SUPPORT COMMUNITY BENEFIT ACTIVITIES THE FOLLOWING SUMMARIZES MANY OF THE SIGNATURE COMMUNITY BENEFIT PROGRAMS AND SERVICES GROUPED ACCORDING TO THE NATIONAL STREAMS OF WORK A CARE AND COVERAGE FOR LOW-INCOME PEOPLE IN 2012, THE GEORGIA HEALTH PLAN EXPENDED \$16.1 MILLION (AT COST, NET OF \$1.6 MILLION OF RELATED REVENUES) TO ADDRESS THE FINANCING AND DELIVERY OF HEALTH CARE FOR POPULATIONS VULNERABLE DUE TO SOCIO-ECONOMIC STATUS, ILLNESS, ETHNICITY, AGE, OR OTHER FACTORS PROGRAM BENEFICIARIES (UNDER-AND UNINSURED) RECEIVED FREE OR DISCOUNTED CARE IN A KAISER PERMANENTE FACILITY OR BY A PERMANENTE PROVIDER 1 CHARITABLE CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE PROGRAMS) IN THE GEORGIA REGION, HEALTH PLAN PROVIDES CHARITY CARE TO LOW-INCOME VULNERABLE POPULATIONS THROUGH THE MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE PROGRAMS IN 2012, THE GEORGIA HEALTH PLAN SPENT APPROXIMATELY \$10.6 MILLION (AT COST, NET OF \$639 THOUSAND OF RELATED REVENUES) ON UNDER-AND UNINSURED PATIENTS - MEDICAL FINANCIAL ASSISTANCE PROGRAM - THE GEORGIA HEALTH PLAN'S MEDICAL FINANCIAL ASSISTANCE (MFA) PROGRAM PROVIDES TEMPORARY FINANCIAL ASSISTANCE AND/OR MEDICALLY NECESSARY SERVICES, MEDICATIONS, AND 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 MORE THAN 2,600 QUALIFIED APPLICANTS BENEFITED FROM THIS PROGRAM IN 2012 - CHARITABLE HEALTH COVERAGE PROGRAM - CHARITABLE HEALTH COVERAGE (CHC) IS A UNIQUE APPROACH TO CARING FOR LOW-INCOME UNINSURED PERSONS IN THE COMMUNITY ELIGIBLE PARTICIPANTS RECEIVE A REGULAR KAISER PERMANENTE MEMBERSHIP CARD AND ACCESS TO THE FULL RANGE OF SERVICES AND PROVIDERS - A MUCH BETTER ALTERNATIVE TO A BRIEF AND COSTLY EMERGENCY ROOM VISIT OR HOSPITALIZATION THIS ALLOWS US TO INVEST IN THE LONGER TERM HEALTH OF PATIENTS AND THE COMMUNITY SINCE INCEPTION IN THE EARLY 1980S, CHC PROGRAMS HAVE MADE A REAL DIFFERENCE IN THE LIVES OF PERSONS WHO MIGHT OTHERWISE HAVE NO OTHER SOURCE OF CARE THE KAISER PERMANENTE BRIDGE PROGRAM ENROLLS AND SUBSIDIZES 95% OF THE PREMIUM FOR UP TO TWO YEARS FOR 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 THROUGHOUT 2012, 2,349 UNIQUE INDIVIDUALS WERE SERVED, WHILE 1,386 INDIVIDUALS WERE NEWLY ENROLLED IN THE BRIDGE PROGRAM THE PROGRAM ENDED THE YEAR WITH OVER 1,600 BRIDGE MEMBERS 2 MEDICAID THE GEORGIA HEALTH PLAN PARTICIPATES IN THE FEDERAL MEDICAID PROGRAM AS A PROVIDER OF PEDIATRIC PRIMARY AND SPECIALTY CARE THROUGH CONTRACTS WITH A MERIGROUP COMMUNITY CARE AND PEACH STATE HEALTH PLAN IN 2012, KAISER PERMANENTE SUPPORTED MORE THAN 16,000 OFFICE VISITS FROM MORE THAN 5,900 PEDIATRIC MEDICAID AND CHILDREN'S HEALTH INSURANCE PLAN (CHIP) PATIENTS</p>

Identifier	Return Reference	Explanation
B COMMUNITY HEALTH INITIATIVES (CHI)		<p>1 COMMUNITY HEALTH EDUCATION AND PREVENTION PROGRAMS - THE GEORGIA HEALTH PLAN IS THE SPONSOR OF 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 IN 2012, 90,000 PEOPLE ATTENDED THE GREEN MARKET - IN 2012 THE GEORGIA HEALTH PLAN OFFERED A VARIETY OF HEALTHY LIVING CLASSES AND CUSTOMIZED PROGRAMS TO OVER 1,260 CLIENTS OF 5 METRO ATLANTA "Y" BRANCHES WHO SERVE VULNERABLE COMMUNITIES 2 GRANTS AND DONATIONS FOR COMMUNITY HEALTH INITIATIVES - THE GEORGIA HEALTH PLAN CONTRIBUTED \$3.5 MILLION TO NONPROFIT ORGANIZATIONS TO SUPPORT A VARIETY OF COMMUNITY HEALTH INITIATIVES C SAFETY NET PARTNERSHIPS GRANTS AND DONATIONS FOR SAFETY NET PARTNERSHIPS - GEORGIA HEALTH PLAN SPENT APPROXIMATELY \$5.9 MILLION ON CHARITABLE CONTRIBUTIONS ASSOCIATED WITH SAFETY NET AND OTHER PRIORITIES IN 2012 - THE GEORGIA HEALTH PLAN WORKED WITH THE GEORGIA CENTER FOR NONPROFITS TO PROVIDE CAPACITY BUILDING CONSULTING TO SAFETY NET CLINICS GEORGIA HEALTH PLAN COLLABORATED WITH KAISER PERMANENTE'S TRAINING AND DEVELOPMENT DEPARTMENT TO PROVIDE A QUALIFIED BILINGUAL 'TRAIN THE TRAINER' AND EDUCATIONAL PROGRAM TO 10 SAFETY NET AND COMMUNITY HEALTH PARTNERS - KAISER PERMANENTE OF GEORGIA AWARDED A CONTRIBUTION OF \$70,000 TO THE PALMETTO HEALTH COUNCIL THIS MONEY WAS USED TO FUND A DEPRESSION CASE MANAGER DURING THE GRANT YEAR, THE CASE MANAGER SERVED 800 PATIENTS DIAGNOSED WITH DEPRESSION OR DEPRESSION/ ANXIETY WHO HAD A CHRONIC ILLNESS SUCH AS CANCER, DIABETES OR HYPERTENSION D DEVELOPING AND DISSEMINATING KNOWLEDGE 1 CLINICAL AND HEALTH RESEARCH - GEORGIA HEALTH PLAN FUNDED APPROXIMATELY \$6.4 MILLION TOWARDS MEDICAL RESEARCH PROJECTS DURING 2012 PROJECTS ARE FUNDED BOTH INTERNALLY AND EXTERNALLY THROUGH FEDERAL AND STATE GOVERNMENT AGENCIES AND OTHER NONPROFIT ORGANIZATIONS SUCH AS UNIVERSITIES AND FOUNDATIONS BESIDES GUIDING OUR CLINICIANS' PRACTICE PATTERNS AND ENHANCING THE HEALTH AND MEDICAL CARE OF OUR MEMBERS, THIS RESEARCH ALSO CONTRIBUTES TO THE WEALTH OF MEDICAL KNOWLEDGE SHARED THROUGH WIDELY-DISSEMINATED PUBLICATIONS AND PRESENTATIONS - IN 2012, KAISER GEORGIA CENTER FOR HEALTH RESEARCH-SOUTHEAST PARTICIPATED IN 106 RESEARCH STUDIES AND DISSEMINATED RESULTS IN 21 PEER-REVIEWED PUBLICATIONS IN SCIENTIFIC JOURNALS THREE STUDIES FOCUSED ON CONDITIONS AFFECTING VULNERABLE POPULATIONS THROUGHOUT GEORGIA INCLUDING 1) ATLANTA BELTLINE, 2) HELPING "LIVE HEALTHY GEORGIA" TO THRIVE, AND 3) PROMOTING INNOVATIVE STRATEGIES TO COMBAT VACCINE REFUSAL IN MINORITY POPULATIONS - KAISER GEORGIA CENTER FOR HEALTH RESEARCH COLLABORATED WITH LOCAL AND NATIONAL INSTITUTIONS INCLUDING THE FOLLOWING THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE GEORGIA DIVISION OF PUBLIC HEALTH, GEORGIA DEPARTMENT OF HUMAN RESOURCES, THE NATIONAL INSTITUTES OF HEALTH, THE FOOD AND DRUG ADMINISTRATION, AND THE NCI'S NATIONAL CANCER INSTITUTE 2 EDUCATIONAL THEATRE PROGRAMS (ETP) - THE GEORGIA HEALTH PLAN SPENT APPROXIMATELY \$1.1 MILLION IN 2012 TO PRODUCE THE EDUCATIONAL THEATRE PROGRAMS (ETP) IN GEORGIA KAISER PERMANENTE GEORGIA'S EDUCATIONAL THEATRE PROGRAM ENGAGES AUDIENCES IN LEARNING VITAL HEALTH MESSAGES THROUGH TWO UNIQUE TEAMS OFFERING A RANGE OF COMPELLING PROGRAMS THE EDUCATIONAL OUTREACH TEAM OFFERS LONG-TERM RESIDENCIES AS WELL AS WORKSHOPS TO UNDERSERVED COMMUNITIES AND SCHOOLS WITH HIGH-NEED STUDENTS THE PERFORMANCE COMPANY CONTINUES THE TRADITION OF TEACHING HEALTHY MESSAGES THROUGH HIGH-QUALITY THEATRE PERFORMANCES FOR SCHOOLS, CHURCHES, AND COMMUNITY GROUPS TOPICS ADDRESSED BY THE TEAMS RANGE FROM AIDS AWARENESS, STRESS MANAGEMENT, EARLY CHILDHOOD SAFETY MESSAGES AND GRIEF MANAGEMENT TO HEALTHY EATING AND ACTIVE LIVING - IN 2012, ETP HELD OVER 1,000 PERFORMANCES FOR A TOTAL AUDIENCE OF MORE THAN 150,000 ADULTS AND CHILDREN 3 TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS 1) PHARMACY RESIDENCY PROGRAM - KAISER PERMANENTE GEORGIA CURRENTLY HAS TWO POST-GRADUATE PHARMACY RESIDENCY PROGRAMS POSTGRADUATE YEAR ONE (PGY1) MANAGED CARE PHARMACY RESIDENCY AND A POST-GRADUATE YEAR TWO (PGY2) AMBULATORY CARE PHARMACY RESIDENCY PROGRAM THE PROGRAMS ARE DESIGNED TO DEVELOP ACCOUNTABILITY, PRACTICE PATTERNS, HABITS, AND EXPERT KNOWLEDGE, SKILLS, ATTITUDES, AND ABILITIES IN THE RESPECTIVE AREA OF PHARMACY PRACTICE - DURING 2012, A TOTAL OF FOUR RESIDENTS PARTICIPATED IN THE POST-GRADUATE PHARMACY PROGRAMS, 2 POSTGRADUATE YEAR ONE (PGY1) AND 2 POSTGRADUATE YEAR TWO (PGY2) RESIDENTS ONE OF THE CURRENT PGY1 RESIDENTS HAS COMMITTED TO CONTINUE IN THE PGY2 PROGRAM IN 2013 AS OF THE END OF 2012, ALL PGY2 AMBULATORY CARE RESIDENTS THAT HAVE COMPLETED THE PROGRAM ARE BOARD-CERTIFIED THIS ACCOMPLISHMENT IS A GOAL OF THE PROGRAM 2) SELF-SUFFICIENCY PROGRAMS - THE INROADS PROGRAM SEEKS TO INCREASE BUSINESS CAREER OPPORTUNITIES AND KNOWLEDGE FOR HIGHLY QUALIFIED DIVERSE STUDENTS WHILE GIVING CORPORATIONS THE</p>

Identifier	Return Reference	Explanation
B COMMUNITY HEALTH INITIATIVES (CHI)		<p>OPPORTUNITY TO DEVELOP DIVERSE MANAGERIAL TALENT INROADS IDENTIFIES INTERESTED AND CAPABLE HIGH SCHOOL, COLLEGE, AND UNIVERSITY STUDENTS WHO ARE PLACED WITHIN HEALTH PLAN'S FACILITIES IN GEORGIA FROM TWO TO FIVE SUMMERS WITH THE GOAL OF PERMANENT PLACEMENT UPON GRADUATION - IN 2012, THE GEORGIA HEALTH PLAN EMPLOYED 8 INROADS INTERNS ONE OF THE INTERNS FROM THE 2012 GRADUATING CLASS WAS HIRED TO A POSITION AT KAISER PERMANENTE. 4 GRANTS AND DONATIONS FOR KNOWLEDGE DISSEMINATION - KAISER FOUNDATION HEALTH PLAN OF GEORGIA WORKS WITH LOCAL COLLEGES AND UNIVERSITIES TO ADDRESS HEALTH CARE WORKER SHORTAGES IN 2012, GEORGIA HEALTH PLAN AWARDED \$470,000 TO SEVERAL HEALTH PROFESSION PROGRAMS SCHOLARSHIP PROGRAMS WERE FUNDED AT 8 NURSING PROGRAMS AND THE MOREHOUSE SCHOOL OF MEDICINE IN ADDITION, CONTRIBUTIONS WERE MADE TO THE MOREHOUSE COLLEGE HEALTH PROFESSION SCHOLARSHIP FUND TO ENCOURAGE UNDERGRADUATE STUDENTS TO PURSUE COLLEGE COURSES THAT WILL LEAD TO CAREERS OR FURTHER EDUCATION IN THE HEALTH CARE FIELD - A CONTRIBUTION OF \$100,000 WAS MADE IN 2012 TO THE SATC HER 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 INVESTMENTS DURING 2012, THE GEORGIA HEALTH PLAN SPENT \$1.6 MILLION ON OTHER COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS BEYOND THE NATIONAL STREAMS OF WORK CHARITABLE CONTRIBUTIONS WERE DEDICATED TO PROGRAMS THAT DO NOT FIT INTO THE FOUR PRIORITY AREAS SUCH AS THE WOODRUFF ARTS CENTER/YOUNG AUDIENCES</p>

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

2012

Open to Public Inspection

Name of the organization  
KAISER FOUNDATION 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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" 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
See Additional Data Table							

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HCMS LLC  ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 20-3924985	CASE MANAGEMENT	CA	NA	N/A	0	0			0		No	0 %
(2) KAISER PERMANENTE VENTURES LLC  ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 27-2252521	INVESTMENTS	CA	NA	N/A	0	0			0		No	0 %

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) OAK TREE ASSURANCE LTD  ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 03-0329760	INUSRANCE	VT	NA	C CORP	0	0	0 %		No
(2) KAISER PERMANENTE INSURANCE COMPANY  ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3203402	INUSRANCE	CA	NA	C CORP	0	0	0 %		No
(3) KAISER PROPERTY SERVICES INC  ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3259432	REAL ESTATE	CA	NA	C CORP	0	0	0 %		No
(4) ARCHIMEDES INC  ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 20-3774729	CONSULTING	CA	NA	C CORP	0	0	0 %		No
(5) KAISER PERMANENTE INTERNATIONAL  ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0	0 %		No

Part V

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

[illegible]

Software ID:

Software Version:

EIN: 58-1592076

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
--> Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
kaiser foundation hospitals	b	59,286	per agreement
kaiser foundation hospitals	e	110,000,000	per agreement
kaiser foundation hospitals	m	263,933,242	per agreement
kaiser foundation hospitals	p	105,152,177	per agreement
kaiser foundation hospitals	q	3,044,045	per agreement
kaiser foundation hospitals	r	193,059,108	per agreement
Kaiser foundation health plan inc	c	2,846,322	per agreement
Kaiser foundation health plan inc	l	7,764,329	per agreement
Kaiser foundation health plan inc	m	34,247,881	per agreement
Kaiser foundation health plan inc	p	20,833,808	per agreement
Kaiser foundation health plan inc	q	12,088,549	per agreement
KFHP of colorado	l	236,822	per agreement
KFHP of colorado	m	196,733	per agreement
KFHP of colorado	p	225,742	per agreement
KFHP of the Mid-Atlantic States	l	1,624,336	per agreement
KFHP of the Mid-Atlantic States	m	662,794	per agreement
KFHP of the Mid-Atlantic States	p	69,647	per agreement
KFHP of the Mid-Atlantic States	q	168,556	per agreement
KFHP of the Northwest	l	140,240	per agreement
KFHP of the Northwest	q	50,994	per agreement
KFHP of OHIO	l	514,833	per agreement
KFHP of OHIO	m	132,620	per agreement
Camp Bowie Service Center	m	3,762,040	per agreement
Camp Bowie Service Center	p	314,236	per agreement
Kaiser Permanente Insurance Company	l	7,162,453	per agreement



Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Kaiser Permanente Insurance Company	m	30,525,706	per agreement
Kaiser Permanente Insurance Company	q	15,506,392	per agreement
Lokahi Assurance Ltd	m	7,706,821	per agreement
Lokahi Assurance Ltd	q	1,143,653	per agreement
Oak Tree Assurance Ltd	m	243,151	per agreement
Oak Tree Assurance Ltd	q	87,783	per agreement