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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2013 Open to Public Inspection
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A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC		D 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 Suite	Room/suite	E Telephone number (510) 271-6611	
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612			
	F Name and address of principal officer Kerry Kohnen ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A			H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1985	M State of legal domicile GA

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE 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 2013 (Part V, line 2a)	5	2,921
6 Total number of volunteers (estimate if necessary)	6	282	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,071	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	9,142	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,664,485	Current Year 3,067,751
	9 Program service revenue (Part VIII, line 2g)	1,131,979,156	1,153,233,358
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,359,705	2,147,460
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	3,066
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,143,003,346	1,158,451,635
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,393,627	6,296,452
Expenses	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)	209,255,812	223,841,074
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b 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)	1,004,569,356	1,008,444,112
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,223,218,795	1,238,581,638
	19 Revenue less expenses Subtract line 18 from line 12	-80,215,449	-80,130,003
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 521,618,742
21 Total liabilities (Part X, line 26)		718,400,600	769,155,897
22 Net assets or fund balances Subtract line 21 from line 20		-196,781,858	-247,435,207

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

Sign Here	Signature of officer				2014-11-11	
	Date					
Paid Preparer Use Only	DEBORAH STOKES SVP, CC & CAO					
	Type or print name and title					
	Print/Type preparer's name ROBERT W FRIZ		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed
	PTIN P00438748					
	Firm's name PricewaterhouseCoopers LLP				Firm's EIN	
	Firm's address 2001 MARKET ST SUITE 1700 PHILADELPHIA, PA 19103				Phone no (510) 271-6385	

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 or note to any line 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 \$ 1,110,147,103 including grants of \$ 0) (Revenue \$ 1,150,358,153)

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

4b

(Code) (Expenses \$ 14,425,313 including grants of \$ 0) (Revenue \$ 819,783)

Charitable Care (Medical Financial Assistance and Charitable Coverage) Kaiser Foundation Health Plan of Georgia (KFHP of Georgia) provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs KFHP of Georgia offers financial assistance through the MFA program to help families and individuals with a demonstrated financial need pay for all or part of the cost of emergency or medically necessary care provided in Kaiser Permanente facilities and/or by Kaiser Permanente providers In 2013, this program assisted approximately 1,900 qualifying applicants The CHC program offers regular Kaiser Foundation Health Plan membership at minimal cost to low income families who are not eligible for other public or privately sponsored coverage More than 1,500 individuals were receiving comprehensive health care through this program at the end of 2013

4c

(Code) (Expenses \$ 10,089,553 including grants of \$ 0) (Revenue \$ 2,055,422)

Medicaid and Other Government Sponsored Programs Kaiser Foundation Health Plan of Georgia (KFHP of Georgia) is committed to improving medical care for beneficiaries of Medicaid and other government sponsored programs, not only for KFHP of Georgia members, but also within the communities we serve KFHP of Georgia participates in the federal Medicaid program as a provider of pediatric primary and specialty care through contracts with Amerigroup Community Care and Peach State Health Plan In 2013, more than 9,860 pediatric Medicaid and Children's Health Insurance Program (CHIP) individuals were receiving benefits under KFHP of Georgia's managed care program

(Code) (Expenses \$ 10,318,927 including grants of \$ 6,296,452) (Revenue \$ 0)

SCH O, COMMUNITY BENEFIT SUMMARY REPORT

4d

Other program services (Describe in Schedule O)



















(Expenses \$ 10,318,927 including grants of \$ 6,296,452) (Revenue \$ 0)

4e

Total program service expenses

1,144,980,896

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government 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 or 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 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	843	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2,921	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line 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. Own website Another's website Upon request 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 - TAX SERVICES ONE KAISER PLAZA STE 15L OAKLAND, CA 94612 (510) 271-6385

Part VII

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

Check if Schedule O contains a response or note to any line 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	847,057	14,983
(2) Jeffrey Koplan Director	1 0 0 0	X						22,500	0	0
(3) Kathryn Lancaster EVP & CFO	5 0 45 0	X		X				0	2,196,752	141,775
(4) Donna Lynne Director/Chair/Group President	4 0 46 0	X		X				0	1,236,958	413,628
(5) Bernard J Tyson CEO & President	5 0 45 0	X		X				0	4,150,020	139,874
(6) Mark Wilson Director	3 0 0 0	X						42,096	0	0
(7) George C Halvorson CHIEF EXECUTIVE OFFICER	5 0 45 0			X				0	10,049,725	146,207
(8) Kirkland A McGhee Assistant Secretary	50 0 0 0			X				0	260,831	41,922
(9) Thomas R Meier SVP, Corporate Treasurer	3 0 47 0			X				0	1,047,162	44,749
(10) Donald H Orndoff SVP, Nat'l Facilities Services	5 0 45 0			X				0	929,854	170,182
(11) Jacqueline Sellers SR COUNSEL/Assistant Secretary	1 0 49 0			X				0	248,419	3,983
(12) Arthur M Southam EVP, Health Plan Operations	5 0 45 0			X				0	2,609,154	45,573
(13) Deborah Stokes SVP,Corporate Controller & CAO	4 0 46 0			X				0	764,912	-2,441
(14) Cherita L White Assistant Secretary	50 0 0 0			X				0	107,365	20,267
(15) Victoria B Zatkín Assistant Secretary	4 0 46 0			X				0	330,156	13,335
(16) Mark S Zemelman SVP, General Counsel&Secretary	2 0 48 0			X				0	1,323,548	43,660
(17) James L Cullinan VP,Mktg Sales & Business Devm't	50 0 0 0				X			0	327,890	62,213

Part VII

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

(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			
(18) Pamela A Hara VP, Quality Risk Mgmt/PoP Hlth	50 0 0 0				X			0	433,013	92,411
(19) Carrie J Jennison VP, Strategy - Georgia	50 0 0 0				X			0	546,310	94,240
(20) Michael Bernard Wathen VP,Health Plan Svcs Admin - GA	50 0 0 0				X			0	207,638	71,182
(21) Dawn Bading VP, Human Resources - GA	50 0 0 0					X		0	378,016	78,077
(22) Robert L Davis Director, Research	50 0 0 0					X		0	531,889	55,188
(23) Artemus E George Manager,KPIF/Small Group Sales	50 0 0 0					X		0	263,081	8,501
(24) Jonna L Kirkwood VP, Operations - GA	50 0 0 0					X		0	330,726	107,572
(25) Beverly Thomas VP, Community & Public Affairs	50 0 0 0					X		0	389,775	26,951
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								64,596	29,510,251	1,834,032

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶241

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

Section B. Independent Contractors

1Complete 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
SOUTHEASTERN PERMANENTE MEDICAL GRO, 3495 PIEDMONT ROAD NE ATLANTA GA 30305	MEDICAL SERVICES	257,942,347
NORTHSIDE HOSPITAL, PO BOX 101818 ATLANTA GA 30392	MEDICAL SERVICES	88,153,437
PIEDMONT HOSPITAL, PO BOX 102526 ATLANTA GA 30368	MEDICAL SERVICES	55,311,800
CHILDREN'S HEALTHCARE OF ATLANTA, PO BOX 116101 ATLANTA GA 30368	MEDICAL SERVICES	16,995,012
GWINNETT HOSPITAL SYSTEM, PO BOX 116360 ATLANTA GA 30368	MEDICAL SERVICES	13,425,536
2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶287		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	2,630,394			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	437,357			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	3,067,751			
Program Service Revenue	2a	MEMBERS HEALTH CARE	Business Code 621400	885,282,393	885,282,393	
	b	MEDICARE/MEDICAID PAYMENTS	621400	179,901,037	179,901,037	
	c	SUPPLEMENTAL CHARGE	621400	58,507,127	58,507,127	
	d	NON-PLAN & INDUSTRIAL	621400	3,210,623	3,201,618	9,005
	e	OTHER PROGRAM SERVICES	621400	26,332,178	26,332,178	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	1,153,233,358			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	2,461,505			2,461,505
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	Gross rents	(i) Real 4,500	(ii) Personal		
	b	Less rental expenses	1,434			
	c	Rental income or (loss)	3,066	0		
	d	Net rental income or (loss)	3,066		3,066	
	7a	Gross amount from sales of assets other than inventory	(i) Securities 225,004,017	(ii) Other 574,552		
	b	Less cost or other basis and sales expenses	225,571,920	320,694		
	c	Gain or (loss)	-567,903	253,858		
	d	Net gain or (loss)	-314,045			-314,045
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue	Business Code			
	11a					
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	0			
	12	Total revenue. See Instructions	1,158,451,635	1,153,224,353	12,071	2,147,460

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 or note to any line 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.	6,296,452	6,296,452		
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.	64,596		64,596	
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.	163,269,572	143,731,057	19,538,515	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	22,110,749	22,110,749		
9	Other employee benefits.	24,079,835	18,362,724	5,717,111	0
10	Payroll taxes.	14,316,322	14,002,256	314,066	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	360,602		360,602	
c	Accounting.	950,747		950,747	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	295,929		295,929	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	210,084,159	192,544,809	17,539,350	
12	Advertising and promotion.	9,345,103	621,383	8,723,720	
13	Office expenses.	2,441,718	2,034,794	406,924	
14	Information technology.	76,517,454	70,571,040	5,946,414	
15	Royalties.	0			
16	Occupancy.	11,372,059	11,372,059		
17	Travel.	2,001,673	1,554,058	447,615	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	355,289		355,289	
20	Interest.	10,409,511	10,409,511		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	17,414,313	17,414,313		
23	Insurance.	4,581,302	4,581,302		
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	452,198,140	452,198,140		
b	SUPPLIES	133,108,715	127,024,815	6,083,900	
c	INTER-REGIONAL CHARGES	37,423,821	33,662,035	3,761,786	
d	REPAIRS & MAINTENANCE	7,314,216	7,241,540	72,676	
e	All other expenses	32,269,361	9,247,859	23,021,502	
25	Total functional expenses. Add lines 1 through 24e.	1,238,581,638	1,144,980,896	93,600,742	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 or note to any line in this Part X ☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		620,212	2	480,473
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		37,920,426	4	41,545,470
	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		9,772,183	8	11,012,801
	9	Prepaid expenses and deferred charges		1,387,831	9	1,374,752
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 404,274,682			
	b	Less: accumulated depreciation	10b 167,051,133	215,610,358	10c	237,223,549
	11	Investments—publicly traded securities		255,933,826	11	229,951,515
	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		373,906	15	132,130
	16	Total assets. Add lines 1 through 15 (must equal line 34)		521,618,742	16	521,720,690
Liabilities	17	Accounts payable and accrued expenses		114,400,136	17	69,421,560
	18	Grants payable		0	18	0
	19	Deferred revenue		14,622,269	19	13,633,365
	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		589,378,195	25	686,100,972
	26	Total liabilities. Add lines 17 through 25		718,400,600	26	769,155,897
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		8,511,540	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		-205,293,398	32	-255,946,747
	33	Total net assets or fund balances		-196,781,858	33	-247,435,207
	34	Total liabilities and net assets/fund balances		521,618,742	34	521,720,690

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,158,451,635
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,238,581,638
3	Revenue less expenses Subtract line 2 from line 1	3	-80,130,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-196,781,858
5	Net unrealized gains (losses) on investments	5	1,054,452
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	28,422,202
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-247,435,207

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		No
2b	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	Yes	
2c	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	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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC	Employer identification number 58-1592076
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input checked="" type="checkbox"/>	An organization that normally receives (1) more than 33 ¹ / ₃ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 ¹ / ₃ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,057,241	2,350,668	8,056,693	4,664,485	3,067,751	20,196,838
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	1,060,150,602	945,171,878	1,087,593,114	1,131,979,156	1,153,215,348	5,378,110,098
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	1,062,207,843	947,522,546	1,095,649,807	1,136,643,641	1,156,283,099	5,398,306,936
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)						5,398,306,936

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	1,062,207,843	947,522,546	1,095,649,807	1,136,643,641	1,156,283,099	5,398,306,936
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,254,905	4,327,774	3,549,083	2,761,470	2,461,505	18,354,737
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					9,142	9,142
c Add lines 10a and 10b	5,254,905	4,327,774	3,549,083	2,761,470	2,470,647	18,363,879
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)	1,067,462,748	951,850,320	1,099,198,890	1,139,405,111	1,158,753,746	5,416,670,815
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 2013 (line 8, column (f) divided by line 13, column (f))	15	99 661 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99 581 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0 339 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0 419 %
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** 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

Return Reference	Explanation	
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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 GEORGIAINC	Employer identification number 58-1592076
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
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) 2010	(b) 2011	(c) 2012	(d) 2013	(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			
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		141,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		12,319
j	Total. Add lines 1c through 1i.			153,319
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).		
a	Current year.	2a	
b	Carryover from last year.	2b	
c	Total.	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions).	5	

Part IV

Supplemental Information

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.

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, THE BROADER COMMUNITYAND 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 ANY OF HEALTH PLAN'S RESOURCES BEING USED IN ANY POLITICAL CAMPAIGNS. THIS POLICY IS CLOSELY MONITORED FOR COMPLIANCE. DURING THE YEAR THIS ORGANIZATION MADE COMMENTS OR STATEMENTS CONCERNING LEGISLATION AND BALLOT INITIATIVES WHICH MAY AFFECT THE HEALTH CARE INDUSTRY. HEALTH PLAN 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, ITS MEMBERS AND ITS PATIENTS BY PERFORMING THE FOLLOWING ACTIVITIES: - COLLECTING, ANALYZING AND DISTRIBUTING WITHIN THE ORGANIZATION, PUBLIC AND PRIVATE POLICY RECOMMENDATIONS REGARDING PROPOSED LEGISLATION THAT AFFECT THE OPERATION OF HEALTH PLAN AND ITS ABILITY TO PROVIDE QUALITY HEALTH AND MEDICAL CARE SERVICES TO ITS MEMBERS AND THE BROADER COMMUNITY IN A COST EFFECTIVE MANNER. - 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. - PREPARING WRITTEN AND ORAL TESTIMONY, APPEARING AT LEGISLATIVE HEARINGS, MONITORING LEGISLATIVE PROCEEDINGS AND MEETING WITH LEGISLATORS AND/OR THEIR STAFFS REGARDING ISSUES PERTINENT TO THE MISSION OF HEALTH PLAN. 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 AND PATIENTS OF HEALTH PLAN. OTHER EMPLOYEES AND OFFICERS PERFORM SERVICES BY DELIVERING SPEECHES AT VARIOUS PUBLIC AND PRIVATE FUNCTIONS AND IN SERVING AS FACULTY IN HEALTHCARE RELATED EDUCATIONAL PROGRAMS THROUGHOUT THE COMMUNITY.

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**

▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC	Employer identification number 58-1592076
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area

☐ Protection of natural habitat☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the 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?

☐ **Yes**☐ **No**

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ **Yes**☐ **No**

9

In Part 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

b

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

3b
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		24,128,466		24,128,466
b Buildings		201,445,290	73,659,327	127,785,963
c Leasehold improvements		39,080,298	23,441,075	15,639,223
d Equipment		102,999,586	68,640,415	34,359,171
e Other		36,621,042	1,310,316	35,310,726
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				237,223,549

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,161,605,631
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,054,452
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,530,207
e	Add lines 2a through 2d	2e	2,584,659
3	Subtract line 2e from line 1	3	1,159,020,972
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	-569,337
c	Add lines 4a and 4b	4c	-569,337
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,158,451,635

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,212,258,980
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	-22,855,987
e	Add lines 2a through 2d	2e	-22,855,987
3	Subtract line 2e from line 1	3	1,235,114,967
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	3,466,671
c	Add lines 4a and 4b	4c	3,466,671
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,238,581,638

Part XIII

Supplemental Information

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.

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 FOOTNOTE THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE UNDER FIN 48
SCHEDULE D, PART XI	RECONCILIATION OF REVENUE LINE 2D INTER-ENTITY REVENUE - RECLASS 7,929,741 BAD DEBT EXPENSES - RECLASS < 3,170,742 > GAIN/LOSS ON INVESTMENTS - BOOK 131,555 Investment Management Expenses < 295,929 > OTTI LOSSES - SEE "NOTE 1" < 3,064,418 > TOTAL LINE 2D 1,530,207 NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT (OTTI) OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED LINE 4B RENTAL EXPENSES < 1,434 > GAIN/LOSS ON INVESTMENTS - TAX < 567,903 > TOTAL LINE 4B < 569,337 >
SCHEDULE D, PART XII	RECONCILIATION OF EXPENSES Line 2D RENTAL EXPENSES \$ 1,434 INTER-ENTITY REVENUE - RECLASS 7,929,741 CHANGE IN PENSION & OTHER COMPREHENSIVE INCOME < 30,787,162 > TOTAL LINE 2D < 22,855,987 > Line 4B INVESTMENT MANAGEMENT FEES \$ 295,929 Bad Debt Expenses - Reclass 3,170,742 TOTAL LINE 4B 3,466,671

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC

Employer identification number
58-1592076

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

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

73

3

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

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANTS 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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
11 Atlanta Community Service Awards One Monroe Place Atlanta,GA 30324	51-0168764	501(c)(3)	5,300				Event sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID Atlanta 1605 Peachtree St NE Atlanta, GA 30309	58-1537967	501(c)(3)	50,000				HIV Care

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 1101 Northchase Pky 1 Marietta,GA 30067	13-5613797	501(c)(3)	46,990				Event sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Armstrong Atlantic State University Fdn 11935 Abercorn St Savannah, GA 31419	58-1577237	501(c)(3)	15,000				Nursing Scholarships

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
Athens Area Community Foundation 1240 South Lumpkin St Athens, GA 30602	26-1838979	501(c)(3)	22,600				Access to care

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
Athens Land Trust 685 N Pope Street Athens,GA 30601	58-2154133	501(c)(3)	10,000				Farmers Market

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 Community Food Bank 732 Joseph E Lowery Atlanta, GA 30318	58-1376648	501(c)(3)	65,000				Healthy Foods

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 Ten Peachtree Pl 620 Atlanta, GA 30309	23-7015688	501(c)(3)	6,000				Event sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Atlanta Women's Foundation 50 Hurt Plaza Ste 401 Atlanta, GA 30303	58-2389721	501(c)(3)	50,000				Grant Cycle

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
Boys & Girls Clubs of Metro Atlanta 1275 Peachtree ST Atlanta, GA 30309	58-0566123	501(c)(3)	46,600				Teen Ambassadors

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
Captain Planet Foundation 133 Luckie St 2nd FL Atlanta, GA 30303	58-1959421	501(c)(3)	45,600				Learning Gardens

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
Chattahoochee Nature Center 9135 Willeo Road Roswell, GA 30075	58-1275604	501(c)(3)	27,700				Community Garden

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 1584 Tullie Circle NE Atlanta, GA 30329	58-1710601	501(c)(3)	1,000,000				Access to Care

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 Museum of Atlanta 275 Centennial Olympic Atlanta, GA 30313	58-1785484	501(c)(3)	90,000				Health Education

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
CHRIS Kids 1017 Fayetteville Rd Atlanta, GA 30316	58-1430183	501(c)(3)	70,000				Mental Health

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Clarkston Community Center Foundation 3701 College Ave Clarkston,GA 30021	58-2127610	501(c)(3)	20,000				Food Security

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 State University Foundation 2000 Clayton State Morrow, GA 30260	23-7419285	501(c)(3)	80,000				Nursing Scholarships

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
Decatur Cooperative Ministry 115 Church Street Decatur, GA 30030	58-1082247	501(c)(3)	10,800				Food Cooperative

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
Diabetes Association of Atlanta 100 Edgewood Ave Atlanta, GA 30303	58-0973055	501(c)(3)	45,600				Diabetes 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
East Lake Foundation 2606 Alston Dr SE Atlanta, GA 30317	58-2204306	501(c)(3)	16,000				Learning Garden

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 University 1762 Clifton Rd 1400 Atlanta, GA 30322	58-0566256	501(c)(3)	8,000				Event sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Families First 1105 West Peachtree Atlanta, GA 30309	58-1054331	501(c)(3)	75,000				Teen Pregnancy

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fernbank 767 Clifton Rd NE Atlanta, GA 30307	58-6028607	501(c)(3)	43,700				Youth Education

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
First Step Staffing 302 Decatur St SE Atlanta, GA 30312	20-8038859	501(c)(3)	85,000				First Step Benefits

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
GA Campaign for Adolescent Power 1718 Peachtree Ste 465 Atlanta, GA 30309	31-1520709	501(c)(3)	44,200				Health Education

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 Charitable Care Network One West Court Square Suite 200 Decatur, GA 30030	80-0100336	501(c)(3)	50,000				Operational Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgia Conservancy 817 W Peachtree St Atlanta, GA 30308	58-1027246	501(c)(3)	64,150				School Siting

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 Family Connection Partnership 235 Peachtree St Atlanta, GA 303031422	58-1888262	501(c)(3)	41,300				LBW Initiative

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 Health News 2635 Rangewood Ct Atlanta, GA 30345	27-3543332	501(c)(3)	8,500				Health Awareness

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 Organics 200 A Ottley Drive Atlanta, GA 30324	58-2345310	501(c)(3)	55,000				Farm to School

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 3251 Panthersville Rd Decatur, GA 30034	58-1492364	501(c)(3)	80,000				Nursing Scholarships

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 Southern University Foundation 1332 Southern Drive Statesboro, GA 30458	58-6034031	501(c)(3)	15,000				Nursing Scholarships

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 State University Foundation 140 Decatur St 918A Atlanta, GA 30302	58-6033185	501(c)(3)	80,000				Nursing Scholarships

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 3700 Club Drive Lawrenceville, GA 30044	27-0080400	501(c)(3)	15,000				Access to Care

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
HABESHA 477 Windsor Street Atlanta, GA 30312	02-0536428	501(c)(3)	25,000				Urban Agriculture

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
Health Education Assessment and Leadership 2600 MLK Jr Blvd SW Atlanta,GA 30311	26-3990559	501(c)(3)	43,682				Access to Care

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Henry W Grady Health System Foundation 191 Peachtree Ste 820 Atlanta, GA 30303	58-2130437	501(c)(3)	2,000,000				Access to Care

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 Medical Association 100 Edgewood Ave 820 Atlanta, GA 30303	58-2372394	501(c)(3)	9,200				Event sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hosea Feed the Hungry and Homeless 1035 Donnelly Ave SW Atlanta, GA 30310	58-1340903	501(c)(3)	50,000				Healthy Foods

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
It is The Journey 270 Carpenter Dr Ste 515 Atlanta, GA 30328	47-0897591	501(c)(3)	28,000				Event sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jerusalem House 17 Executive Park Dr NE Atlanta, GA 30329	58-1829807	501(c)(3)	50,000				Housing Programs

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 460 Abernathy Rd NE Atlanta, GA 30328	58-0598050	501(c)(3)	30,000				Finance Park

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 1000 Chastain Rd Kennesaw, GA 30066	23-7034345	501(c)(3)	80,000				Nursing Scholarships

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 Corp 5357 Chapel Hill Rd Suite 290 Douglasville,GA 30135	27-0070164	501(c)(3)	6,500				Event sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Middle Georgia State College Foundation 100 College Station Dr Macon, GA 31210	23-7066010	501(c)(3)	15,000				Nursing Scholarships

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUST Ministries 1407 Cobb Parkway North Marietta,GA 30061	58-2034725	501(c)(3)	50,000				Summer Lunch

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 233 Peachtree St NE Atlanta, GA 30303	58-1883895	501(c)(3)	35,000				Community Gardening

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 Against Domestic Violence 315 W Ponce de Leon Ave Decatur, GA 30030	58-1314556	501(c)(3)	50,000				Teen Counseling

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
Pedestrians Educating Drivers on Safety 1389 Peachtree St NE Atlanta, GA 30309	58-2267503	501(c)(3)	25,000				Safe Transit Routes

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 400 Park Drive NE Atlanta, GA 30306	58-1551369	501(c)(3)	86,450				Healthy Living

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
Positive Impact 60 Eleventh St NE Atlanta,GA 30309	58-1996675	501(c)(3)	17,300				Mental Health

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project Open Hand-Atlanta 176 Ottley Drive Atlanta, GA 30324	58-1816778	501(c)(3)	95,000				Nutrition Care

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 1280 Peachtree St NE Atlanta, GA 30309	58-0633971	501(c)(3)	99,000				Educational Programs

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
Southeastern Horticultural Society 1705 Commerce Dr NW Atlanta, GA 30318	58-2065243	501(c)(3)	40,000				Educational Programs

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
Spelman College 350 Spelman Lane SW Atlanta, GA 303144399	58-0566243	501(c)(3)	30,750				Wellness Revolution

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 4840 Roswell Rd Bldg D Atlanta, GA 30342	58-1959763	501(c)(3)	7,000				Event sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tanner Medical Center 705 Dixie Street Carrollton, GA 30117	58-1790149	501(c)(3)	41,800				Diabetes Care

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 Corporation of Mercer University 3001 Mercer University Dr Atlanta, GA 30341	58-0566167	501(c)(3)	30,000				Pharmacy Scholarships

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 Environmental Fund for Georgia 100 Peachtree St NW Atlanta, GA 30303	58-2022001	501(c)(3)	50,000				Environment Protection

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 Health Initiative 1530 DeKalb Ave NE A Atlanta, GA 30307	58-2271500	501(c)(3)	13,700				LGBT Access to Care

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 King Center 449 Auburn Ave NE Atlanta, GA 30312	58-1030989	501(c)(3)	13,500				Event sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Morehouse School Of Medicine 720 Westview Dr SW Atlanta, GA 30310	58-1438873	501(c)(3)	160,000				Scholarship/Health Edu

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 Sheltering Arms 385 Centennial Olympic Atlanta, GA 30313	58-0566236	501(c)(3)	20,000				Operation StoryBook

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Metropolitan Atlanta 100 Edgewood Ave NE Atlanta, GA 30303	58-0566194	501(c)(3)	200,000				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 Georgia Foundation 394 S Milledge Ave Athens, GA 30602	58-6033837	501(c)(3)	53,100				Scholarships

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 1601 Maple Street Carrolllton,GA 30118	58-6056464	501(c)(3)	20,000				Nursing Scholarships

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
View Point Health 175 Gwinnett Dr Lawrenceville,GA 30046	58-2103187	Government	35,000				Integrated Healthcare

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
Voices for Georgia's Children 100 Edgewood Ave NE Atlanta, GA 30303	02-0678823	501(c)(3)	41,800				Childhood Obesity

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
Wylde Center 435 Oakview Rd Decatur,GA 30078	58-2339007	501(c)(3)	17,900				Community Gardens

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
Year Up 730 Peachtree St Suite 100 Atlanta, GA 30308	04-3534407	501(c)(3)	25,000				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 100 Edgewood Ave1100 NW Atlanta, GA 30303	58-0566253	501(c)(3)	200,000				Healthy Children

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
YWCA of Greater Atlanta 957 North Highland Ave Atlanta, GA 30306	58-0593442	501(c)(3)	52,000				Breast Cancer

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
YWCA of Northwest Georgia 48 Henderson St Marietta,GA 30064	58-0617782	501(c)(3)	43,330				Domestic Violence

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC

Employer identification number
58-1592076

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><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><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></div></div></div>		
<div><div>b</div><div>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</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>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><div><div><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><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></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	Yes
<div><div>8</div><div>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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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

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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	- METHODS USED TO ESTABLISH CONSIDERATION OF CEO/EXECUTIVE DIRECTOR - Kaiser Foundation Health Plan of Georgia relied on Kaiser Foundation Health Plan, Inc. that used one or more of the methods described below to establish the top management officials' compensation - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Written employment contract - Compensation survey or study, and - Approval by the board or compensation committee
SCHEDULE J, PART I, LINE 4a	- Severance Payment - Robert L Davis \$ 339,397 Listed persons participated in arrangements entitling them to severance benefits in the event of termination by the organization without cause or due to job elimination. Depending on position level, tenure, and termination reason, severance benefits payable under these arrangements provide for pay and health benefits continuation plus payment of accrued obligations. In addition, for some of the listed persons, severance benefits payable include prorated incentive awards for performance periods not yet ended. None of the listed persons participated in arrangements entitling them to change-of-control payments.
SCHEDULE J, PART I, LINE 4b	- Supplemental Nonqualified Retirement Plan Payment - Dawn Bading \$ 65,106 George Halvorson 1,500,000 Kerry Kohnen 272,426 Kathryn Lancaster 267,106 Thomas Meier 246,161 arthur southam 314,156 Deborah Stokes 50,089 Beverly Thomas 107,061 bernard J tyson 555,429 Victoria B Zatkin 2,976 Mark Zemelman 156,419 Some of the participants listed in schedule J, part II participated in nonqualified supplemental retirement plans. Under these plans, the organization makes annual contributions to a notional account on behalf of each participant. Contributions vary by position, level and pay, and vest over time based on age and/or service. Participant accounts are credited with a fixed rate of interest, invested in available mutual funds or a combination of both. Certain officers accrue a benefit that vests based on age and service and targets a percentage of final average pay less prior plan offsets. Unvested amounts are subject to risk of forfeiture.
SCHEDULE J, PART I, LINE 7	- Non-Fixed Payments - The organization provided non-fixed payments to some of the persons listed. Payments were made under incentive plans, based on attainment of organizational performance goals and individual performance, designed to support the organization's mission to provide high-quality, affordable care and improve the health of its members and the communities it serves.
SCHEDULE J, PART II, COLUMN C	The actuarial value for some individuals' defined benefit plan declined in 2013, resulting in negative values in column (C) in some instances.
SCHEDULE J, PART II	Kathy Lancaster - Board of Director Effective 9/12/2013 Bernard J Tyson - Board of Director TO 9/12/2013

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Dawn Bading VP, Human Resources - GA	(i)	0	0	0	0	0	0	0
	(ii)	193,115	86,923	97,978	48,052	30,025	456,093	65,106
James L Cullinan VP,Mktg Sales & Business Devmt	(i)	0	0	0	0	0	0	0
	(ii)	209,994	101,119	16,777	44,493	17,720	390,103	0
Robert L Davis Director, Research	(i)	0	0	0	0	0	0	0
	(ii)	165,005	0	366,884	45,162	10,026	587,077	0
Artemus E George Manager,KPIF/Small Group Sales	(i)	0	0	0	0	0	0	0
	(ii)	100,836	158,863	3,382	844	7,657	271,582	0
George C Halvorson CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	1,302,727	7,147,272	1,599,726	112,605	33,602	10,195,932	0
Pamela A Hara VP, Quality Risk Mgmt/PoP Hlth	(i)	0	0	0	0	0	0	0
	(ii)	212,948	69,276	150,789	68,739	23,672	525,424	0
Carrie J Jennison VP, Strategy - Georgia	(i)	0	0	0	0	0	0	0
	(ii)	348,424	169,921	27,965	71,760	22,480	640,550	0
Jonna L Kirkwood VP, Operations - GA	(i)	0	0	0	0	0	0	0
	(ii)	235,095	77,882	17,749	77,505	30,067	438,298	0
Kerry Kohnen Region President - Georgia	(i)	0	0	0	0	0	0	0
	(ii)	390,038	162,041	294,978	-6,735	21,718	862,040	272,426
Kathryn Lancaster EVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	676,598	1,210,688	309,466	125,720	16,055	2,338,527	266,810
Donna Lynne Director/Chair/Group President	(i)	0	0	0	0	0	0	0
	(ii)	522,385	671,301	43,272	386,467	27,161	1,650,586	0
Kirkland A McGhee Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	200,847	55,801	4,183	28,417	13,505	302,753	0
Thomas R Meier SVP, Corporate Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	325,824	438,610	282,728	14,386	30,363	1,091,911	244,843
Donald H Orndoff SVP, Nat'l Facilities Services	(i)	0	0	0	0	0	0	0
	(ii)	401,454	505,726	22,674	143,813	26,369	1,100,036	0
Jacqueline Sellers SR COUNSEL/Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	187,644	55,237	5,538	-7,251	11,234	252,402	0
Arthur M Southam EVP, Health Plan Operations	(i)	0	0	0	0	0	0	0
	(ii)	775,034	1,476,834	357,286	22,139	23,434	2,654,727	311,627
Deborah Stokes SVP,Corporate Controller & CAO	(i)	0	0	0	0	0	0	0
	(ii)	346,256	347,325	71,331	-22,132	19,691	762,471	50,089
Beverly Thomas VP, Community & Public Affairs	(i)	0	0	0	0	0	0	0
	(ii)	188,671	72,238	128,866	14,423	12,528	416,726	107,061
Bernard J Tyson CEO & President	(i)	0	0	0	0	0	0	0
	(ii)	1,094,700	2,373,012	682,308	111,774	28,100	4,289,894	555,429
Michael Bernard Wathen VP,Health Plan Svcs Admin - GA	(i)	0	0	0	0	0	0	0
	(ii)	173,643	17,167	16,828	47,403	23,779	278,820	0

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 B Zarkin Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	200,385	91,393	38,378	8,542	4,793	343,491	0
Mark S Zemelman SVP, General Counsel&Secretary	(i)	0	0	0	0	0	0	0
	(ii)	493,974	632,158	197,416	17,865	25,795	1,367,208	155,249

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC	Employer identification number 58-1592076
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Return Reference	Explanation
FORM 990, PART VI, LINE 4	Changes to Governing Documents 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 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

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

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)

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	<p>Approval of Certain Governance Decisions The following actions of the corporation require the approval of the member</p> <p>Typically the member (KFHP, Inc) would approve actions requiring member approval and the Board of Directors of KFHP-GA also would approve or ratify the action</p> <p>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, 2 The sale, lease, exchange, or other disposition of, the mortgage, pledge or dedication to the repayment of indebtedness (whether with or without recourse), or any other encumbrance of property of the corporation, or the acquisition of assets, whether or not in the usual or regular course of the corporation's activities, where the fair market value of such corporate property or assets being disposed of, acquired or encumbered exceeds 10% of the value of the assets of the corporation as reflected in the most recent annual or quarterly financial statements that are available on the date immediately preceding the date of the relevant transaction shall require the approval of the member, 3 Capital expenditures that exceed \$25 million shall require the approval of the member, 4 The issuance of tax-exempt bonds, 5 Amendments to Article C (Members), D (Directors) and H (Amendment and Effect of Bylaws) of the Bylaws and amendments to the Articles of Incorporation Article A (Purposes), B (Offices), E (Officers), F (Committees) and G (Miscellaneous) of the Bylaws may be amended by the Board of KFHP-GA acting alone and do not require ratification by the member</p>

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 The tax return is reviewed and signed by a Pricewaterhousecoopers LLP tax advisor 4 The complete tax return is reviewed and signed by an officer or a member of management designated by an officer 5 A copy of the return is provided to each board member prior to filing

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>COMPLIANCE ENFORCEMENT 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 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</p>

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

Return Reference	Explanation
FORM 990, PART VI, LINE 18	Form 990 is available on www.guidestar.org

Return Reference	Explanation
FORM 990, PART VI, LINE 19	<p>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 - TAX SERVICES Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Suite 15L Oakland, CA 94612</p>

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES CHANGE IN OTHER COMPREHENSIVE INCOME \$ 30,787,162 SUBTRACT GAIN/LOSS ON INVESTMENTS - TAX 567,903 GAIN/LOSS ON INVESTMENTS - BOOK 131,555 OTHER THAN TEMPORARY IMPAIRMENTS < 3,064,418> TOTAL 28,422,202

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A-D	<p>2013 COMMUNITY BENEFIT SUMMARY REPORT KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC 'S COMMITMENT TO THE COMMUNITY KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC (GEORGIA HEALTH PLAN OR KFHP-GA) PROVIDES AND ARRANGES COMPREHENSIVE HEALTH CARE SERVICES FOR MEMBERS ON A PREDOMINANTLY PREPAID BASIS ITS CONTRACTUAL OBLIGATIONS TO GROUP AND INDIVIDUAL MEMBERS ARE FULFILLED BY CONTRACTING WITH LOCAL HOSPITALS AND PERMANENTE PHYSICIANS TO PROVIDE THE REQUIRED HEALTH CARE SERVICES KFHP-GA STRIVES FOR EXCELLENCE IN SERVING ITS MEMBERS THROUGH MARKET-LEADING PERFORMANCE IN QUALITY AND SERVICE AS A SUBSIDIARY OF KAISER FOUNDATION HEALTH PLAN, INC (KFHP, INC), MEMBERSHIP IS AVAILABLE WITHOUT REGARD TO AGE, SEX, RACE, RELIGION, OR NATIONAL ORIGIN, OR TO THE INDIVIDUAL'S ABILITY TO PAY HEALTH PLAN MEMBERS ARE BROADLY REPRESENTATIVE OF THE COMMUNITIES SERVED ONCE ENROLLED, A MEMBER MAY MAINTAIN MEMBERSHIP REGARDLESS OF HEALTH OR EMPLOYMENT STATUS AS RELATED ORGANIZATIONS, KAISER FOUNDATION HEALTH PLAN, INC AND KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC ARE COMMITTED TO IMPROVING THE HEALTH OF COMMUNITIES BEYOND ENROLLED MEMBERSHIP ANNUAL DIRECT COMMUNITY BENEFIT INVESTMENTS (DCBI) ARE A FUNDAMENTAL EMBODIMENT OF THE ORGANIZATIONS' ONGOING COMMITMENT TO IMPROVE GENERAL WELLBEING WITHIN THE BROADER COMMUNITY THESE INVESTMENTS RESULT IN INTENTIONAL, PLANNED, BUDGETED, MEASURABLE, AND ACCOUNTABLE BENEFITS INTENDED TO ADDRESS MANY OF THE HEALTH CHALLENGES FACED AT THE INDIVIDUAL, LOCAL, STATE AND NATIONAL LEVELS IN 2007, KAISER FOUNDATION HEALTH PLAN, INC'S BOARD OF DIRECTORS REFINED THE FOCUS OF THE ORGANIZATIONS' 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 POLICYMAKERS ABOUT EVIDENCE BASED CARE AND HEALTH THE FOLLOWING ARE DETAILS OF COMMUNITY BENEFIT ACTIVITIES PROVIDED BY KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC IN 2013, GEORGIA HEALTH PLAN SERVED OVER 240,000 MEMBERS AND EXPENDED \$32 MILLION (AT COST, NET OF \$2.9 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 2013, THE GEORGIA HEALTH PLAN EXPENDED \$21.6 MILLION (AT COST, NET OF \$2.9 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 A BY PERMANENTE PROVIDER 1 CHARITABLE CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE PROGRAMS) GEORGIA HEALTH PLAN PROVIDES CHARITY CARE TO LOW-INCOME VULNERABLE POPULATIONS THROUGH THE MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE PROGRAMS IN 2013, GEORGIA HEALTH PLAN SPENT APPROXIMATELY \$13.6 MILLION (AT COST, NET OF \$820 THOUSAND OF RELATED REVENUES) ON UNDER- AND UNINSURED PATIENTS 1A MEDICAL FINANCIAL ASSISTANCE PROGRAM - GEORGIA HEALTH PLAN'S MEDICAL FINANCIAL ASSISTANCE (MFA) PROGRAM PROVIDES FINANCIAL ASSISTANCE FOR EMERGENCY AND 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 ELIGIBILITY IS BASED UPON PRESCRIBED LEVELS OF INCOME AND EXPENSES IN 2013, MORE THAN 1,900 QUALIFIED APPLICANTS BENEFITED FROM THIS PROGRAM, RECEIVING FULL OR PARTIAL FOREGIVENESS FOR NEARLY 16,000 OUTPATIENT VISITS - GEORGIA HEALTH PLAN'S CHARITY CARE PROGRAM ALSO PROVIDES DISCOUNTED CHARGES FOR UNINSURED PATIENTS BELOW 400% OF FEDERAL POVERTY GUIDELINES AND CONTRACTED COLLECTION AGENCY PRACTICES ALIGNED WITH GEORGIA HEALTH PLAN'S SOCIAL VALUES AND PROPOSED IRS SECTION 501(R) 1B CHARITABLE HEALTH COVERAGE PROGRAM - CHARITABLE HEALTH COVERAGE (CHC) IS A UNIQUE APPROACH TO CARING FOR LOW-INCOME UNINSURED PERSONS IN THE C</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A-D	<p>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 POTENTIALLY COSTLY EMERGENCY ROOM VISIT OR HOSPITALIZATION. THIS ALLOWS GEORGIA HEALTH PLAN 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 SUCH AS COLLEGES, SERVICE ORGANIZATIONS, AND WORKFORCE DEVELOPMENT TEAMS TO IDENTIFY ELIGIBLE CLIENTS WHOSE INCOME FALLS AT OR BELOW 300% OF THE FEDERAL POVERTY GUIDELINES AND MEET ELIGIBILITY REQUIREMENTS. THROUGHOUT 2013, 2,417 UNIQUE INDIVIDUALS WERE SERVED, WITH 828 INDIVIDUALS NEWLY ENROLLED IN THE BRIDGE PROGRAM. THE PROGRAM ENDED THE YEAR WITH OVER 1,500 BRIDGE MEMBERS.</p> <p>2 MEDICAID - GEORGIA HEALTH PLAN PARTICIPATES IN THE FEDERAL MEDICAID PROGRAM AS A PROVIDER OF PEDIATRIC PRIMARY AND SPECIALTY CARE THROUGH CONTRACTS WITH AMERIGROUP COMMUNITY CARE AND PEACH STATE HEALTH PLAN. IN 2013, KFHP-GA SUPPORTED MORE THAN 28,000 OFFICE VISITS FOR MORE THAN 9,860 PEDIATRIC MEDICAID AND CHILDREN'S HEALTH INSURANCE PLAN (CHIP) PATIENTS. - DURING THE COURSE OF THE YEAR, GEORGIA HEALTH PLAN WAS RECOGNIZED AS OFFERING OUTSTANDING QUALITY IN CARE DELIVERY TO THE MEDICAID POPULATION. KFHP-GA PROVIDED EXEMPLARY SERVICES IN TERMS OF HEDIS MEASUREMENTS FOR WELL CHILD VISITS, CHILDHOOD IMMUNIZATIONS, APPROPRIATE USE OF MEDICATIONS, AND TREATMENTS FOR COMMON ILLNESSES. ADDITIONALLY, PATIENTS TREATED BY KFHP-GA WERE 33% LESS LIKELY TO VISIT THE EMERGENCY DEPARTMENT THAN THOSE CHILDREN THAT SAW PROVIDERS OUTSIDE OF THE KAISER PERMANENTE SYSTEM.</p> <p>B COMMUNITY HEALTH INITIATIVES (CHI) 1 COMMUNITY HEALTH EDUCATION AND PREVENTION PROGRAMS - 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 2013, 117,000 PEOPLE ATTENDED THE GREEN MARKET. - IN 2013 GEORGIA HEALTH PLAN OFFERED HEALTHY COOKING DEMONSTRATION CLASSES TO 190 CLIENTS IN 4 METRO ATLANTA YMCA BRANCHES WHO SERVE VULNERABLE COMMUNITIES.</p> <p>2 GRANTS AND DONATIONS FOR COMMUNITY HEALTH INITIATIVES - GEORGIA HEALTH PLAN CONTRIBUTED \$2.1 MILLION TO NONPROFIT ORGANIZATIONS AND GOVERNMENT AGENCIES TO SUPPORT A VARIETY OF COMMUNITY HEALTH INITIATIVES. THESE GRANTS HELPED REDUCE THE BURDEN OF CHRONIC DISEASE BY PROVIDING PRIMARY CARE AND HOUSING TO THE HOMELESS, AS WELL AS STRENGTHENING THE EVALUATION OF A PROGRAM THAT PROVIDED NUTRITIONAL CARE FOR PEOPLE WHO WERE CHRONICALLY ILL OR HAD LIFE-THREATENING DISEASES. ANOTHER ORGANIZATION EDUCATED YOUTH ABOUT HEALTHY BEHAVIORS RESULTING IN IMPROVED NUTRITIONAL KNOWLEDGE FOR OVER 80% OF THE PARTICIPANTS.</p> <p>C SAFETY NET PARTNERSHIPS GRANTS AND DONATIONS FOR SAFETY NET PARTNERSHIPS. EXAMPLES OF GRANTS AWARDED IN 2013 INCLUDE THE FOLLOWING: - GEORGIA HEALTH PLAN SPENT APPROXIMATELY \$1.9 MILLION ON CHARITABLE CONTRIBUTIONS ASSOCIATED WITH SAFETY NET AND OTHER PRIORITIES IN 2013. - WITH A GRANT FROM GEORGIA HEALTH PLAN, TANNER MEDICAL CENTER PROVIDED COORDINATED CARE TO LOW-INCOME, UNDERSERVED PATIENTS TO CONTROL SYMPTOMS RESULTING FROM DIABETES INCLUDING LOWERING THEIR A1C, BLOOD PRESSURE, AND LDL CHOLESTEROL LEVELS. - A GRANT TO THE REGION'S LARGEST PEDIATRIC SAFETY NET HOSPITAL MADE QUALITY CHARITY CARE HEALTH SERVICES POSSIBLE FOR SOME OF THE COMMUNITY'S MOST VULNERABLE CHILDREN, MANY OF WHOM SUFFER FROM ASTHMA, A CHRONIC DISEASE PREVALENT AMONG MANY OF ATLANTA'S LOW-INCOME YOUTH. FUNDING PROVIDED BY GEORGIA HEALTH PLAN MADE ALMOST 11,000 PATIENT VISITS POSSIBLE IN 2013. - GEORGIA HEALTH PLAN</p>

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	D DEVELOPING AND DISSEMINATING KNOWLEDGE	<p>THE GEORGIA HEALTH PLAN SPENT \$3 3 MILLION TO SUPPORT PROGRAMS AND SERVICES FOR THE DEVELOPMENT AND DISSEMINATION OF KNOWLEDGE IN 2013 THE FOLLOWING ARE EXAMPLES OF ACTIVITIES FUNDED UNDER THIS STREAM OF WORK DURING THE YEAR 1 MEDICAL RESEARCH AT GEORGIA HEALTH PLAN, RESEARCH IS AN ESSENTIAL PART OF WHAT IT MEANS TO BE AN EVIDENCE-BASED ORGANIZATION ACHIEVEMENTS REALIZED UNDER THIS PROGRAM ARE MADE POSSIBLE THROUGH A DEDICATED GROUP OF RESEARCHERS, THE COMPREHENSIVE NATURE OF KFHP, INC'S ELECTRONIC MEDICAL RECORD SYSTEM, AND ACCESS TO THE HEALTH DATA OF OVER 9 MILLION KAISER FOUNDATION HEALTH PLAN, INC MEMBERS THROUGH STUDIES CONDUCTED AT REGIONAL AND NATIONAL RESEARCH CENTERS, RESEARCHERS ADDRESS CRITICAL ISSUES LIKE CANCER, CARDIOVASCULAR CONDITIONS, DIABETES, AND IMPROVEMENTS IN HEALTH CARE GEORGIA HEALTH PLAN SPENT APPROXIMATELY \$1 1 MILLION ON MEDICAL RESEARCH PROJECTS IN 2013 IN ADDITION, THERE WERE APPROXIMATELY \$3 2 MILLION OF PROJECTS SPONSORED BY GOVERNMENT AGENCIES AND OTHER NONPROFIT ORGANIZATIONS - NATIONAL RESEARCH PROGRAM - KAISER FOUNDATION HEALTH PLAN, INC HAS A LONG HISTORY OF CONDUCTING HEALTH SERVICES AND MEDICAL RESEARCH THAT ADDRESSES HEALTH CARE POLICY, QUALITY OF CARE, AND QUALITY OF LIFE THE RESULTS HAVE YIELDED FINDINGS THAT AFFECT NOT JUST THE PRACTICE OF MEDICINE WITHIN THE ORGANIZATION, BUT ALSO FOR SOCIETY-AT-LARGE KAISER FOUNDATION RESEARCH INSTITUTE (KFRI) - THE KAISER FOUNDATION RESEARCH INSTITUTE PROVIDES ADMINISTRATIVE SERVICES FOR FEDERALLY FUNDED MEDICAL RESEARCH CONDUCTED AT REGIONAL RESEARCH CENTERS LOCATED IN GEORGIA AND SEVERAL OTHER STATES KFRI PERSONNEL ARE DESIGNATED AS THE AUTHORIZED ORGANIZATIONAL OFFICIAL FOR ALL FEDERALLY FUNDED RESEARCH PERFORMED BY BOTH KAISER FOUNDATION HOSPITALS AND KAISER FOUNDATION HEALTH PLAN, INC AND ITS SUBSIDIARIES - THE PRINCIPAL RESEARCH ACTIVITIES CONDUCTED BY THE REGIONAL RESEARCH CENTER IN GEORGIA INCLUDE THE FOLLOWING THE CENTER FOR HEALTH RESEARCH SOUTHEAST RESEARCHERS AT THE CENTER FOR HEALTH RESEARCH SOUTHEAST SEEK WAYS TO HELP PEOPLE LOSE WEIGHT AND KEEP IT OFF, QUIT SMOKING, AND PREVENT OR MANAGE DIABETES, ASTHMA AND OTHER CHRONIC DISEASES TOP RESEARCH AREAS - CHRONIC DISEASES - EPIDEMIOLOGY - HEALTH SERVICES - VACCINE SAFETY AND EFFECTIVENESS KEY STATISTICS - NUMBER OF RESEARCH PAPERS PUBLISHED IN JOURNALS IN 2013 34 - NUMBER OF INVESTIGATORS 6 - NUMBER OF SUPPORT STAFF 36 2 EDUCATIONAL THEATRE PROGRAMS (ETP) - GEORGIA HEALTH PLAN SPENT APPROXIMATELY \$1 0 MILLION IN 2013 TO PRODUCE THE EDUCATIONAL THEATRE PROGRAMS (ETP) IN GEORGIA THE ETP PROGRAM IS COMMITTED TO WORKING WITH SCHOOLS AND NONPROFIT ORGANIZATIONS TO PINPOINT ISSUES AND CUSTOMIZE SERVICES THAT ARE DESIGNED TO MEET SPECIFIC PROGRAM HEALTH RELATED GOALS BY INTERACTING CLOSELY WITH THE AUDIENCE DURING LIVE DRAMATIC PERFORMANCES, CHARACTER APPEARANCES, OR WORKSHOPS, EDUCATIONAL INFORMATION IS OFFERED TO SCHOOLS AND COMMUNITIES FREE OF CHARGE PROGRAMS THAT ARE DESIGNED TO IMPROVE THE HEALTH OF GEORGIA COMMUNITIES ARE DEVELOPED BY THEATRE PROFESSIONALS IN COLLABORATION WITH HEALTH EDUCATORS, COMMUNITY ADVISORY COMMITTEES, HEALTH CARE PROVIDERS, AND PHYSICIANS - KFHP- GA'S ETP PROGRAMS ENGAGE AUDIENCES IN LEARNING VITAL HEALTH MESSAGES THROUGH TWO UNIQUE TEAMS THAT OFFER A RANGE OF COMPELLING PROGRAMS THE EDUCATIONAL OUTREACH TEAM OFFERS LONG-TERM RESIDENCY PROGRAMS WHERE INTENSIVE WORKSHOPS ARE HELD THROUGHOUT A 9 to 12 MONTH PERIOD FOR RESIDENTS OF HIGH-RISK COMMUNITIES SHORT TERM WORKSHOPS THAT EXPLORE CONTENT PERTINENT TO HIGH-RISK COMMUNITIES ARE ALSO OFFERED THE PERFORMANCE COMPANY CONTINUES THE TRADITION OF TEACHING HEALTH MESSAGES IN HIGH-QUALITY THEATRE PERFORMANCES FOR SCHOOLS, CHILD CARE FACILITIES, FAITH-BASED COMMUNITIES, AND COMMUNITY GROUPS TOPICS ADDRESSED BY THE TEAMS RANGE FROM STRESS MANAGEMENT, HEALTHY EATING AND ACTIVE LIVING (HEAL), SENIOR WELLNESS, EARLY CHILDHOOD PREVENTION OF ACCIDENTAL INJURY AND DEATH, AS WELL AS GRIEF MANAGEMENT IN 2013, ETP HELD OVER 1,400 PERFORMANCES FOR A TOTAL AUDIENCE OF NEARLY 99,000 ADULTS AND OVER 78,000 CHILDREN 3 TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS 3A PHARMACY RESIDENCY PROGRAM - GEORGIA HEALTH PLAN CURRENTLY HAS TWO POST-GRADUATE PHARMACY RESIDENCY PROGRAMS A 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 2013, A TOTAL OF FOUR RESIDENTS PARTICIPATED IN THE POST-GRADUATE PHARMACY PROGRAMS, 2 POSTGRADUATE YEAR ONE (PGY1) AND 2 POSTGRADUATE YEAR TWO (PGY2) RESIDENTS THESE RESIDENTS COMPLETED PROJECTS THAT CONTRIBUTED TO MEETING FINANCIAL AND QUALITY GOALS WITHIN THE PHARMACY DEPARTMENT THEY HAVE ALSO DISSEMINATED THE PURPOSE AND BENEFITS OF RESIDENCY TRAINING BY PARTICIPATING IN VAR</p>

Return Reference	Explanation	
	D DEVELOPING AND DISSEMINATING KNOWLEDGE	<p>IOUS PHARMACY SCHOOL STUDENT MEETINGS ABOUT THE PROGRAM AND PROVIDING DIDACTIC LESSONS AT ONE OF THE LOCAL PHARMACY SCHOOLS 3B SELF-SUFFICIENCY PROGRAMS - THE INROADS PROGRAM SEE KS TO INCREASE BUSINESS CAREER OPPORTUNITIES AND KNOWLEDGE FOR HIGHLY QUALIFIED DIVERSE ST UDENTS WHILE GIVING CORPORATIONS THE OPPORTUNITY TO DEVELOP DIVERSE MANAGERIAL TALENT INR OADS IDENTIFIES INTERESTED AND CAPABLE HIGH SCHOOL, COLLEGE, AND UNIVERSITY STUDENTS WHO A RE PLACED WITHIN KFHP-GA'S FACILITIES IN GEORGIA FOR TWO TO FIVE SUMMERS WITH THE GOAL OF PERMANENT PLACEMENT UPON GRADUATION IN 2013, GEORGIA HEALTH PLAN EMPLOYED 8 INROADS INTER NS 4 GRANTS AND DONATIONS FOR KNOWLEDGE DISSEMINATION - KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC WORKS WITH LOCAL COLLEGES AND UNIVERSITIES TO ADDRESS HEALTH CARE WORKER SH ORTAGES IN 2013, GEORGIA HEALTH PLAN AWARDED CONTRIBUTIONS TO SEVERAL HEALTH PROFESSION P ROGRAMS SCHOLARSHIP PROGRAMS WERE FUNDED AT 8 NURSING PROGRAMS, 2 PHARMACY SCHOOLS AND A MEDICAL SCHOOL, WHICH IN TURN AWARDED 38 SCHOLARSHIPS IN ADDITION, CONTRIBUTIONS WERE MADE E TO AN ORGANIZATION THAT AWARDED 8 SCHOLARSHIPS TO STUDENTS AT HOWARD, MEHARRY, AND MOREHOUSE MEDICAL SCHOOLS - THE FOLLOWING IS AN EXAMPLE OF A GRANT AWARDED UNDER THIS PROGRAM IN 2013 A CONTRIBUTION WAS MADE IN 2013 TO THE SATCHER HEALTH LEADERSHIP INSTITUTE AT THE MOREHOUSE SCHOOL OF MEDICINE IN THE FINAL YEAR OF A THREE-YEAR PARTNERSHIP WITH KAISER FO UNDAION HEALTH PLAN, INC TO ADDRESS MENTAL HEALTH DISPARITIES AND FACILITATE THE INTEGRA TION OF PRIMARY AND BEHAVIORAL HEALTH CARE E OTHER COMMUNITY BENEFIT INVESTMENTS DURING 2013, GEORGIA HEALTH PLAN SPENT \$1 5 MILLION ON OTHER COMMUNITY BENEFIT ACTIVITIES AND PRO GRAMS BEYOND THE NATIONAL STREAMS OF WORK THIS INCLUDES THE ADMINISTRATIVE EXPENSES OF A COMMUNITY BENEFIT DEPARTMENT DEDICATED TO SUPPORTING REGIONAL COMMUNITY BENEFIT PROGRAMS A ND SERVICES AND COORDINATING RELATED INITIATIVES IN ADDITION, CONTRIBUTIONS WERE MADE TO COMMUNITY GIVING PROGRAMS BENEFITING ORGANIZATIONS SUCH AS THE WOODRUFF ARTS CENTER/YOUNG AUDIENCES AND THE MARTIN LUTHER KING, JR CENTER FOR NONVIOLENT SOCIAL CHANGE F ENVIRONM ENTAL STEWARDSHIP - POOR ENVIRONMENTAL QUALITY CONTRIBUTES TO DISEASE AND ECONOMIC INSECUR ITY KAISER FOUNDATION HEALTH PLAN, INC HAS COMMITTED ITSELF TO PROTECTING AND IMPROVING THE NATURAL ENVIRONMENT AS A KEY COMPONENT OF ITS MISSION TO IMPROVE THE HEALTH OF THE COM MUNITIES IT SERVES ALTHOUGH COSTS ASSOCIATED WITH THIS INITIATIVE ARE NOT INCLUDED IN THE DOLLARS REPORTED IN DIRECT COMMUNITY BENEFIT INVESTMENTS, EFFORTS IN THIS AREA CONTRIBUTE TO ADVANCING A BROADER VISION EMPHASIZING HEALTHY PEOPLE AND HEALTHY ENVIRONMENTS TO FUL FILL THIS COMMITMENT, KAISER FOUNDATION HEALTH PLAN, INC MAINTAINS A GOVERNANCE STRUCTURE FOR ENVIRONMENTAL STEWARDSHIP THAT ENABLES THE ORGANIZATION TO CONTINUOUSLY IMPROVE ITS P ERFORMANCE THIS STRUCTURE INCLUDES CLEARLY DEFINED ROLES, RESPONSIBILITIES, PLANS, AND RO UTINES, AND HAS RESULTED IN FIVE ORGANIZATIONAL FOCUS AREAS THAT HAVE BEEN SELECTED BASED ON THEIR ABILITY TO HAVE THE MOST IMPACT ON THE ENVIRONMENTAL FORCES THAT SHAPE ENVIRONMEN TAL AND HUMAN HEALTH - FINDING SAFE ALTERNATIVES TO HARMFUL INDUSTRIAL CHEMICALS - RESPON DING TO CLIMATE CHANGE - PROMOTING SUSTAINABLE FARMING AND FOOD CHOICES - REDUCING, REUSIN G, AND RECYCLING TO ELIMINATE WASTE - CONSERVING WATER IN EACH OF THESE FOCUS AREAS, KAISE R FOUNDATION HEALTH PLAN, INC HAS ESTABLISHED AMBITIOUS GOALS (INCLUDING A TARGET TO REDU CE TOTAL GREENHOUSE GAS EMISSIONS BY 30% BY 2020, COMPARED TO OUR 2008 BASELINE), IMPLEMEN TED INITIATIVES, ACHIEVED MEASURABLE IMPROVEMENTS, OBTAINED EXTERNAL ASSURANCE OF PERFORMA NCE, AND REGULARLY REPORTED PROGRESS TO THE BOARD OF DIRECTORS, STAFF, AND THE PUBLIC BY REPLACING PAPER MEDICAL CHARTS AND DIGITIZING X-RAY IMAGES THROUGH THE ELECTRONIC MEDICAL RECORD SYSTEM, GEORGIA HEALTH PLAN IS ALSO CONTRIBUTING TO THE AVOIDANCE OF APPROXIMATELY 1,000 TONS OF PAPER WASTE AND 200,000 PO</p>

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED MEDICAL SERVICES TOTAL FEES 178559149

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED NON-MEDICAL SERVICES TOTAL FEES 31525010

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC

Employer identification number
58-1592076

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate 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) HEALTH CARE MANAGEMENT SOLUTIONS LLC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 20-3924985	CASE MGMT	CA	NA	N/A								

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) OAK TREE ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP	0	0	0 %		No
(2) KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3203402	INSURANCE	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" on 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

1

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

a

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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
Schedule R, Part II	In 2013, Kaiser Foundation Health Plan, Inc. and HealthSpan Partners, an unrelated not-for-profit Ohio-based health system, entered into a definitive agreement to transfer the sole corporate membership of Kaiser Foundation Health Plan of Ohio to HealthSpan Partners. On October 1, 2013, the member substitution transaction was completed.

Additional Data

Software ID:

Software Version:

EIN: 58-1592076

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) KAISER FOUNDATION HEALTH PLAN INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-1340523	HEALTH CARE	CA	501(C)(3)	9	NA		No
(1) KAISER FOUNDATION HOSPITALS ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-1105628	HEALTH CARE	CA	501(C)(3)	3	KFHP INC	Yes	
(2) KAISER FDN HEALTH PLAN OF COLORADO ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 84-0591617	HEALTH CARE	CO	501(C)(3)	9	KFHP INC	Yes	
(3) KFHP OF THE MID-ATLANTIC STATES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 52-0954463	HEALTH CARE	MD	501(C)(3)	9	KFHP INC	Yes	
(4) KAISER FDN HEALTH PLAN OF THE NORTHWEST ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0798039	HEALTH CARE	OR	501(C)(3)	9	KFHP INC	Yes	
(5) KAISER FDN HEALTH PLAN OF OHIO ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 34-0922268	HEALTH CARE	OH	501(C)(3)	9	KFHP INC	Yes	
(6) KAISER HEALTH PLAN ASSET MANAGEMENT INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299124	ASSET MGMT	CA	501(C)(3)	11 - I	KFHP INC	Yes	
(7) LOKAHI ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 91-2171891	WC Placement	HI	501(C)(3)	11 - I	KFHP INC	Yes	
(8) KAISER HOSPITAL ASSET MANAGEMENT INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299125	ASSET MGMT	CA	501(C)(3)	11 - I	KFH	Yes	
(9) CAMP BOWIE SERVICE CENTER ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299123	ADMIN	CA	501(C)(3)	11 - I	KFHP INC	Yes	
(10) OHP ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0480268	LEASING	WA	501(C)(3)	11 - I	KFHP INC	Yes	
(11) KAISER HEALTH ALTERNATIVES ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(C)(3)	9	KFHP INC	Yes	
(12) 1800 HARRISON FOUNDATION ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(C)(3)	11 - II	KFHP INC	Yes	
(13) KAISER HOSPITAL ASSISTANCE CORPORATION ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501(C)(3)	11 - III-NF	KFH	Yes	

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	c	57,509	per agreement
kaiser foundation hospitals	e	58,000,000	per agreement
kaiser foundation hospitals	l	45,608,403	per agreement
kaiser foundation hospitals	m	226,858,847	per agreement
kaiser foundation hospitals	p	60,351,499	per agreement
kaiser foundation hospitals	q	2,077,868	per agreement
kaiser foundation hospitals	r	198,675,066	per agreement
kaiser foundation hospitals	s	720,602	per agreement
Kaiser foundation health plan inc	l	9,297,616	per agreement
Kaiser foundation health plan inc	m	37,567,727	per agreement
Kaiser foundation health plan inc	p	23,392,407	per agreement
Kaiser foundation health plan inc	q	14,130,256	per agreement
Kaiser foundation health plan inc	r	184,956,049	per agreement
Kaiser foundation health plan inc	s	192,754,701	per agreement
KFHP of colorado	l	351,194	per agreement
KFHP of colorado	m	64,162	per agreement
KFHP of colorado	p	281,445	per agreement
KFHP of colorado	q	130,566	per agreement
KFHP of the Mid-Atlantic States Inc	l	1,805,092	per agreement
KFHP of the Mid-Atlantic States Inc	m	922,972	per agreement
KFHP of the Mid-Atlantic States Inc	q	112,302	per agreement
KFHP of the Northwest	l	351,491	per agreement
KFHP of the Northwest	q	81,846	per agreement
KFHP of OHIO	l	210,697	per agreement
KFHP of OHIO	m	243,271	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
KFHP of OHIO	p	66,060	per agreement
KFHP of OHIO	q	205,425	per agreement
CAMP BOWIE SERVICE CENTER	m	3,960,897	per agreement
CAMP BOWIE SERVICE CENTER	p	166,638	per agreement
Kaiser Permanente Insurance Company	l	8,190,091	per agreement
Kaiser Permanente Insurance Company	m	21,501,073	per agreement
Kaiser Permanente Insurance Company	q	14,839,644	per agreement
Lokahi Assurance Ltd	l	3,309,000	per agreement
Lokahi Assurance Ltd	m	7,293,172	per agreement
Lokahi Assurance Ltd	q	1,352,208	per agreement
Lokahi Assurance Ltd	r	13,636,000	per agreement
Lokahi Assurance Ltd	s	18,388,000	per agreement
Oak Tree Assurance Ltd	m	87,745	per agreement
Oak Tree Assurance Ltd	q	85,275	per agreement