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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 \$ 1,270,471,171 including grants of \$ 0) (Revenue \$ 1,380,777,877)
- Member health care services and medical training for care improvement - Kaiser Foundation Health Plan of Georgia, Inc (KFHP-GA) 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 \$ 20,038,531 including grants of \$ 0) (Revenue \$ 395,852)
- Charitable Care (Medical Financial Assistance and Charitable Coverage)- Kaiser Foundation Health Plan of Georgia (KFHP-GA) provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs. KFHP-GA 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 2015, this program assisted approximately 3,000 qualifying applicants, including nearly 500 patients who were not covered by a KFHP-GA product. 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. Close to 2,000 individuals were receiving comprehensive health care through this program at the end of 2015.

4c (Code) (Expenses \$ 13,149,245 including grants of \$ 0) (Revenue \$ 3,162,332)
- Medicaid and Other Government Sponsored Programs - Kaiser Foundation Health Plan of Georgia (KFHP-GA) is committed to improving medical care for beneficiaries of Medicaid and other government sponsored programs, not only for KFHP-GA members, but also within the communities we serve. KFHP-GA participates in the federal Medicaid program as a provider of pediatric primary and specialty care through contracts with Amerigroup, Peach State Health Plan, and WellCare Health Plans. In 2015, more than 27,000 pediatric Medicaid and Childrens Health Insurance Program (CHIP) individuals were receiving benefits under KFHP-GAs managed care program.

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 13,956,523 including grants of \$ 8,573,331) (Revenue \$ 1,009,037)

4e Total program service expenses ► 1,317,615,470

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	No
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

Form **990** (2015)

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 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	1a 5		
b Enter the number of voting members included in line 1a, above, who are independent	1b 2		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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		No
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	
b 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			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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
b 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
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c 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?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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, address, and telephone number of the person who possesses the organization's books and records
SVP CORPORATE CONTROLLER CAO ONE KAISER PLAZA STE 15L OAKLAND, CA 94612 (510) 271-6385

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

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

Form **990** (2015)

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								51,212	30,683,808	3,137,698

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 238

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	285,656,802
NORTHSIDE HOSPITAL, PO BOX 101818 ATLANTA, GA 30392	MEDICAL SERVICES	125,456,409
PIEDMONT HOSPITAL, PO BOX 102526 ATLANTA, GA 30368	MEDICAL SERVICES	56,379,597
GWINNETT HOSPITAL SYSTEM INC, PO BOX 116360 ATLANTA, GA 30368	MEDICAL SERVICES	21,700,231
CHILDREN'S HEALTHCARE OF ATLANTA, PO BOX 116101 ATLANTA, GA 30368	MEDICAL SERVICES	20,520,645

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 234

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	20,997				
	e	Government grants (contributions)	1e	78,072				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,474,754				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			1,573,823			
Program Service Revenue	2a	MEMBERS HEALTH CARE	Business Code 900099	1,045,326,132	1,045,326,132			
	b	MEDICARE/MEDICAID PAYMENTS	900099	229,357,082	229,357,082			
	c	SUPPLEMENTAL CHARGE	900099	67,394,205	67,394,205			
	d	NON-PLAN & INDUSTRIAL	900099	4,838,590	4,750,549	88,041		
	e	OTHER PROGRAM SERVICES	900099	38,429,089	38,429,089			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,385,345,098			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,960,516			3,960,516
4		Income from investment of tax-exempt bond proceeds . .		0				
5		Royalties		0				
6a		(i) Real		(ii) Personal				
		Gross rents	900					
		b Less rental expenses	582					
		c Rental income or (loss)	318	0				
d		Net rental income or (loss)			318		318	
7a		(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	55,407,721	0				
		b Less cost or other basis and sales expenses	55,366,557	403				
		c Gain or (loss)	41,164	-403				
d		Net gain or (loss)			40,761		40,761	
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18			0			
b		Less direct expenses						
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19			0			
b		Less direct expenses						
c		Net income or (loss) from gaming activities . . .						
10a		Gross sales of inventory, less returns and allowances			0			
	a							
	b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			0				
12	Total revenue. See Instructions			1,390,920,516	1,385,257,057	88,359	4,001,277	

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 domestic organizations and domestic governments. See Part IV, line 21	8,573,331	8,573,331		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	51,212		51,212	
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	175,047,133	157,686,073	17,361,060	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,327,667	23,327,667		
9	Other employee benefits	26,555,656	20,394,989	6,160,667	
10	Payroll taxes	12,777,522	12,777,522		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	2,818		2,818	
c	Accounting	391,813		391,813	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	314,246		314,246	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	245,111,241	229,242,736	15,868,505	
12	Advertising and promotion	8,269,230	781,308	7,487,922	
13	Office expenses	4,235,358	3,491,469	743,889	
14	Information technology	84,574,907	69,158,288	15,416,619	
15	Royalties	0			
16	Occupancy	13,835,899	13,835,899		
17	Travel	1,470,886	1,139,079	331,807	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	511,801		511,801	
20	Interest	16,985,053	16,985,053		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	25,001,900	25,001,900		
23	Insurance	3,795,413	3,795,413		
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	554,461,368	554,461,368		
b	SUPPLIES-MEDICAL,OFFICE	182,083,317	166,620,572	15,462,745	
c	PREMIUM DEFICIENCY RESERVE	-42,625,000	-42,625,000		
d	INTER-REGIONAL CHARGES	48,062,923	39,869,631	8,193,292	
e	All other expenses	48,282,532	13,098,172	35,184,360	
25	Total functional expenses. Add lines 1 through 24e	1,441,098,226	1,317,615,470	123,482,756	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	
	2	Savings and temporary cash investments			906,417	2	1,192,501
	3	Pledges and grants receivable, net			0	3	
	4	Accounts receivable, net			51,459,041	4	48,087,936
	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	
	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	
	7	Notes and loans receivable, net			0	7	
	8	Inventories for sale or use			13,115,274	8	15,090,386
	9	Prepaid expenses and deferred charges			1,144,781	9	1,124,131
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	447,130,839			
	b	Less: accumulated depreciation	10b	215,305,567	249,592,183	10c	231,825,272
	11	Investments—publicly traded securities			233,354,588	11	234,879,544
	12	Investments—other securities. See Part IV, line 11			0	12	
	13	Investments—program-related. See Part IV, line 11			0	13	
	14	Intangible assets			0	14	
	15	Other assets. See Part IV, line 11			24,131,866	15	25,542,578
16	Total assets. Add lines 1 through 15 (must equal line 34)			573,704,150	16	557,742,348	
Liabilities	17	Accounts payable and accrued expenses			96,652,174	17	104,737,036
	18	Grants payable			0	18	
	19	Deferred revenue			15,424,587	19	14,887,854
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	
	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	
	23	Secured mortgages and notes payable to unrelated third parties			0	23	
	24	Unsecured notes and loans payable to unrelated third parties			0	24	
	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			925,164,437	25	951,233,602
	26	Total liabilities. Add lines 17 through 25			1,037,241,198	26	1,070,858,492
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	8,135,623
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	
	32	Retained earnings, endowment, accumulated income, or other funds			-472,048,588	32	-521,251,767
	33	Total net assets or fund balances			-463,537,048	33	-513,116,144
	34	Total liabilities and net assets/fund balances			573,704,150	34	557,742,348

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	1,390,920,516
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,441,098,226
3	Revenue less expenses Subtract line 2 from line 1	3	-50,177,710
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-463,537,048
5	Net unrealized gains (losses) on investments	5	-892,373
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	1,490,987
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-513,116,144

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
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 58-1592076

Name: KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC

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

(Code) (Expenses \$	13,956,523	including grants of \$	8,573,331) (Revenue \$	1,009,037)
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SCH O, COMMUNITY BENEFIT REPORT

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

(A) Name and Title	(B) Average hours per week (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 compensatio from the organization and related organization
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Benjamin Chu EVP,GP & Region President SCAL	0 0 50 0	X		X				0	5,976,647	87,71
Jeffrey P Koplan Director	1 0 0 0	X						13,000	0	0
John W Jackson Director	5 0 0 0	X						38,212	0	0
Kathryn Lancaster EVP & CFO	5 0 45 0	X		X				0	2,591,094	217,75
Julie Miller-Phipps Region President - GA	50 0 0 0	X		X				0	891,046	59,59
Kerry Kohnen Region President - Georgia	40 0 10 0			X				0	1,213,999	61,50
Kirkland Mcghee Assistant Secretary	50 0 0 0			X				0	330,082	53,08
Thomas Meier SVP, Corporate Treasurer	3 0 47 0			X				0	1,016,347	73,59
Donald Omdoff SVP, NFS	5 0 45 0			X				0	1,197,707	190,25
Jacqueline Sellers Assistant Secretary	1 0 49 0			X				0	277,974	50,09

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
Arthur Southam EVP, Health Plan Operations	5 0 45 0			X				0	2,839,616	98,490
Deborah Stokes SVP, Controller & CAO	4 0 46 0			X				0	862,251	64,240
Bernard Tyson Chairman & CEO	6 0 44 0			X				0	5,863,794	176,220
Chenta White Assistant Secretary	50 0 0 0			X				0	118,051	44,490
Victoria Zatkin VP, Off of Brd & Corp Gov Svcs	5 0 45 0			X				0	457,349	83,730
Mark Zemelman SVP, General Counsel & Secy	1 0 49 0			X				0	1,599,287	159,410
James Cullinan VP, MSBD - GA	50 0 0 0				X			0	369,984	80,560
Craig Faerber VP, CFO - Georgia	50 0 0 0				X			0	580,787	129,650
Pamela Hara VP, Qual/Risk Mgmt & Pop Hlth	50 0 0 0				X			0	387,801	106,840
Carrie Jennison VP, Strategy - Georgia	50 0 0 0				X			0	378,357	9,800

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

(A) Name and Title	(B) Average hours per week (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			
Michael Wathen VP, HPSA - GA	50 0 0 0				X			0	260,454	92,763
Dawn Bading VP, Human Resources - GA	50 0 0 0					X		0	312,823	92,290
Lori K Ehrlich MGT, Account Mgt III	50 0 0 0					X		0	398,916	36,130
Alan R Hawkins MGT, Sales IV	50 0 0 0					X		0	275,733	36,560
Jonna L Kirkwood VP, Operations - GA	50 0 0 0					X		0	350,695	115,430
Beverly Thomas VP, Community & Public Affairs	50 0 0 0					X		0	311,092	51,650
Donna Lynne EVP, GP & Region Pres - CO	5 0 45 0						X	0	1,560,663	965,780
Steven Zatkin SVP, General Counsel & Secy	0 0 0 0						X	0	261,259	0

SCHEDULE A
(Form 990 or 990EZ)

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

OMB No 1545-0047
2015
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

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2015.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—2014.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—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,056,693	4,664,485	3,067,751	1,422,285	1,573,823	18,785,037
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	1,087,593,114	1,131,979,156	1,153,215,348	1,273,100,973	1,385,080,975	6,030,969,566
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	1,095,649,807	1,136,643,641	1,156,283,099	1,274,523,258	1,386,654,798	6,049,754,603
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.)						6,049,754,603

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	1,095,649,807	1,136,643,641	1,156,283,099	1,274,523,258	1,386,654,798	6,049,754,603
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,549,083	2,761,470	2,461,505	3,508,275	3,960,516	16,240,849
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			9,142	7,347	31,809	48,298
c Add lines 10a and 10b	3,549,083	2,761,470	2,470,647	3,515,622	3,992,325	16,289,147
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 VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,099,198,890	1,139,405,111	1,158,753,746	1,278,038,880	1,390,647,123	6,066,043,750
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.731%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99.705%

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.268%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0.295%
19a 33 1/3% support tests—2015.If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2014.If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>	Yes	No
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div>		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970: **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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
---	--

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization fileForm 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?

☐ Yes

☒ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total Add lines 1c through 1i

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

(a)

Yes

(b)

No

Amount

No

Yes

No

No

No

No

Yes

96,379

Yes

7,413

Yes

28,455

132,247

No

No

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

1

2

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

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

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

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, lines 1 and 2 (see instructions), 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 (HEALTH PLAN) 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 COMMUNITY AND FOR THE HEALTH CARE INDUSTRY AS A WHOLE. AS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), HEALTH PLAN HAS A POLICY PROHIBITING 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 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.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC

Employer identification number
58-1592076

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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" on 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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on 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" on 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, for escrow or custodial account liability? ☐ 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 on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)** unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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)	Accumulated (c)depreciation	(d)Book value
1a Land		24,120,214		24,120,214
b Buildings		257,992,620	95,781,897	162,210,723
c Leasehold improvements		42,190,383	30,226,866	11,963,517
d Equipment		120,532,345	87,819,247	32,713,098
e Other		2,295,277	1,477,557	817,720
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				231,825,272

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

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

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	ASC 740 FOOTNOTE THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE UNDER ASC 740

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

OMB No 1545-0047

Open to Public Inspection

58-1592076

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC 250 Williams NW Atlanta,GA 30303	13-1788491	501(c)(3)	50,000				Resource Navigation for Cancer Patients
AMERICAN HEART ASSOCIATION 1101 Northchase Pky Marietta,GA 30067	13-5613797	501(c)(3)	48,210				Funding for Atlanta Go Red-Women Lunch and 2016 He
ATLANTA BELTLINE PARTNERSHIP INC 250 Williams St 2115 Atlanta,GA 30303	56-2464486	501(c)(3)	1,250,000				Segment of the Westside Trail

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA COMMUNITY FOOD BANK 732 Joseph E Lowery Atlanta,GA 30318	58-1376648	501(c)(3)	85,000				Incr access-health food client thru
ATLANTA LEADERSHIP DEVELOPMENT 10 Peachtree Pl 620 Atlanta,GA 30309	23-7015688	501(c)(3)	6,000				Leadership Atlanta Health Day Program
BACK ON MY FEET 100 S Broad 1400 Philadelphia,PA 19110	26-2109809	501(c)(3)	50,000				Reduce Homelessness individuals' disease

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF METRO 1382 Peachtree NE Atlanta,GA 30309	58-0861895	501(c)(3)	25,000				Address childhd obesity-incr participa
BOAT PEOPLE SOS-ATLANTA INC 6107 Oakbrook Pkwy Norcross,GA 30093	30-0737900	501(c)(3)	50,000				Impact care access thru health life
BOYS & GIRLS CLUBS OF METRO ATLANTA INC 1275 Peachtree NE500 Atlanta,GA 30309	58-0566123	501(c)(3)	50,000				Impact Childhood Obesity-Incr Part Exer

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAMP KUDZU INC 5885 Glenridge 160 Atlanta, GA 30328	58-2449646	501(c)(3)	50,000				Funding for The Diabetes Summer Camp
CAPTAIN PLANET FOUNDATION 133 Luckie St 2nd Fl Atlanta, GA 30303	58-1959421	501(c)(3)	52,500				Garden-Cafeteria & Learning Garden Prog
CATHOLIC CHARITIES OF THE ARCHDIOCESE 2401 Lake Park SE Smyrna, GA 30080	58-1097003	501(c)(3)	10,000				Mental Health Counseling in Dekalb

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CENTER FOR PUPPETRY ARTS INC 1404 Spring St NW Atlanta, GA 30309	58-1275610	501(c)(3)	15,000				Distance Learning Health Initiative
CENTER FOR THE VISUALLY IMPAIRED INC 739 W Peachtree SW Atlanta, GA 30308	58-1168874	501(c)(3)	10,000				Diabetes Mgmt Program for Low-Vision
CHATTAHOOCHEE NATURE CENTER INC 9135 Willeo Rd Roswell, GA 30075	58-1275604	501(c)(3)	30,000				Increase healthy food availability

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILDREN'S MUSEUM OF ATLANTA 275 Centennial Oly Atlanta,GA 30313	58-1785484	501(c)(3)	85,000				Deliver Nutrition Ditness & Safety
CHRIS KIDS INC 1017 Fayetteville B Atlanta,GA 30316	58-1430183	501(c)(3)	75,000				Provide the comm w high quality behavio
CLAYTON COUNTY BOARD OF HEALTH 1117 Battlecreek Rd Jonesboro,GA 30236	58-1108112	GOVERNMENT	75,000				Health Care-Uninsured & Hypertensive

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CLAYTON STATE UNIVERSITY FOUNDATION 2000 Clayton State Morrow, GA 30260	23-7419285	501(c)(3)	90,000				Nurse Scholarship&Nurse Faculty Rention
CLEAN AIR CAMPAIGN INC 55 Park Place NE 250 Atlanta,GA 30303	58-2600070	501(c)(3)	30,000				2016 measurement tool for pollute
COBB COUNTY BOARD OF HEALTH 1650 County Serv Pkwy Marietta,GA 30008	58-1517015	GOVERNMENT	75,000				Prenatal Screen & HC for Pregnant Women

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COBB COUNTY COMMUNITY SERVICES BOARD 3830 South Cobb 300 Smyrna, GA 30080	58-2107033	GOVERNMENT	57,500				Project Support
COMMUNITY ADVANCED PRACTICE NURSES INC 173 Boulevard NE Atlanta, GA 30312	58-2435328	501(c)(3)	64,906				Free Primary & Mental Health Care
EAST ATLANTA KIDS CLUB INC 659A Gresham Ave SE Atlanta, GA 30316	91-2130691	501(c)(3)	15,000				Combat youth obesity via fitness, nutrit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EAST LAKE FOUNDATION INC 2606 Alston Dr SE Atlanta, GA 30317	58-2204306	501(c)(3)	25,000				Health Care- Underserved Males
FAMILIES FIRST 1105 W Peachtree NE Atlanta, GA 30309	58-1054331	501(c)(3)	95,000				Financial literacy training and finance park ticke
FAYETTE CARE CLINIC INC 1260 Highway 54W 101 Fayette, GA 30214	20-0314897	501(c)(3)	75,000				Attain patient centered medical home

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FERNBANK INC 767 Clifton Rd Atlanta, GA 30307	58-6028607	501(c)(3)	50,000				Incr unserved youth's school engagement
FIRST STEP STAFFING 302 Decatur St SE Atlanta, GA 30312	20-8038859	501(c)(3)	95,000				Assists indivls with disab obtain SS
FOUNDATION OF WESLEY WOODS INC 1817 Clifton Rd NE Atlanta, GA 30329	58-1543164	501(c)(3)	50,000				Physical activities and Nutrition Education for Lo

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GEORGIA BUDGET AND POLICY INSTITUTE INC 100 Edgewood 950 Atlanta, GA 30303	55-0860376	501(c)(3)	60,000				Analyze Georgia's health care workforce
GEORGIA CAMPAIGN FOR ADOLESCENT POWER 1718 Peachtree 465 Atlanta, GA 30309	31-1520709	501(c)(3)	77,500				support the Compreh Sex Education prog
GEORGIA CHARITABLE CARE NETWORK INC 5582 Peachtree 3rdFl Atlanta, GA 30341	80-0100336	501(c)(3)	65,000				Provide org support operation and achievement

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GEORGIA CONSERVANCY 817 W Peachtree 200 Atlanta, GA 30308	58-1027246	501(c)(3)	85,000				Educate public of comm-ctr, walkable sch
GEORGIA FAMILY CONNECTION PARTNERSHIP 253 Peachtree 1600 Atlanta, GA 30303	58-1888262	501(c)(3)	85,000				Help reduce low birthweight rate in coun
GEORGIA HEALTH NEWS 2635 Rangewood CT Atlanta, GA 30345	27-3543332	501(c)(3)	19,000				Increase citizen & policy maker awarene

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GEORGIA LIONS LIGHTHOUSE FOUNDATION INC 5582 Peachtree Rd Chamblee, GA 30341	58-0548732	501(c)(3)	85,000				Vision Care for Students
GEORGIA ORGANICS INC 200 Ottley Dr NE A Atlanta, GA 30324	58-2345310	501(c)(3)	90,000				institut Farms-adopt health eat habit
GEORGIA PERIMETER COLLEGE FOUNDATION INC 6251 Panthersville Decatur, GA 30034	58-1492364	501(c)(3)	90,000				Nurse Scholarship and Nurse Faculty Rention

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GEORGIA STATE UNIVERSITY FOUNDATION INC 1 Park PINE 533 Atlanta,GA 30303	58-6033185	501(c)(3)	90,000				Nurse Scholarship and Nurse Faculty Rention
GEORGIANS FOR A HEALTHY FUTURE INC 100 Edgewood NE 1015 Atlanta,GA 30303	26-3695851	501(c)(3)	30,000				Sponsorship of Post-Enrollment Consumer
GLOBAL GROWERS NETWORK INC PO BOX 267 Global Estates,GA 30002	46-2247454	501(c)(3)	40,000				Improve Local Food Access-Underserve Ppl

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOOD NEWS CLINIC 810 Pine St Gainesville, GA 30501	58-2058853	501(c)(3)	75,000				Diabetes Mgmt Prog-High Risk Diabetics
GOOD SAMARITAN HEALTH & WELLNESS CENTER 175 Samaritan Dr Jasper, GA 30143	58-2576315	501(c)(3)	75,000				Improve Diabetic patients' health thru
GOOD SAMARITAN HEALTH CENTER INC 1015 Donald Lee Holl Atlanta, GA 30318	58-2373395	501(c)(3)	75,000				Staff Train-Mental Health and Primary Care

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOOD SHEPHERD CLINIC INC 6392 Murphy Dr Morrow, GA 30260	58-2578581	501(c)(3)	63,000				Provide Health Care- Chronically Patients
GOODWILL OF NORTH GEORGIA INC 235 Peachtree 2300 Atlanta, GA 30303	20-8351046	501(c)(3)	50,000				Capital Campaign- Support Job Skill Devlt
HABESHA INC 5350 Fox Valley Tr Stone Mountain, GA 30088	02-0536428	501(c)(3)	20,000				Community Revival through Workforce

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HANDS OF HOPE CLINIC INC 1010 Hospital Bldg B Stockbridge, GA 30281	42-1591970	501(c)(3)	36,325				Diabetes Self Care Prog-Underse Diabetic
HEALTH EDUCATION ASSESSMENT & Leader 2600 MLK Jr Blvd Atlanta, GA 30311	26-3990559	501(c)(3)	63,000				Improve patient health mgmt and behavior care acce
HERITAGE FUND OF ATLANTA MEDICAL ASSOC 100 Edgewood NE 820 Atlanta, GA 30303	58-2372394	501(c)(3)	10,000				2016 Heritage Scholarship Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ITS THE JOURNEY INC 270 Carpenter 515 Atlanta, GA 30328	47-0897591	501(c)(3)	27,500				Sponsorship at the Atlanta 2-day Walk
JERUSALEM HOUSE 17 Executive Park 290 Atlanta, GA 30309	58-1829807	501(c)(3)	95,000				Program for People Living with HIV, Aids
JEWISH FAMILY & CAREER SCVS INC 4549 ChambleeDunwood Atlanta, GA 30338	58-1479212	501(c)(3)	60,000				Capital Campaign to Complete the Jewish

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JUNIOR ACHIEVEMENT OF GEORGIA 460 Abernathy Rd NE Atlanta, GA 30328	58-0598050	501(c)(3)	35,000				Financial literacy training
KATES CLUB INC 1330 W Peachtree 520 Atlanta, GA 30309	16-1646487	501(c)(3)	50,000				Mental Health Counseling-grieving youth
KENNESAW STATE UNIVERSITY FOUNDATION INC 3391 Town Point4430 Kennesaw, GA 30144	23-7034345	501(c)(3)	90,000				Nurse Scholarship and Nurse Faculty Rention

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LEADERSHIP DEKALB INC 315 Ponce DeLeon 1069 Atlanta, GA 30030	58-2131661	501(c)(3)	11,500				Leadership DeKalb Health Day Program
MARTIN LUTHER KING JR CENTER 449 Auburn Ave NE Atlanta, GA 30312	58-1030989	501(c)(3)	48,500				2016 Salute to Greatness Dinner
MCINTOSH TRAIL COMMUNITY SERVICE BOARD 1435 Expressway 301 Griffin, GA 30223	58-2098758	501(c)(3)	75,000				Provide Behavior and Prime care with clinic

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MEDICAL ASSOCIATION OF GEORGIA 1849 The Exchange Atlanta,GA 30339	58-0605267	501(c)(6)	30,000				Prescription Take Back Initiative
MLK JR POOR PEOPLES CHURCH OF LOVE 1035 Donnelly Ave SW Atlanta,GA 30310	58-1340903	501(c)(3)	50,000				Food & health educa - hungry & homeless
MOVING IN THE SPIRIT 750 Glenwood Ave SE Atlanta,GA 30316	58-2207431	501(c)(3)	50,000				student-Physical act educa therapy tech

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSEUM OF DESIGN ATLANTA INC 1315 Peachtree NE Atlanta,GA 30309	58-1829492	501(c)(3)	10,000				support the Designing Healthy Comm Exh
MUST MINISTRIES PO BOX 1717 Marietta,GA 30061	58-2034725	501(c)(3)	50,000				Med&Psychiatric Care&Medication-Homeless
NTL AIDS Educa & Services for Minorities 2140 MLK Jr Dr SW Atlanta,GA 30310	58-1986941	501(c)(3)	35,000				Prev Diagnose HIV Pos Ind And Link-Servs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL KIDNEY FOUNDATION 30 East 33rd Street New York, NY 10016	13-1673104	501(c)(3)	30,000				Promote Kidney Health-Avoid Diabete
NATIONAL TRUST FOR HISTORIC 1785 Massachusetts Washington, DC 20036	53-0210807	501(c)(3)	10,000				Funding for the 2015 Nat'l Main St Conf
PALMETTO HEALTH COUNCIL INC 643 Main Street Palmetto, GA 30268	58-1307597	501(c)(3)	75,000				Integrated Prim&Behavioral health care

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PARTNERSHIP AGAINST DOMESTIC VIOLENCE 315 Ponce De Leon 735 Atlanta, GA 30030	58-1314556	501(c)(3)	69,440				Reduce teen relation and sexual violent
PEDESTRIANS EDUCATING DRIVERS ON SAFETY 235 Peachtree 1600 Atlanta, GA 30303	58-2267503	501(c)(3)	40,000				Remove physical barriers to walking
PHYSICIANS CARE CLINIC INC 4850 Golden Py B-418 Buford, GA 30518	58-2107579	501(c)(3)	25,000				Incr care access- Vulnerable DeKalb City

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PIEDMONT PARK CONSERVANCY INC PO BOX 7795 Atlanta, GA 30357	58-1551369	501(c)(3)	83,950				Sponsorship the Green Market 2015 Lunch
PROJECT OPEN HAND ATLANTA INC 181 Armour Drive NE Atlanta, GA 30324	58-1816778	501(c)(3)	95,000				Improve Nutrition education for Seniors
ROBERT W WOODRUFF ART CENTER INC 1280 Peachtree St NE Atlanta, GA 30309	58-0633971	501(c)(3)	99,000				Funding for WAC's annual campaign

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SENIOR CITIZEN SERVICES 1705 Commerce Dr NW Atlanta, GA 30318	58-0960309	501(c)(3)	50,000				Support Extra Help Care Mgmt for seniors
SENIOR CONNECTIONS INC 5238 Peachtree Rd Chamblee, GA 31341	58-1187876	501(c)(3)	50,000				Nutrional & Educa Support Prog-Diabetics
SPECIAL OLYMPICS GEORGIA INC 4000 Dekalb T P 400 Atlanta, GA 30340	23-7201676	501(c)(3)	10,000				Healthy Athlete Screen-Spcl Needs Youth

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION 3525 Piedmont Bldg 5 Atlanta, GA 30305	58-1959763	501(c)(3)	25,000				breast cancer awareness and health serv
TANNER MEDICAL CENTER INC 705 Dixie Street Carrolton, GA 30117	58-1790149	501(c)(3)	50,000				Diabetes Care Management
The CENTER FOR BLACK WOMENS WELLNESS CBWW 477 Windsor 309 Atlanta, GA 30312	58-2212203	501(c)(3)	75,000				Health Care & Chronic Disease Mgmt

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The COMMUNITY FDN FOR GREATER ATLANTA 50 Hurt Plz STE 449 Atlanta, GA 30303	58-1344646	501(c)(3)	1,400,000				Increase access to healthcare
The ENVIRONMENTAL FUND FOR GEORGIA 100 Peachtree 1960 Atlanta, GA 30303	58-2022001	501(c)(3)	97,000				Sponsorship for the Annual Earth Day
The HEALTH INITIATIVE INC 1530 Dekalb NE A Atlanta, GA 30307	58-2271500	501(c)(3)	50,000				Reduce health disparities by engaging

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Henry W Grady Health System Fdn 191 Peachtree St Atlanta, GA 30303	58-2130437	501(c)(3)	63,500				KP Sponsorship at the White Coat Grady
The SHELTERING ARMS 385 Centennial Oly Atlanta, GA 30313	58-0566236	501(c)(3)	50,000				Need-based tuition scholarships
TREES ATLANTA INC 225 Chester Ave Atlanta, GA 30316	58-1584758	501(c)(3)	84,650				Help Trees Atlanta and support for Root Ball Progr

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURNINGPOINT BREAST CANCER 8010 Roswell 120 Atlanta, GA 30350	56-2318721	501(c)(3)	18,000				Rehab Service-Undr Breast Cancer Patient
UNITED WAY OF GREATER ATLANTA INC 100 Edgewood NE Atlanta, GA 30303	58-0566194	501(c)(3)	500,000				Provide Exercise, Healthy Eating,
VETERANS EMPOWERMENT ORGANIZATION OF 373 W Lake Ave NW Atlanta, GA 30318	80-0219022	501(c)(3)	25,000				Mental Health Assessment and treatment for Veteran

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES FOR GEORGIA'S CHILDREN INC 100 Edgewood 1580 Atlanta,GA 30303	02-0678823	501(c)(3)	85,000				Help Trees Atlanta protect&improve
WELLSPRING LIVING INC 860 Johnson Ferry Atlanta,GA 30342	58-2614182	501(c)(3)	50,000				Funding for the Healing to Hope Program
WHOLESOME WAVE GEORGIA INCORPORATED 1070 Colquitt Ave Atlanta,GA 30307	45-4816906	501(c)(3)	35,000				Double Value Program for SNAP Recipients

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYLDE CENTER INC 435 Oakview Rd Decatur,GA 30030	58-2339007	501(c)(3)	20,000				Decatur Housing Auth prog participants
YEAR UP INC 93 Summer Street Boston,MA 02110	04-3534407	501(c)(3)	75,000				Young adult health and wellness
YMCA of Metropolitan Atlanta Inc 100 Edgewood 1100 Atlanta,GA 30303	58-0566253	501(c)(3)	400,000				Provide Exercise, Healthy Eating,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG WOMENS CHRISTIAN ASSN 957 North Highland Atlanta, GA 30306	93-0386985	501(c)(3)	50,000				Early Breast Cancer Detection&Awareness

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" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use </div> <div> <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence </div> <div> <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees </div> <div> <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </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>	1b	
<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>	2	
<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> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract </div> <div> <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study </div> <div> <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	Yes
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	Yes
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on 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>	7	Yes
<div>8</div> <div>Were any amounts reported on 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>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</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 on 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 in column(B) reported as deferred on 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 COMPENSATION OF CEO/EXECUTIVE DIRECTOR - THE FILING ORGANIZATION RELIED ON A RELATED ORGANIZATION 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 OF A RELATED ORGANIZATION
Schedule J, Part I, Line 4A	- Severance Payments - Lori K Ehrlich \$ 240,000 Alan R Hawkins 43,143 Kerry Kohnen 588,701 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 - Benjamin Chu \$ 4,056,254 James Cullinan 37,073 Pamela Hara 71,566 Carrie Jennison 126,858 Kerry Kohnen 111,661 Kathryn Lancaster 253,372 Thomas Meier 75,379 Julie Miller-Phipps 60,178 Donald Orndoff 238,394 Arthur Southam 309,647 Deborah Stokes 55,994 Beverly Thomas 24,609 Bernard Tyson 635,105 Steven Zatzkin 256,468 Victoria Zatzkin 103,806 Mark Zemelman 179,473 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.

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Dawn Bading VP, Human Resources - GA	(i)	0	0	0	0	0	0	0
	(ii)	196,325	82,002	34,496	59,494	32,804	405,121	0
1Benjamin Chu EVP, GP & Region President SCAL	(i)	0	0	0	0	0	0	0
	(ii)	714,190	1,176,598	4,085,859	62,500	25,219	6,064,366	2,659,657
2James Cullinan VP, MSBD - GA	(i)	0	0	0	0	0	0	0
	(ii)	215,247	102,019	52,718	61,232	19,329	450,545	28,530
3Lon K Ehrlich MGT, Account Mgt III	(i)	0	0	0	0	0	0	0
	(ii)	133,389	21,269	244,258	19,428	16,703	435,047	0
4Craig Faerber VP, CFO - Georgia	(i)	0	0	0	0	0	0	0
	(ii)	359,056	170,406	51,325	96,032	33,625	710,444	0
5Pamela Hara VP, Qual/Risk Mgmt & Pop Hlth	(i)	0	0	0	0	0	0	0
	(ii)	207,428	72,998	107,375	80,909	25,931	494,641	54,651
6Alan R Hawkins MGT, Sales IV	(i)	0	0	0	0	0	0	0
	(ii)	87,762	133,695	54,276	23,147	13,414	312,294	0
7Came Jennison VP, Strategy - Georgia	(i)	0	0	0	0	0	0	0
	(ii)	89,605	150,836	137,916	1,823	7,980	388,160	101,482
8Jonna L Kirkwood VP, Operations - GA	(i)	0	0	0	0	0	0	0
	(ii)	239,545	90,992	20,158	88,512	26,918	466,125	0
9Kerry Kohnen Region President - Georgia	(i)	0	0	0	0	0	0	0
	(ii)	14,949	494,937	704,113	42,462	19,041	1,275,502	0
10Kathryn Lancaster EVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	779,351	1,512,879	298,864	199,848	17,903	2,808,845	233
11Donna Lynne EVP, GP & Region Pres - CO	(i)	0	0	0	0	0	0	0
	(ii)	626,191	887,469	47,003	932,987	32,795	2,526,445	0
12Kirkland Mcghee Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	217,046	108,247	4,789	38,289	14,792	383,163	0
13Thomas Meier SVP, Corporate Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	366,589	535,310	114,448	46,053	27,546	1,089,946	19,340
14Julie Miller-Phipps Region President - GA	(i)	0	0	0	0	0	0	0
	(ii)	398,450	200,594	292,002	41,740	17,856	950,642	0
15Donald OmdoffSVP, NFS	(i)	0	0	0	0	0	0	0
	(ii)	410,384	523,171	264,152	160,685	29,568	1,387,960	182,662
16Jacqueline Sellers Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	191,615	80,592	5,767	38,315	11,781	328,070	0
17Arthur Southam EVP, Health Plan Operations	(i)	0	0	0	0	0	0	0
	(ii)	818,213	1,665,914	355,489	72,330	26,163	2,938,109	14,170
18Deborah Stokes SVP, Controller & CAO	(i)	0	0	0	0	0	0	0
	(ii)	353,904	429,013	79,334	42,538	21,711	926,500	0
19Beverly Thomas VP, Community & Public Affairs	(i)	0	0	0	0	0	0	0
	(ii)	194,124	69,015	47,953	37,225	14,433	362,750	0

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Bernard Tyson Chairman & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,209,932	3,631,595	1,022,267	142,327	-	-	0
						33,902	6,040,023	
1Michael Wathen VP, HPSA - GA	(i)	0	0	0	0	0	0	0
	(ii)	190,553	52,527	17,374	66,717	-	-	0
						26,046	353,217	
2Chenta White Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	104,423	11,666	1,962	12,735	-	-	0
						31,759	162,545	
3Steven Zatkín SVP, General Counsel & Secy	(i)	0	0	0	0	0	0	0
	(ii)	0	0	261,259	0	-	-	256,468
						0	261,259	
4Victoria Zatkín VP, Off of Brd & Corp Gov Svcs	(i)	0	0	0	0	0	0	0
	(ii)	206,699	110,698	139,952	78,627	-	-	85,167
						5,105	541,081	
5Mark Zemelman SVP, General Counsel & Secy	(i)	0	0	0	0	0	0	0
	(ii)	528,915	844,658	225,714	126,479	-	-	0
						32,940	1,758,706	

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC**Employer identification number**

58-1592076

Return Reference**Explanation**FORM 990, PART VI,
LINE 6KAISER 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. 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.</p> <p>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.</p> <p>3 Capital expenditures that exceed \$25 million shall require the approval of the member.</p> <p>4 The issuance of tax-exempt bonds.</p> <p>5 Articles C (Member), D (Directors) and H (Amendment and Effect of Bylaws) of the Bylaws may be amended only by the member.</p>

Return Reference	Explanation
Form 990, Part VI, Line 11B	<p>- 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 BENEFITS DETAILS ARE PRESENTED TO THE COMMUNITY BENEFIT COMMITTEE OF THE BOARD FOR REVIEW 3 PRIOR TO FINALIZATION, THE RETURN IS REVIEWED BY AN EXTERNAL TAX ADVISOR 4 ONCE SIGNED BY AN EXTERNAL TAX ADVISOR, THE RETURN AND UNDERLYING DATA ARE REVIEWED BY AN OFFICER OR A MEMBER OF MANAGEMENT DESIGNATED BY AN OFFICER FOR SIGNATURE AND FILING 5 COPIES ARE THEN PROVIDED TO BOARD MEMBERS PRIOR TO FILING</p>

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 A1 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 A2 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 A3 ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, AN OUTSIDE CERTIFIED PUBLIC ACCOUNTING FIRM 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 B1 REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES B2 KAISER PERMANENTE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO 14 CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION AND IN ANNUAL COMPLIANCE TRAINING B3 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 AS ADMINISTERED BY KAISER FOUNDATION HEALTH PLAN, INC 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 AND THE MANAGEMENT COMMITTEE ON COMPENSATION PRIOR TO PAYMENT, ALL PROGRAMS AND PAYMENTS TO THE CEO, EXECUTIVE DIRECTOR, AND TOP MANAGEMENT OFFICIALS (EXECUTIVES) ARE REVIEWED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND THE MANAGEMENT COMMITTEE ON COMPENSATION 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 TO BE COMPETITIVE TO 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, MEMBERSHIP GROWTH, 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, conflict of interest policy are available upon request as disclosed to other regulatory bodies</p> <p>Financial Statements - are on file with state insurance agency on a statutory basis (stand alone entity)</p> <p>Combined data is published for Kaiser Foundation Health Plan Inc and subsidiaries and Kaiser Foundation Hospitals and Subsidiaries with Independent Auditors' Report</p> <p>To request copies contact Vice President, Government Relations Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, 18th Floor Oakland, CA 94612</p>

Return Reference	Explanation
Form 990, Part VII, Section A, Column B	<p>- 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</p>

Return Reference	Explanation
Form 990, Part XI, Line 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES CHANGE IN PENSION AND OTHER RETIREMENT LIABILITIES \$ 3,058,540 WRITE-OFF OF RESTRICTED DONATIONS (375,917) GAIN/LOSS ON INVESTMENTS - TAX (41,164) GAIN/LOSS ON INVESTMENTS - BOOK 153,128 OTHER THAN TEMPORARY IMPAIRMENTS (1,303,600) ----- TOTAL 1,490,987

Return Reference	Explanation
Form 990, Part III, Line 4A-4D	<p>2015 Community Benefit 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 Medical Group physicians to provide health care services for its members 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 individuals ability to pay Georgia 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 nonprofit 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 investments in a range of Community Benefit programs are a fundamental embodiment of the organizations ongoing commitment to improve the general well-being of the broader community These investments result in intentional, planned, 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 programs 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 In addition to the streams of work above, KFHP-GA also made contributions to benefit the communities served in the following areas E Other Community Benefit Investments Support Community Benefit activities and programs beyond the national streams of work, including the administrative expenses of regional Community Benefit departments dedicated to supporting the organizations Community Benefit programs and services and coordinating related initiatives F Environmental Stewardship Protecting and improving the natural environment is a key component of KFHP-GAs mission to improve the health of the community it serves Although costs associated with this initiative are not included in the dollars reported as Community Benefit investments, efforts in this area contribute to advancing a broader vision emphasizing healthy people and healthy environments while also improving health care quality and affordability The following are details of the Community Benefit activities provided by Kaiser Foundation Health Plan of Georgia, Inc In 2015, Georgia Health Plan expended approximately \$42.6 million (at cost, net of \$4.6 million of related revenues) to support Community Benefit activities Over 267,000 members as well as more than 27,000 Medicaid participants assigned to KFHP-GA under contract with third-party insurers were served 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 Improving health care access for those with limited incomes and resources is fundamental to Kaiser Foundation Health Plan of Georgia, Inc s mission In 2015, Georgia Health Plan expended approximately \$29.7 million (at cost, net of \$3.6 million of related revenues) to address the financing and delivery of health care for populations vulnerable due to socioeconomic status, illness, ethnicity, age, or other factors Program beneficiaries (under- and uninsured) received free or discounted care in a Kaiser Permanente facility or by a Permanente provider A 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 (MFA) and Charitable Health Coverage (CHC) Programs In 2015, Georgia Health Plan spent approximately \$19.7 million (at cost, net of \$396 thousand of related revenues) to support under-and uninsured patients A 1 1 Medical Financial Assistance (MFA) Program Georgia Health Plans Medical Financial Assistance 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 facilities operated by Kaiser Permanente and/or from a Kaiser Permanente provider Eligibility is based upon prescribed levels of income to patients who have exhausted other private and public sources of support In 2015, KFHP-GA provided \$10.7 million (at cost, net of related revenues of \$0) of services under this program At KFHP-GA, uninsured patients receive a discount on hospital and professional charges for emergency or other medically necessary care without application and regardless of income level The discount is provided to ensure that an uninsured individual is not charged more for emergency or other medically necessary services than the amounts generally billed to insured individuals receiving equivalent care Contracted collection agency practices are aligned with the organizations social values and IRC section 501(r) Additionally, any patient experiencing financial hardship due to high medical expenses relative to their income level may qualify for the program under special circumstances In Georgia, the MFA Programs eligibility criteria allow patients falling at or below 400% of the Federal Poverty Guidelines (FPG) to receive full (100%) write off of patient out-of-pocket costs In 2015, more than 3,000 qualifying applicants benefited from this program, receiving full or partial forgiveness for nearly 39,000 outpatient visits and more than 2,200 prescriptions A 1 2 Charitable Health Coverage (CHC) Program Charitable Health Coverage is a unique approach to caring for low-income uninsured persons in the community Eligible participants receive a regular Kaiser Permanente Health Plan membership card and access to the full range of services and providers a much better alternative to potentially costly emergency room visits or hospitalization This allows Georgia Health Plan to invest in the longer term health of patients and the community KFHP-GAs CHC programs have a long history of making a real difference in the lives of low-income people who might otherwise have no permanent health care coverage During 2015, KFHP-GA invested approximately \$9.0 million (at cost, net of \$396 thousand of related revenues) to support the CHC program The CHC program includes a separately administered premium subsidy that CHC members use for the purchase of a standard off-exchange Kaiser Permanente Individual/Family (KPIF) gold level plan To ensure that patient cost share obligations do not become a barrier to care, a Medical Financial Assistance award is provided to CHC members at the time of enrollment in the CHC program Prospective members are invited to apply during limited annual enrollment periods and after experiencing triggering events</p>

Return Reference	Explanation
A 1 2 1 Bridge Program	<p>Georgia Health Plans Bridge Program is a Charitable Health Coverage program that provides low-income individuals and families with access to health coverage. This program targets adults enrolled in job-based training or community college programs and participants must meet certain eligibility requirements. Total household income must be below 100% of the Federal Poverty Level (FPL) and applicants are required to be between 19 to 64 years of age. Additionally, participants must not have access to other forms of health coverage. Once eligibility requirements are met, KFHP-GA Bridge members receive a KP premium subsidy that helps pay for enrollment in a standard off-exchange KP individual and family product (Gold level). These members are also provided with medical financial assistance that covers the cost sharing for medically necessary services provided at facilities operated by KFHP-GA. Over 1,900 members were enrolled in KFHP-GA's Bridge program at the end of 2015.</p> <p>A 2 Participation in Medicaid and Other Government-Sponsored Programs Georgia Health Plan has a long history of participating in publicly financed health programs as a nonprofit organization. KFHP-GA participates in Medicaid and other government-sponsored programs depending on the State of Georgia's structure of these programs. In 2015, KFHP-GA provided care and services valued at \$10 million (at cost, net of \$3.2 million of related revenues) for participants in programs sponsored by the federal and state governments. The Affordable Care Act is having a continuing far-reaching impact on the landscape of government-sponsored programs, as these options are poised to become the key source of health coverage for a significant portion of the American population. KFHP-GA has responded to this challenge by developing organizational strategies to enable individuals whose coverage is changing due to personal or financial circumstances to receive medical care at a KFHP-GA facility. Realized and anticipated growth in the organizations Medicaid offerings closely aligns with and supports Georgia Health Plans core mission, tax exempt status, credibility in state and federal policy arenas, and community health needs focusing on access to care.</p> <p>A 2 1 Assignment of Medicaid Participants Georgia Health Plan participates in the federal Medicaid program as a provider of pediatric primary and specialty care through contracts with Amerigroup Community Care, Peach State Health Plan, and WellCare Health Plans. At the end of 2015, KFHP-GA was caring for more than 27,000 pediatric patients whose care has been assigned to the organization by these other Medicaid plans. This represents an increase of 8,000 participants or approximately 40% since 2014. The agreement yielded \$8.9 million of losses in 2015 (at cost, net of \$2.7 million of related revenues).</p> <p>A 2 2 Child Health Insurance Program (CHIP) In Georgia, KFHP-GA participates as a provider in the states Child Health Insurance Program. The program provides health insurance to children whose family income meets certain income eligibility requirements, and who do not qualify for Medicaid. During 2015, KFHP-GA invested approximately \$1.1 million (at cost, net of \$426 thousand of related revenues) to support the CHIP program.</p> <p>B Community Health Initiatives The Community Health Initiatives (CHI) strategy aims to improve the health of individuals, families, and communities by addressing the social, economic, and environmental determinants of health. The role of the community is vital to creating the conditions of health as well as the importance of non-medical resources in communities that promote well-being and prevent disease. The central premise of this approach is that excellent medical care alone is not sufficient to create healthy communities. Evidence underscores the importance of changing community environments as a critical community health strategy. Guided by this evidence, Kaiser Foundation Health Plan of Georgia, Inc. supports comprehensive initiatives that focus on policy and environmental changes to promote healthy eating and active living (HEAL), community safety, economic stability, and social and emotional wellness. In 2015, Georgia Health Plan spent approximately \$6.9 million to support Community Health Initiatives as poverty and obesity continue to be significant and pervasive barriers to health in counties served by KFHP-GA. Over one third of children are obese or overweight, over one fourth of adults are obese, and one third of the community live below 200% of federal poverty line.</p> <p>B 1 CHI Programs and Services Georgia Health Plan works with community-based organizations to design, deliver, and sustain long-term efforts that improve the conditions of neighborhoods, workplaces, schools, and other settings. In some cases, the community health initiatives programs have also addressed community economic development, neighborhood safety, and other key drivers of healthy communities. To reach a broader audience, Georgia Health Plan primarily focuses on the following areas through community coalitions, health activism, and community investments:</p> <ul style="list-style-type: none"> - Healthy food access - Active transportation (walking and biking) - School health - Community-clinic integration <p>B 1 1 CHI Investments in the Community Kaiser Foundation Hospitals investments in the CHI Stream of Work during 2015 included the following:</p> <p>B 1 1 1 Atlanta Beltline Partnership Westside Trail KFHP of Georgia supported construction of the Atlanta BeltLine Partnerships Westside Trail, a three-mile corridor on Atlanta's southwest side. The trail will create a bicycle- and pedestrian-safe corridor with connections to schools and parks, offering zero-cost or low-cost physical activity options. KFHP of Georgia was instrumental in forming a leadership group with representation from twelve neighborhoods adjacent to the BeltLines Westside trail, so that the residents along the Westside Trail determined health improvement programming for its neighborhood. The group meets quarterly to collect information, decide on programming, and provide insights on the community. As part of a multi-year grant, the Atlanta Beltline Partnership received \$1.25 million from KFHP of Georgia in 2015.</p> <p>B 1 1 2 Thriving Schools The 2015 CHI program continued its commitment to implementing the "Thriving Schools" initiative, which is KFHP-GA's effort to improve healthy eating, physical activity, and school climate in K-12 schools. The initiative supported interventions that targeted individual behavior change and family engagement to help create a culture of health in school communities through complementary efforts targeting both teacher/staff wellness and student health.</p> <p>B 1 1 3 Atlanta Regional Collaborative for Health Improvement In 2015, Kaiser Foundation Health Plan of Georgia deepened its engagement with the Atlanta Regional Collaborative for Health Improvement (ARCHI). ARCHI is a public-private coalition formed to improve metro Atlanta's health by aligning the regions health and economic interests, investments, and incentives. The collaborative worked to implement the groups chosen strategies of Encouraging Healthy Behaviors, Expanding Insurance, Coordinating Care, and Capturing and Reinvesting savings realized from health improvement. To date, the collaborative has selected three metro areas to focus its health improvement efforts: College Park, Hapeville, and East Point, all of which are located in a high-need portion of a county within KFHP of Georgia's service area.</p>

Return Reference	Explanation
B 1 1 4 Contribution to Community Foundation	<p>A significant share of the total investments under this program consisted of a single contribution of \$1 4 million to The Community Foundation for Greater Atlanta, Inc for the Kaiser Permanente Fund for Community Benefit These funds will support health-focused strategies that impact the links between health and the community's well-being B 1 1 5 Prior Year Contributions In prior years, KFHP-GA made contributions to several donor advised funds under the direction of various foundations operating in our local communities These funds were intended to identify and support nonprofit organizations that meet community needs in the area of community health initiatives In 2015, the following initiative was funded through disbursements issued by the community foundations based upon recommendations informed by KFHP-GA's expertise B 1 1 5 1 At-Risk Youth Clayton County Juvenile Justice Fund received \$85,000 from a prior year contribution to a community foundation donor advised fund in support of implementing evidenced based approaches to reduce youth involvement in the juvenile justice system Program funding will provide school discipline alternatives that keep students engaged in school, with intervention options that focus on dropout prevention, and offer mentoring to a cohort of 50 middle school students C Safety Net Partnerships Kaiser Foundation Health Plan of Georgia, Inc is committed to building partnerships with the institutions that serve on the front lines of health care for the uninsured and underserved By providing support to community health centers, public hospitals, and local health departments, Georgia Health Plan helps them deliver care and treatment to the most vulnerable in our communities Georgia Health Plan spent approximately \$1 million in charitable contributions associated with safety net priorities in 2015 as over 30% of the population served by the Georgia Health Plan live under 200% FPL C 1 Safety Net Partnerships (SNP) Investments in the Community Approximately 15 community partners received grants from Georgia Health Plans 2015 grant cycle to address community health need priorities KFHP-GA's investments in the SNP Stream of Work during 2015 included the following C 1 1 Mental Health and Primary Care Integration A Federally Qualified Health Center, Good Samaritan Health Center, Inc , received a grant of \$75,000 for initiating a center-wide patient depression screen in primary care practice C 1 2 Diabetes Hands of Hope Clinic, Inc , a community clinic, received a grant of approximately \$36,000 to continue its Diabetes Self-Care Program for underserved diabetic patients C 2 Access to Specialty Care Georgia Health Plan helped safety net clinics extend their capacity to serve patients through a program called, "TSPMG Cares," in which The Southeast Permanente Medical Group physicians treated uninsured patients in the Georgia Health Plan clinics and facilities D Developing and Disseminating Knowledge The Developing and Disseminating Knowledge Stream of Work supports activities that improve health care by sharing knowledge, educating practitioners, advancing research, empowering consumers and informing policymakers about evidence-based care and health Kaiser Foundation Health Plan of Georgia, Inc spent approximately \$2 7 million in 2015 to support programs and services associated with the development and dissemination of knowledge D 1 Medical Research Programs At Georgia Health Plan, research is an essential part of what it means to be a learning 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 10 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, behavioral and mental health, and health care delivery improvements by leveraging the organizations research expertise, rich data sources, and delivery system environment Georgia Health Plan provided approximately \$1 2 million (at cost, net of \$1 0 million of related revenues) for medical research projects in 2015 In 2015, Kaiser Foundation Health Plan, Inc and its subsidiaries continued to expand its national biobank, the KP Research Bank, a research resource that will strengthen the ability to conduct cutting-edge studies With this development, KFHP GA members benefit from being part of a biobank that will be one of the largest non-governmental biobanks in the United States to examine the genetic and environmental factors that influence common diseases such as heart disease, cancer, diabetes, high blood pressure, Alzheimer's disease, asthma and many others D 1 1 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 and its subsidiaries, but also for society-at-large D 1 1 1 Kaiser Foundation Research Institute (KFRI) The Kaiser Foundation Research Institute provides administrative leadership and support 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 In this capacity, KFRI submits applications for grants and executes contracts and sub-contracts for all federally funded research on behalf of the regional research programs described below KFRI also manages invoicing and accounts receivable related to federally funded research, and distributes grant proceeds to the appropriate regional program Additionally, KFRI supports the regional research centers on issues related to human participant protection and clinical trials research quality and compliance The Center for Effectiveness and Safety Research (CESR) The Center for Effectiveness and Safety Research is a national research center that leverages the expertise of Kaiser Permanentes seven regional research centers to answer important comparative effectiveness and safety questions that affect health care delivery questions by relying on collaborations within the network D 1 2 Georgias Research Program The principal research activities conducted in Georgia take place at the following regional research center D 1 2 1 The Center for Clinical and Outcomes Research (Georgia region) Research at the Center for Clinical and Outcomes Research (CCOR), formerly known as the Center for Health Research Southeast, focuses on clinical trials, primarily in HIV and Diabetes and now substantially augmented to include oncology trials CCOR carries out a variety of additional studies that are aligned to improve the health of the communities it serves Top Research Areas - Chronic Diseases - Obesity - Cardiovascular and Diabetes - Cancer - Behavioral Health - Infectious Diseases Epidemiology - Health Services Key Statistics - Number of clinical trials in 2015 15 - Number of active studies (clinical and non-clinical trials) in 85 - Number of research papers published in journals in 2014 11 - Number of investigators 1 - Number of support staff 15 D 1 2 2 Major Areas of Funded Research The following is an example of a research project upon which the Center for Health Research collaborated during 2015 D 1 2 2 1 HIV Quality Improvement and Performance Program - Research Area Health Care Delivery and Comparative Health Systems - Collaborating Kaiser Permanente sites Mid-Atlantic States, Colorado, Northwest, Hawaii, Southern California, and Northern California regions This study is focused on determining quantitative measures of HIV care and outcomes in Kaiser Permanente Researchers seek to initiate quality improvement programs where they determine there are opportunities for improvement Primary Funding Provided By The Care Management Institute, The Permanente Federation, and Kaiser Foundation Health Plan, Inc</p>

Return Reference	Explanation
<p>D 2 Educational Theatre Programs (ETP)</p>	<p>Confronted with an urgent need for preventive health information in the communities we serve, the Educational Theatre Programs (ETP) was to inspire children, teens and adults to make informed decisions about their health and to build stronger, healthier communities. Georgia Health Plan spent approximately \$10 million in 2015 to support the Educational Theatre Programs (ETP) in Georgia. ETP is committed to working with schools and nonprofit organizations to pinpoint issues and customize services that are designed to meet specific 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. Georgia Health Plans ETP events 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 2015, ETP held over 900 performances for a total audience of nearly 98,000 adults and children. For example, in 2015, the Educational Outreach Team partnered with High Tower Elementary, an at-risk school in Dekalb, GA, to focus on increasing soft skills in pre-school aged children for becoming ready for school. Teachers, Counselors, and the Principal of Hightower Elementary identified the following soft skills as highest need for their student population: communication, teamwork, critical thinking, empathy for others, and positive outlook. The Educational Outreach Team worked with the pre-school children for one hour, two times a month, throughout the school year. A random sampling of children were assessed to determine growth in the area of soft skills throughout the year. Results showed a 90% improvement in school readiness soft skills from the first day of class up to the final lesson. Teacher input supported findings showing a higher-than-usual improvement compared to previous classes they had taught.</p> <p>D 3 Health Professional Training and Education Since 1985, the training of physicians, nurses, and allied health professionals has played a vital role in Georgia Health Plans efforts to serve the health care needs of its members and communities. KFHP-GAs Community Health Needs Assessment in 2013 reported that this continues to be a need with over 43% of the community living in a health professional shortage area. KFHP Georgia also identified the need to increase linguistic and cultural diversity in the health care workforce. With serious physician and nurse shortages looming in the face of an expected expansion in Americans access to health care, the need to encourage and train a high-quality, diverse, and culturally competent health care workforce is critical, and KFHP-GA is responding in multiple ways. Georgia Health Plan spent approximately \$370 thousand in 2015 to support the training for health professionals.</p> <p>D 3.1 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 2015, a total of four residents participated in the post-graduate pharmacy programs - two postgraduate year one (PGY1) and two postgraduate year two (PGY2) residents. These residents completed projects that contributed to meeting financial and quality goals within the pharmacy department. They also disseminate the purpose and benefits of residency training by participating in various pharmacy school student meetings about the program and providing didactic lessons at one of the local pharmacy schools.</p> <p>D 4 INROADS Leadership Development The INROADS program seeks to increase business career opportunities and knowledge for highly qualified diverse students while giving corporations the opportunity to develop diverse managerial talent. INROADS identifies interested and capable high school, college, and university students who are placed within Georgia Health Plan facilities for two to five summers with the goal of permanent placement upon graduation. In 2015, Georgia Health Plan spent approximately \$135 thousand in support of this program, employing eight INROADS interns.</p> <p>D 5 Grants and Donations for the Development and Dissemination of Knowledge Georgia Health Plan supports physician education as a means by which to meet the organizations mission to create healthier communities, teach medicine in an integrated healthcare setting, and support the need for culturally responsive and patient-centered care. The Community Benefit Program supports residency and fellowship programs, nursing education and allied healthcare career programs, student scholarships, and community medicine fellowship primarily by awarding grants and donations to selected qualifying learning institutions. In 2015, Georgia Health Plan awarded contributions to several health profession programs. Scholarship programs were funded at 6 nursing programs, 2 pharmacy schools and a medical school, which in turn awarded 42 scholarships.</p> <p>E Other Community Benefit Investments During 2015, Georgia Health Plan spent \$2.3 million to support Community Benefit activities and programs beyond the national streams of work. This included the administrative expenses of a Community Benefit department dedicated to supporting regional Community Benefit programs and services and coordinating related initiatives.</p> <p>F Environmental Stewardship Poor environmental quality contributes to disease and economic insecurity. Kaiser Foundation Health Plan of Georgia, Inc. has committed itself to protecting and improving the natural environment as a key component of its mission to improve the health of the community it serves. Although costs associated with this initiative are not included in the dollars reported as Community Benefit investments, efforts in this area contribute to advancing a broader vision emphasizing healthy people and healthy environments while also improving health care quality and affordability. To fulfill the organizations commitment to the natural environment, KFHP-GA maintains a governance structure for environmental stewardship that enables the organization to continually improve its environmental performance. This structure includes clearly defined roles, responsibilities, plans and routines, and has resulted in the following five organizational focus areas. These have been selected based on their ability to result in the greatest impact on the environmental forces that shape environmental and human health.</p> <ul style="list-style-type: none"> - Finding safe alternatives to harmful industrial chemicals - Responding to climate change - Promoting sustainable farming and food choices - Reducing, reusing, and recycling to eliminate waste - Conserving water in each of these focus areas. <p>KFHP-GA has established ambitious goals (including a target to reduce total greenhouse gas emissions by 30% by 2020, compared to a 2008 baseline), implemented initiatives, achieved measurable improvements, and regularly reported progress to the board of directors, staff, and the general public.</p> <p>F 1 Performance Metrics During 2015, key performance indicators for Kaiser Foundation Health Plan of Georgia, Inc. included:</p> <ul style="list-style-type: none"> F 1.1 In Georgia F 1.1.1 Improved our energy use intensity (kBtu/rentable square foot) by 2% compared to our 2010 baseline year. F 1.1.2 Responsibly reused or recycled over 1,200 tons of materials.

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED MEDICAL SERVICES TOTAL FEES 210203033

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED NON-MEDICAL SERVICES TOTAL FEES 34908208

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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) Dispropportionate 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) NXT Cap Sr Fd ILLC 191 N Wacker Dr Ste 1200 CHICAGO, IL 60606 37-1651297	INVESTMENT	DE	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					No
KAISER PERMANENTE (2)INSURANCE COMPANY	INSURANCE	CA	NA	C CORP					No
ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3203402									
KAISER PROPERTIES (3)SERVICES INC	REAL ESTATE	CA	NA	C CORP					No
ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3259432									
KAISER PERMANENTE (4)INTERNATIONAL	CONSULTING	CA	NA	C CORP					No
ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3245176									
(5)Kaiser Colorado Holdings One Kaiser Plaza 15L Oakland, CA 94612	Health Care	CO	NA	C Corp					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		No
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			

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
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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
KAISER FOUNDATION HEALTH PLAN INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-1340523	HEALTH CARE	CA	501(C)(3)	9	NA		No
KAISER FOUNDATION HOSPITALS ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-1105628	HEALTH CARE	CA	501(C)(3)	3	NA		No
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	
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	
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	
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	
LOKAHI ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 91-2171891	WC Placement	HI	501(C)(3)	11 - I	KFHP INC	Yes	
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	
CAMP BOWIE SERVICE CENTER ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299123	ADMIN	CA	501(C)(3)	11 - I	KFHP INC	Yes	
KAISER FDN HEALTH PLAN OF WASHINGTON ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0480268	HEALTH CARE	WA	501(C)(3)	11 - I	KFHP INC	Yes	
KAISER HEALTH ALTERNATIVES ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(C)(3)	9	KFHP INC	Yes	
1800 HARRISON FOUNDATION ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(C)(3)	11 - II	KFHP INC	Yes	
KAISER HOSPITAL ASSISTANCE CORPORATION ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501(C)(3)	11 - I	KFH	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Kaiser Foundation Health Plan Inc	l	13,106,876	per agreement
(1)	Kaiser Foundation Health Plan Inc	m	33,414,982	per agreement
(2)	Kaiser Foundation Health Plan Inc	p	36,748,196	per agreement
(3)	Kaiser Foundation Health Plan Inc	q	211,840,695	per agreement
(4)	Kaiser Foundation Health Plan Inc	r	688,579,100	per agreement
(5)	Kaiser Foundation Health Plan Inc	s	311,059,619	per agreement
(6)	Kaiser Foundation Hospitals	c	84,794	per agreement
(7)	Kaiser Foundation Hospitals	e	53,000,000	per agreement
(8)	Kaiser Foundation Hospitals	l	24,331,015	per agreement
(9)	Kaiser Foundation Hospitals	m	368,855,048	per agreement
(10)	Kaiser Foundation Hospitals	p	29,612,699	per agreement
(11)	Kaiser Foundation Hospitals	q	281,093,500	per agreement
(12)	Kaiser Foundation Hospitals	s	114,905	per agreement
(13)	Camp Bowie Service Center	l	980,601	per agreement
(14)	Camp Bowie Service Center	m	4,166,780	per agreement
(15)	Camp Bowie Service Center	p	1,118,020	per agreement
(16)	Kaiser Permanente Insurance Company	l	9,188,646	per agreement
(17)	Kaiser Permanente Insurance Company	m	19,327,848	per agreement
(18)	Kaiser Permanente Insurance Company	p	79,308	per agreement
(19)	Kaiser Permanente Insurance Company	q	12,692,175	per agreement
(20)	Lokahi Assurance LTD	l	1,285,399	per agreement
(21)	Lokahi Assurance LTD	m	2,700,000	per agreement
(22)	Lokahi Assurance LTD	q	3,183,148	per agreement
(23)	Lokahi Assurance LTD	r	518,000	per agreement
(24)	Kaiser FDN Health Plan of the Northwest	l	462,679	per agreement

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	Kaiser FDN Health Plan of the Northwest	m	188,490	per agreement
(1)	Kaiser FDN Health Plan of the Northwest	p	97,320	per agreement
(2)	Kaiser FDN Health Plan of the Northwest	q	197,942	per agreement
(3)	Kaiser FDN Health Plan of Colorado	l	638,226	per agreement
(4)	Kaiser FDN Health Plan of Colorado	m	162,941	per agreement
(5)	Kaiser FDN Health Plan of Colorado	p	50,165	per agreement
(6)	Kaiser FDN Health Plan of Colorado	q	84,404	per agreement
(7)	KFHP of the Mid-Atlantic States Inc	l	3,382,451	per agreement
(8)	KFHP of the Mid-Atlantic States Inc	m	1,247,786	per agreement
(9)	KFHP of the Mid-Atlantic States Inc	p	359,307	per agreement
(10)	KFHP of the Mid-Atlantic States Inc	q	755,471	per agreement
(11)	Oak Tree Assurance Ltd	l	140,863	per agreement