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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC

% SVPCORPORATE CONTROLLERCAO

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

ONE KAISER PLAZA SUITE 15L

City or town, state or province, country, and ZIP or foreign postal code

OAKLAND, CA 94612

F Name and address of principal officer

James Simpson

ONE KAISER PLAZA SUITE 15L

OAKLAND, CA 94612

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.kp.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1985

M State of legal domicile

GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

2017-10-13

Date

ALFONSE UPSHAW SVP, CC AND CAO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 2001 MARKET ST SUITE 1800

Phone no (267) 330-3000

PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 1,397,544,489 including grants of \$ 0) (Revenue \$ 1,539,420,754)

See Additional Data

4b (Code) (Expenses \$ 28,266,208 including grants of \$ 0) (Revenue \$ 0)

See Additional Data

4c (Code) (Expenses \$ 15,107,721 including grants of \$ 0) (Revenue \$ 3,292,566)

See Additional Data

(Code) (Expenses \$ 7,924,417 including grants of \$ 3,787,811) (Revenue \$ 0)

SCH O, COMMUNITY BENEFIT REPORT

4d Other program services (Describe in Schedule O)
(Expenses \$ 7,924,417 including grants of \$ 3,787,811) (Revenue \$ 0)

4e Total program service expenses ► 1,448,842,835

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3,149
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,286
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ► _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	2	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	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:
 ▶ SVPCORPORATE 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 ☒

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

[illegible]

[illegible]

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 ▶ 360

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHEASTERN PERMANENTE MEDICAL GRO, 3495 PIEDMONT ROAD NE ATLANTA, GA 30305	MEDICAL SERVICES	320,282,274
NORTHSIDE HOSPITAL, PO BOX 101818 ATLANTA, GA 30392	MEDICAL SERVICES	135,841,437
PIEDMONT HOSPITAL INC, PO BOX 102526 ATLANTA, GA 30368	MEDICAL SERVICES	55,335,836
GRADY'S MEMORIAL HOSPITAL CORPORATI, PO BOX 930704 ATLANTA, GA 31193	MEDICAL SERVICES	32,203,727
CHILDREN'S HEALTHCARE OF ATLANTA, PO BOX 116101 ATLANTA, GA 30368	MEDICAL SERVICES	22,313,952

Form 990 (2016)

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	10,771			
	e Government grants (contributions)	1e	55,584			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,057,119			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		1,123,474			
Program Service Revenue		Business Code				
	2a MEMBERS HEALTH CARE	900099	1,163,868,841	1,163,868,841		
	b MEDICARE/MEDICAID PAYMENTS	900099	256,166,984	256,166,984		
	c SUPPLEMENTAL CHARGE	900099	77,462,506	77,462,506		
	d NON-PLAN & INDUSTRIAL	900099	5,955,469	5,865,287	90,182	
	e OTHER PROGRAM SERVICES	900099	39,259,520	39,259,520		
	f All other program service revenue					
g Total. Add lines 2a-2f		1,542,713,320				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,581,095			4,581,095
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	78,491,215 0			
	b Less cost or other basis and sales expenses	78,963,730 498,827				
	c Gain or (loss)	-472,515 -498,827				
	d Net gain or (loss)		-971,342			-971,342
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a	0				
b Less cost of goods sold	b	0				
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		0				
12 Total revenue. See Instructions		1,547,446,547	1,542,623,138	90,182	3,609,753	

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.	3,787,811	3,787,811		
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, line 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.	181,441,467	164,394,012	17,047,455	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	19,059,711	19,059,711		
9 Other employee benefits.	27,175,141	21,626,111	5,549,030	
10 Payroll taxes.	13,057,758	13,057,758		
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	211,126		211,126	
c Accounting.	708,950		708,950	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	316,548		316,548	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	269,324,000	252,599,473	16,724,527	
12 Advertising and promotion.	7,241,968	375,536	6,866,432	
13 Office expenses.	4,082,288	3,586,103	496,185	
14 Information technology.	89,269,471	74,468,268	14,801,203	
15 Royalties.	0			
16 Occupancy.	13,149,375	13,149,375		
17 Travel.	1,537,279	1,198,371	338,908	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	575,289		575,289	
20 Interest.	16,275,599	16,275,599		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	22,032,460	22,032,460		
23 Insurance.	4,245,705	4,245,705		
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	617,685,540	617,685,540		
b SUPPLIES-MEDICAL, OFFICE	200,239,808	185,407,951	14,831,857	
c PREMIUM DEFICIENCY RESERVE	-28,459,409	-28,459,409		
d INTER-REGIONAL CHARGES	60,940,380	50,271,077	10,669,303	
e All other expenses	49,937,897	14,081,383	35,856,514	
25 Total functional expenses. Add lines 1 through 24e.	1,573,887,374	1,448,842,835	125,044,539	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		1,192,501	2	1,545,534
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		48,087,936	4	65,191,990
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		15,090,386	8	15,601,611
	9	Prepaid expenses and deferred charges		1,124,131	9	1,425,208
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 448,596,825			
	b	Less: accumulated depreciation	10b 228,387,102	231,825,272	10c	220,209,723
	11	Investments—publicly traded securities		234,879,544	11	238,766,528
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		25,542,578	15	27,884,427
16	Total assets. Add lines 1 through 15 (must equal line 34)		557,742,348	16	570,625,021	
Liabilities	17	Accounts payable and accrued expenses		104,737,036	17	137,066,297
	18	Grants payable		0	18	0
	19	Deferred revenue		14,887,854	19	16,762,110
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		951,233,602	25	973,384,634
	26	Total liabilities. Add lines 17 through 25		1,070,858,492	26	1,127,213,041
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		8,135,623	30	8,135,623
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		-521,251,767	32	-564,723,643
33	Total net assets or fund balances		-513,116,144	33	-556,588,020	
34	Total liabilities and net assets/fund balances		557,742,348	34	570,625,021	

Part XI Reconciliation of Net AssetsCheck 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	1,547,446,547
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,573,887,374
3	Revenue less expenses Subtract line 2 from line 1	3	-26,440,827
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-513,116,144
5	Net unrealized gains (losses) on investments	5	423,604
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	-17,454,653
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-556,588,020

Part XII Financial Statements and ReportingCheck 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 (2016)

Form 990, Part III, Line 4a:

- 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

Form 990, Part III, Line 4b:

- 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 2016, this program assisted more than 5,000 qualifying applicants, including over 700 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. More than 2,300 individuals were receiving comprehensive health care through this program at the end of 2016.

Form 990, Part III, Line 4c:

- 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 2016, more than 19,500 pediatric Medicaid and Childrens Health Insurance Program (CHIP) individuals were receiving benefits under KFHP-GAs managed care program.

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			
Gregory Adams EVP, Group President	6 0 44 0	X		X				0	2,457,650	688,025
Benjamin Chu EVP,GP & Region President SCAL	0 0 50 0	X		X				0	2,371,766	164,429
John W Jackson Director	2 5 0 0	X						38,212	0	0
Jeffrey P Koplan MD MPH Director	1 0 0 0	X						13,000	0	0
Kathryn Lancaster EVP & CFO	5 0 45 0	X		X				0	2,681,226	588,601
Julie Miller-Phipps Regional President - SCAL	32 0 18 0	X		X				0	1,097,514	210,358
Kirkland Mcghee Assistant Secretary	50 0 0 0			X				0	330,458	75,024
Thomas Meier SVP, Corporate Treasurer	2 0 48 0			X				0	1,050,818	138,764
Donald Orndoff SVP, NFS	5 0 45 0			X				0	935,840	216,315
Jacqueline Sellers Assistant Secretary	1 0 49 0			X				0	265,122	88,088

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			
James Simpson SVP, Finance - BU & ROC	25 0 25 0			X				0	835,636	197,862
Arthur M Southam MD EVP, Health Plan Operations	5 0 45 0			X				0	2,775,635	464,416
Deborah Stokes SVP,Corporate Controller & CAO	4 0 46 0			X				0	503,944	3,920
Bernard Tyson Chairman & CEO	6 0 44 0			X				0	8,529,498	1,509,737
Alfonse Upshaw SVP,Corporate Controller & CAO	4 0 46 0			X				0	616,612	108,314
Cherita White Assistant Secretary	50 0 0 0			X				0	109,324	65,101
Hong-Sze Yu Assistant Secretary	5 0 45 0			X				0	304,345	126,932
Mark Zemelman SVP, General Counsel & Secy	1 0 49 0			X				0	1,630,173	369,974
James Cullinan VP, MSBD - GA	50 0 0 0				X			0	404,678	120,301
Craig Faerber VP, CFO - Georgia	50 0 0 0				X			0	664,019	134,217

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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		
(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)											
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former						
Pamela Hara		50 0				X			0				375,344	83,454
VP, Qual/Risk Mgmt & Pop Hlth		0 0												
Jonna Kirkwood		50 0				X			0				420,675	162,797
VP, COO - GA		0 0												
Michael Wathen		50 0				X			0				320,870	96,291
VP, HPSA - GA		0 0												
Anne Marie Dropp		50 0					X		268,335				0	28,903
Sales Exec/Rep II		0 0												
Lon K Ehrlich		50 0					X		334,109				0	70,859
MGT, Account Mgt III		0 0												
Artemus E George		50 0					X		320,384				0	32,467
MGT, Account Mgt II		0 0												
Kimberly George		50 0					X		0				278,187	70,571
Regional Controller, GA		0 0												
Beverly Thomas		50 0					X		0				360,284	97,747
VP, Community & Public Affairs		0 0												
Kerry Kohnen		0 0						X	0				186,410	102,300
Region President - Georgia		0 0												
Donna Lynne		0 0						X	0				5,214,011	131,383
EVP, GP & Region Pres - CO		50 0												

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			
Victoria Zatkín VP, Off of Brd & Corp Gov Svcs	5 0 45 0						X	0	216,783	1,728

SCHEDULE A (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC	Employer identification number 58-1592076

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 ☒ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,664,485	3,067,751	1,422,285	1,573,823	1,123,474	11,851,818
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	1,131,979,156	1,153,215,348	1,273,100,973	1,385,080,975	1,542,623,138	6,485,999,590
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	1,136,643,641	1,156,283,099	1,274,523,258	1,386,654,798	1,543,746,612	6,497,851,408
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.)						6,497,851,408

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	1,136,643,641	1,156,283,099	1,274,523,258	1,386,654,798	1,543,746,612	6,497,851,408
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,761,470	2,461,505	3,508,275	3,960,516	4,581,095	17,272,861
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		9,142	7,347	31,809	30,076	78,374
c Add lines 10a and 10b	2,761,470	2,470,647	3,515,622	3,992,325	4,611,171	17,351,235
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.)	1,139,405,111	1,158,753,746	1,278,038,880	1,390,647,123	1,548,357,783	6,515,202,643
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 2016 (line 8, column (f) divided by line 13, column (f))	15	99.734 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.731 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.266 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.268 %

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ► ☒

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
1		
2 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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 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>		
2		
3 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>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a 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>		
2a		
b 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>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a 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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE C (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
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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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		314,916
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		37,500
j	Total. Add lines 1c through 1i			352,416
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493313025257	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages 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

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,120,214		24,120,214
b Buildings		259,815,495	107,251,582	152,563,913
c Leasehold improvements		41,735,727	31,260,479	10,475,248
d Equipment		116,911,381	88,519,438	28,391,943
e Other		6,014,008	1,355,603	4,658,405
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				220,209,723

Part VII

Investments—Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

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

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
PENSION PLAN PAYABLE	91,076,120
SELF-INSURED RISKS	34,804,272
DUE TO AFFILIATED ORGANIZATION	103,262,464
PREMIUM DEFICIENCY RESERVE	16,067,884
NOTE PAYABLE TO AFFILIATES	708,439,042
OTHER LIABILITIES	19,734,852
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	973,384,634

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental 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

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
58-1592076

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

60

3

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

0

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 Y 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
ACHIEVE ATLANTA INC 191 Peachtree St Atlanta, GA 30303	47-2670990	501(c)(3)	200,000				EVENTS/SCHOLARSHIPS
ACHIEVEMENT REWARDS FOR COLLEGE PO Box 52124 Atlanta, GA 30355	58-2004368	501(c)(3)	10,000				EVENTS/SCHOLARSHIPS

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
ALLIANCE TO REPAIR THE AMERICAN DIET INC 1579 Monroe Dr Atlanta, GA 30324	47-2758876	501(c)(3)	8,500				Educate Attendees About Healthy Diets
AMERICAN DIABETES ASSOCIATION INC 1701 N Beauregard St Alexandria, VA 22311	13-1623888	501(c)(3)	50,000				Nutrition education for Gwinnett count middle scho

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 HEART ASSOCIATION 7272 Greenville Ave Dallas, TX 75231	13-5613797	501(c)(3)	61,000				Heart failure improvement project
ATLANTA BELTLINE PARTNERSHIP INC 250 Williams St Atlanta, GA 30303	56-2464486	501(c)(3)	35,000				Jamboree Health Fair & The Run Walk Go Race

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 BOTANICAL GARDEN INC 1345 Piedmont ave Atlanta, GA 30309	58-1313284	501(c)(3)	47,960				EVENTS/SCHOLARSHIPS
ATLANTA LEADERSHIP DEVELOPMENT 10 Peachtree Atlanta, GA 30309	23-7015688	501(c)(3)	6,000				Corporate impact awards

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 TECHNICAL COLLEGE FOUNDATION INC 1560 Metropolitan Pkwy Atlanta, GA 30310	58-2582973	501(c)(3)	9,000				The Schools Annual Fundraiser For Student Scholars
ATLANTA VOLUNTEER LAWYERS FOUNDATION 235 Peachtree St Atlanta, GA 30303	58-1364400	501(c)(3)	50,000				Low income unhealthy rental housing remediation

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
BETHESDA COMMUNITY CLINIC INC 107 Mountain Brook Canton, GA 30115	27-4923001	501(c)(3)	30,363				Diabetes & Hypertension Control Problem
CARE AND COUNSELING CENTER OF GEORGIA 1814 Clairmont Rd Decatur, GA 30033	58-0899552	501(c)(3)	30,000				Behavioral Health Care Access & Improvement

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
CENTER FOR BLACK WOMENS WELLNESS CBWW 477 Windsor St Atlanta, GA 30312	58-2212203	501(c)(3)	75,000				Clinic expansion to increase people served
COBB COUNTY BOARD OF HEALTH 1650 County Services Pkwy Marietta, GA 30008	58-1517015	501(c)(3)	75,000				prenatal care to underserved 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
COMMUNITY ADVANCED PRACTICE NURSES INC 173 Boulevard Atlanta, GA 30312	58-2435328	501(c)(3)	74,495				Healthcare for homeless & underserved women
CORPORATE VOLUNTEER COUNCIL OF ATLANTA 1100 Peachtree St Atlanta, GA 30377	58-2054790	501(c)(3)	19,870				Corporate impact awards

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
CORPORATION OF MERCER UNIVERSITY THE 1501 Mercer University Dr Macon, GA 31207	58-0566167	501(c)(3)	50,000				Funding Scholarships for Pharmacy Students
COVENANT HOUSE GEORGIA INC 1559 Johnson Rd Atlanta, GA 30318	13-3523561	501(c)(3)	50,000				Youth Behavioral Health Improvement Program

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
CRISTO REY ATLANTA JESUIT HIGH SCHOOL 680 W Peachtree St Atlanta, GA 30308	45-5550340	501(c)(3)	75,000				Student food service program
DIABETES ASSOCIATION OF ATLANTA 100 Edgewood Ave Atlanta, GA 30303	58-0973055	501(c)(3)	50,000				Diabetes Prevention & Management

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
EASTER SEALS NORTH GEORGIA 53 Perimeter Ctr Atlanta, GA 30346	58-1919768	501(c)(3)	25,000				Early childhood mental health program
EMORY GENETICS LABORATORY 1762 Clifton Rd Atlanta, GA 30322	58-0566256	501(c)(3)	10,000				Symposium for science, technology, engineering &

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
ENVIRONMENTAL FUND FOR GEORGIA THE 100 Peachtree St Atlanta, GA 30303	58-2022001	501(c)(3)	26,900				Park Pride Conference and Two Play Days
FAMILIES FIRST 1105 W Peachtree St Atlanta, GA 30309	58-1054331	501(c)(3)	75,000				Funds will support the teenage pregnancy and paren

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
FAYETTE CARE CLINIC INC 1260 Highway Fayette, GA 30214	20-0314897	501(c)(3)	74,661				Health Improvement of obese/diabetic/CVD & achieve
GEORGIA CAMPAIGN FOR ADOLESCENT POWER 1718 PeachTree St Atlanta, GA 30309	31-1520709	501(c)(3)	95,000				Direct services for school comprehensive sex educa

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
GEORGIA FOUNDATION FOR PUBLIC HEALTH 2711 Irwin Way Decatur, GA 30030	46-4253565	501(c)(3)	10,000				Healthy GA awards
GEORGIA GWINNETT COLLEGE FOUNDATION 1000 University Center LN Lawrenceville, GA 30043	20-5107997	501(c)(3)	40,000				Scholarships For Nursing Students

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
GEORGIA WATCH 55 Marietta St NW Atlanta, GA 30303	16-1639971	501(c)(3)	35,000				Consumer medical debt education
GIRL SCOUTS OF GREATER ATLANTA 5601 N Allen Rd Mableton, GA 30126	58-0566190	501(c)(3)	25,000				Healthy Living Program & Obesity Prevention

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
GOOD NEWS CLINIC 810 Pine St Gainesville, GA 30501	58-2058853	501(c)(3)	75,000				Health Improvement of uninsured, low income adults
GOOD SAMARITAN HEALTH & WELLNESS CENTER 175 Samaritan Dr Jasper, GA 30143	58-2576315	501(c)(3)	63,000				Improve patients health for diabetes, hypertension

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
GOOD SAMARITAN HEALTH CENTER INC 1015 Donald Lee Hollowell Pkwy Atlanta, GA 30318	58-2373305	501(c)(3)	75,000				Primary/behavioral healthcare integration
GWINNETT TECH FOUNDATION INC 5150 Sugarloaf Parkway Lawrenceville, GA 30043	58-2106879	501(c)(3)	10,000				Scholarships For Nursing Students

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
HANDS OF HOPE CLINIC INC 1010 Hospital Dr Stockbridge, GA 30281	42-1591970	501(c)(3)	37,450				Improve patients health for diabetes, hypertension
HANDS ON ATLANTA INC 600 Means St Atlanta, GA 30318	58-1861026	501(c)(3)	75,000				Healthy take home meals for students each weekend

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
HEALTH EDUCATION ASSESSMENT & LEADERSHIP INC 2600 Martin Luther King Jr D Atlanta, GA 30311	26-3990559	501(c)(3)	95,000				Westside community health worker program
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42nd St New York, NY 10168	13-5660870	501(c)(3)	50,000				Refugee mental health services

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
ITS THE JOURNEY INC 270 Carpenter Dr Atlanta, GA 30328	47-0897591	501(c)(3)	38,500				Atlanta 2 Day Walk For Breast Cancer
JUNIOR ACHIEVEMENT OF GEORGIA 460 Abernathy Rd NE Atlanta, GA 30328	58-0598050	501(c)(3)	20,000				JA Finance Park - Student Engagement & Motivation

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
LEUKEMIA AND LYMPHOMA SOCIETY 3715 Northside Parkway Atlanta, GA 30328	13-5644916	501(c)(3)	25,000				Co-Pay Assistance
MCINTOSH TRAIL COMMUNITY SERVICE BOARD 1435 N Expressway Griffin, GA 30223	58-2098758	501(c)(3)	75,000				Establish a medical home fo people with mental ill

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
MOREHOUSE COLLEGE 830 Westview Dr Atlanta, GA 30314	58-0566205	501(c)(3)	13,662				M Agnes Jones Summer LEGO Camp
PALMETTO HEALTH COUNCIL INC 643 Main St Palmetto, GA 30268	58-1307597	501(c)(3)	75,000				Primary/behavioral healthcare integration

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
PARK PRIDE ATLANTA INC 233 Peachtree St Atlanta, GA 30303	58-1883895	501(c)(3)	23,300				Park Pride Conference and Two Play Days
PIEDMONT PARK CONSERVANCY INC PO Box 7795 Atlanta, GA 30357	58-1551369	501(c)(3)	94,300				2016 Green Market & Landmark Luncheon

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
ROBERT W WOODRUFF ART CENTER INC 1280 Peachtree Atlanta, GA 30309	58-0633971	501(c)(3)	99,000				Annual Campaign & Symphonys Young Musicians Progra
SENIOR SERVICES NORTH FULTON INC 3060 Royal Blvd Alpharetta, GA 30022	58-1948370	501(c)(3)	50,000				Senior medical appointment transporation

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
SOUTH FULTON SENIOR SERVICES INC 3680-82 College Street College Park, GA 30337	58-1948408	501(c)(3)	25,000				Nutrition & Behavior to Encourage Senior Wellness
THE ATLANTA WOMEN'S FOUNDATION 50 Hurt Plaza Atlanta, GA 30303	58-2380721	501(c)(3)	48,500				Numbers too big to ignore event

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 GOOD SAMARITAN HEALTH CENTER OF COBB 1605 Roberta Dr Marietta, GA 30008	32-0045238	501(c)(3)	75,000				Chronic disease management program
TREES ATLANTA INC 225 Chester Ave Atlanta, GA 30316	58-1584758	501(c)(3)	9,650				Support The Group's Root ball event

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
UNITED NEGRO COLLEGE FUND 1805 7th St NW Washington, DC 20001	13-1624241	501(c)(3)	13,250				Fundraiser to support college scholarships for stu
UNITED WAY OF GREATER ATLANTA INC 100 Edgewood Ave Atlanta, GA 30303	58-0566194	501(c)(3)	500,000				Access to healthcare for underserved populations

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
UNIVERSITY OF GEORGIA FOUNDATION 394 S Milledge Ave Athens, GA 30602	58-6033837	501(c)(3)	65,000				Scholarships For Pharmacy Students
UNIVERSITY OF WEST GEORGIA FOUNDATION 1601 Maple St Carrollton, GA 30118	58-6056464	501(c)(3)	75,000				Funding Will Support Nursing Scholarships

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
VIEW POINT HEALTH 175 Gwinnett Dr Lawrenceville, GA 30046	58-2103187	501(c)(3)	35,000				Improve Access to Care Through Integration of Beha
WHOLESOME WAVE GEORGIA INCORPORATED 1070 Colquitt Ave Atlanta, GA 30307	45-4816906	501(c)(3)	50,000				Double value coupon program

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 MENS CHRISTIAN ASSOCIATION OF 100 Edgewood Ave Atlanta, GA 30303	58-0566253	501(c)(3)	400,000				Early childhood education program and health activ
YOUNG WOMENS CHRISTIAN ASSN 957 North Highland Ave Atlanta, GA 30306	93-0386985	501(c)(3)	49,550				YWCA's Salute to Women of Achievement Event

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
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 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:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 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:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 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:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 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.	7 Yes	
8 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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
See Additional Data	

Additional Data

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

Part III, Supplemental 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

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4A	- Severance Payments - Kerry Kohnen \$ 183,077 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

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4b	- SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT - Gregory Adams \$ 292,234 Benjamin Chu 275,641 Kathryn Lancaster 322,425 Donna Lynne 3,229,867 Thomas Meier 105,522 Julie Miller-Phipps 107,654 Arthur M Southam, MD 352,920 Deborah Stokes 59,716 Beverly Thomas 22,858 Bernard Tyson 815,201 Victoria Zatzkin 85,158 Mark Zemelman 197,189 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

Part III, Supplemental Information

Return Reference	Explanation
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

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				
1Gregory Adams EVP, Group President	(i)0	0	0	0	0	0	0
	(ii)895,570	1,220,621	341,459	661,797	-	-	0
					26,228	3,145,675	
1Benjamin Chu EVP, GP & Region President SCAL	(i)0	0	0	0	0	0	0
	(ii)271,507	1,812,183	288,076	156,196	-	-	0
					8,233	2,536,195	
2James Cullinan VP, MSBD - GA	(i)0	0	0	0	0	0	0
	(ii)220,806	167,105	16,767	100,640	-	-	0
					19,661	524,979	
3Anne Mane Dropp Sales Exec/Rep II	(i)61,061	192,548	14,726	9,871	19,032	297,238	0
	(ii)0	0	0	0	-	-	0
					0	0	
4Lon K Ehrlich MGT, Account Mgt III	(i)142,313	187,470	4,326	52,892	17,967	404,968	0
	(ii)0	0	0	0	-	-	0
					0	0	
5Craig Faerber VP, CFO - Georgia	(i)0	0	0	0	0	0	0
	(ii)366,362	278,316	19,341	99,122	-	-	0
					35,095	798,236	
6Artemus E George MGT, Account Mgt II	(i)109,440	196,577	14,367	23,533	8,934	352,851	0
	(ii)0	0	0	0	-	-	0
					0	0	
7Kimberly George Regional Controller, GA	(i)0	0	0	0	0	0	0
	(ii)194,346	80,596	3,245	47,481	-	-	0
					23,090	348,758	
8Pamela Hara VP, Qual/Risk Mgmt & Pop Hlth	(i)0	0	0	0	0	0	0
	(ii)212,400	123,970	38,974	56,839	-	-	0
					26,615	458,798	
9Jonna Kirkwood VP, COO - GA	(i)0	0	0	0	0	0	0
	(ii)245,760	154,606	20,309	135,551	-	-	0
					27,246	583,472	
10Kerry Kohnen Region President - Georgia	(i)0	0	0	0	0	0	0
	(ii)0	0	186,410	91,499	-	-	0
					10,801	288,710	
11Kathryn Lancaster EVP & CFO	(i)0	0	0	0	0	0	0
	(ii)823,192	1,486,990	371,044	570,456	-	-	15,594
					18,145	3,269,827	
12Donna Lynne EVP, GP & Region Pres - CO	(i)0	0	0	0	0	0	0
	(ii)250,147	1,703,753	3,260,111	120,565	-	-	2,322,965
					10,818	5,345,394	
13Kirkland Mcghee Assistant Secretary	(i)0	0	0	0	0	0	0
	(ii)222,372	103,193	4,893	57,271	-	-	0
					17,753	405,482	
14Thomas Meier SVP, Corporate Treasurer	(i)0	0	0	0	0	0	0
	(ii)382,345	523,823	144,650	111,392	-	-	42,160
					27,372	1,189,582	
15Julie Miller-Phipps Regional President - SCAL	(i)0	0	0	0	0	0	0
	(ii)506,896	302,297	288,321	192,552	-	-	0
					17,806	1,307,872	
16Donald OmdoffSVP, NFS	(i)0	0	0	0	0	0	0
	(ii)418,115	491,764	25,961	185,822	-	-	0
					30,493	1,152,155	
17Jacqueline Sellers Assistant Secretary	(i)0	0	0	0	0	0	0
	(ii)195,357	60,644	9,121	75,309	-	-	0
					12,779	353,210	
18James Simpson SVP, Finance - BU & ROC	(i)0	0	0	0	0	0	0
	(ii)368,952	430,444	36,240	173,898	-	-	0
					23,964	1,033,498	
19Arthur M Southam MD EVP, Health Plan Operations	(i)0	0	0	0	0	0	0
	(ii)851,992	1,521,837	401,806	438,204	-	-	7,159
					26,212	3,240,051	

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				
21 Deborah Stokes SVP, Corporate Controller & CAO	(i)	0	0	0	0	0	0	0
	(ii)	42,705	395,366	65,873	2,147	-	-	0
						1,773	507,864	
1 Beverly Thomas VP, Community & Public Affairs	(i)	0	0	0	0	0	0	0
	(ii)	198,605	114,328	47,351	83,613	-	-	0
						14,134	458,031	
2 Bernard Tyson Chairman & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,274,847	6,056,494	1,198,157	1,475,632	-	-	0
						34,105	10,039,235	
3 Alfonse Upshaw SVP, Corporate Controller & CAO	(i)	0	0	0	0	0	0	0
	(ii)	330,597	250,737	35,278	83,390	-	-	0
						24,924	724,926	
4 Michael Wathen VP, HPSA - GA	(i)	0	0	0	0	0	0	0
	(ii)	195,840	107,125	17,905	70,027	-	-	0
						26,264	417,161	
5 Chenta White Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	100,084	7,260	1,980	33,004	-	-	0
						32,097	174,425	
6 Hong-Sze Yu Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	219,652	68,784	15,909	104,663	-	-	0
						22,269	431,277	
7 Victoria Zatkin VP, Off of Brd & Corp Gov Svcs	(i)	0	0	0	0	0	0	0
	(ii)	25,068	99,763	91,952	1,394	-	-	85,158
						334	218,511	
8 Mark Zemelman SVP, General Counsel & Secy	(i)	0	0	0	0	0	0	0
	(ii)	547,086	839,524	243,563	339,949	-	-	0
						30,025	2,000,147	

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493313025257
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	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
			2016 Open to Public Inspection
Name of the organization KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC		Employer identification number 58-1592076	

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Form 990, Part III, Line 4A-4D	<p>2016 Community Benefit Report Kaiser Foundation Health Plan of Georgia, Inc Kaiser Founda tion Health Plan of Georgia, Inc s Commitment to the Community Kaiser Foundation Health PI an of Georgia, Inc (Georgia Health Plan or KFHP-GA) provides and arranges comprehensive h ealth care services for members on a predominantly prepaid basis Its contractual obligati ons 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 qua lity and service As a subsidiary of Kaiser Foundation Health Plan, Inc , (KFHP, Inc), me mbership is available without regard to age, sex, race, religion, or national origin, or t o the individuals ability to pay Georgia Health Plan members are broadly representative o f the communities served Once enrolled, a member may maintain membership regardless of he alth or employment status As related nonprofit organizations, Kaiser Foundation Health PI an, 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 Commun ity 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 in tentional, planned, measurable, and accountable benefits intended to address many of the h ealth challenges faced at the individual, local, state, and national levels In 2007, Kais er 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 c ome to be known as "Streams of Work" A Care and Coverage for Low-Income People Creates a nd supports programs that lower the financial barriers for the under- and uninsured B Co mmunity 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 w ork to improve conditions in their neighborhoods C Safety Net Partnerships Builds partne rships with community clinics, local health departments, and public hospitals Provides fu nding, technical assistance, dissemination of care management, and quality improvements te chnology to help improve care and expand treatment capacity for vulnerable populations D Developing and Disseminating Knowledge Improves health care by sharing our knowledge educ ating practitioners, advancing research, empowering consumers, and informing policymakers about evidence-based care and health In addition to the streams of work above, KFHP-GA al so made contributions to benefit the communities served in the following areas E Other C ommunity Benefit Investments Support Community Benefit activities and programs beyond the national streams of work, incl</p>

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Form 990, Part III, Line 4A-4D	<p>uding the administrative expenses of regional Community Benefit departments dedicated to s upporting the organizations Community Benefit programs and services and coordinating relat ed initiatives F Environmental Stewardship Protecting and improving the natural environm ent is a key component of KFHP-GAs mission to improve the health of the community it serve s 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 car e quality and affordability The following are details of the Community Benefit activities provided by Kaiser Foundation Health Plan of Georgia, Inc In 2016, Georgia Health Plan expended approximately \$48.2 million (at cost, net of \$3.0 million of related revenues) to support Community Benefit activities Over 303,000 members as well as more than 19,000 Me dicaid participants assigned to KFHP-GA under contract with third-party insurers were serv ed 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 Pe ople Improving health care access for those with limited incomes and resources is fundamen tal to Kaiser Foundation Health Plan of Georgia, Inc s mission In 2016, Georgia Health Pl an expended approximately \$40.3 million (at cost, net of \$3.0 million of related revenues) to address the financing and delivery of health care for populations vulnerable due to so cio-economic status, illness, ethnicity, age, or other factors Program beneficiaries (und er- 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 H ealth Coverage Programs) Georgia Health Plan provides charity care to low-income vulnerabl e populations through the Medical Financial Assistance (MFA) and Charitable Health Coverag e (CHC) Programs In 2016, Georgia Health Plan spent approximately \$28.5 million (at cost, net of related revenues of \$0) to support under-and uninsured patients A 1.1 Medical Fi nancial 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 healt h care services at facilities operated by Kaiser Permanente and/or from a Kaiser Permanent e provider Eligibility is based upon prescribed levels of income to patients who have exh austed other private and public sources of support In 2016, KFHP-GA provided \$14.8 millio n (at cost, net of related revenues of \$0) of services under this program At KFHP-GA, uni nsured patients receive a discount on hospital and professional charges for emergency or o ther medically necessary care</p>

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Form 990, Part III, Line 4A-4D	<p>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 KPs high medical expense criteria. 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 2016, more than 5,000 qualifying applicants benefited from this program, receiving full or partial forgiveness for over 50,000 outpatient visits and more than 128,000 prescriptions.</p> <p>A 1.1.1 Community Medical Financial Assistance (CMFA) The MFA program also includes support for community based initiatives, known as Community Medical Financial Assistance (CMFA) programs. CMFA programs are designed to broaden access to health care within the community and help KFHP-GA fulfill its objectives to reduce the financial barriers that limit access to care for qualified low income populations. CMFA programs offered in 2016 included full Medical Financial Assistance, Emergency Medical Financial Assistance, Special Circumstances Financial Assistance, and Community Medical Financial Assistance.</p> <p>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 provides 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 medical home. During 2016, KFHP-GA invested approximately \$13.7 million (at cost, net of related revenues of \$0) 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>

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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. Participants must be age 64 or younger, and all child dependents must be younger than 26. This program is open to uninsured families with household incomes less than 100% of the Federal Poverty Level who do 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 500/20 plan) for up to 24 months. These members are also provided with medical financial assistance that covers the cost for medically necessary services provided at facilities operated by KFHP-GA. The Bridge Program communicates its offering primarily through community partners such as social service agencies, workforce development agencies, and local community colleges to support them in addressing the health care coverage needs of low income individuals and families. Over 2,300 members were enrolled in KFHP-GA's Bridge program at the end of 2016.</p> <p>A 2 Participation in Medicaid and Other Government-Sponsored Programs Georgia Health Plan has a long history of providing access to low- and moderate-income individuals as a nonprofit organization. KFHP-GA participates in Medicaid and other government-sponsored programs in Georgia by contracting with intermediaries to provide care. Medicaid beneficiaries receive care as assigned patients of KFHP with KFHP serving as a fee-for-service provider for pediatric primary and specialty care. In 2016, KFHP-GA provided care and services valued at \$11.8 million (at cost, net of \$3.0 million of related revenues) for participants in programs sponsored by the federal and state governments. Contracts are in place with the following three Care Management Organizations (CMOs): 1) Amerigroup Corporation, 2) Peach State Health Plan, 3) WellCare Health Plans, Inc. In 2016 the state of Georgia contracted CareSource as the 4th CMO to manage Medicaid patient care on behalf of the state. KFHP of Georgia is in the contracting phase to offer services to CareSource Medicaid members starting in July 2017. The Affordable Care Act has had a far-reaching impact on the landscape of government-sponsored programs. These options have become key sources 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 obtain 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, care</p>

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A 1 2 1 Bridge Program	<p>dibility in state and federal policy arenas, and community health needs focusing on access to care 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 2016, KFHP-GA was caring for more than 19,500 pediatric patients whose care has been assigned to the organization by these Medicaid plans This represents an decrease of 8,000 participants or approximately 41% since 2015 due to a validation of membership counts by one of the three organizations with whom KFHP-GA contracts The agreements yielded \$11.8 million of losses in 2016 (at cost, net of \$3.0 million of related revenues) A 2 2 Child Health Insurance Program (CHIP) In Georgia, KFHP-GA participates as a provider in the states Child Health Insurance Program as part of its Medicaid Program The program provides health insurance to children whose family income meets certain income eligibility requirements, and who do not qualify for Medicaid KFHP-GAs investment in the CHIP program is included in the amounts detailed in A 2 1 for 2016 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 Research supports the central premise that excellent medical care alone is insufficient to create healthy people in 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 Two of the primary programs supported within the CHI Stream of Work include Healthy Eating, Active Living (HEAL) and obesity prevention Healthy eating, active living has been and continues to be a compelling focus for Kaiser Foundation Health Plan of Georgias work, as obesity continues to be a significant and pervasive public health problem Despite encouraging signs of obesity rates leveling off in recent years, substantial racial and ethnic disparities continue to exist Also, through a focus on healthy eating and active living, Georgia Health Plan can have a marked impact on a wide range of health conditions including pre-diabetes, diabetes, cardiovascular disease and several cancers that are affected by these behaviors Finally, a focus on nutrition, physical activity and weight management are highly aligned with Georgia Health Plans clinical expertise in this area, including a prevention orientation and a number of existing programs and partnerships Wherever possible, KFHP-GA supports a concent</p>

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A 1 2 1 Bridge Program	<p>ration of multiple strategies that enable sustainable change towards healthy eating and active living lifestyles. These include policies and practices to reduce the availability and consumption of sugar-sweetened beverages, encourage the establishment of safe spaces, promote active transportation policies that support equitable public transit, and create connections between health clinics and community resources.</p> <p>Thriving Schools</p> <p>Thriving Schools is an initiative to improve healthy eating, physical activity, and social and emotional wellness in K-12 schools within Kaiser Foundation Health Plan of Georgia's geographic service areas. Thriving Schools efforts focus on policy, systems, and environmental changes that make the healthy choice the easy choice. Interventions aim to create a culture of health on school campuses to spur individual behavior change targeting students, teachers, and staff. In 2016, Georgia Health Plan spent approximately \$2 million to support Community Health Initiatives that addressed needs underscored by recent Community Health Needs Assessments: obesity and related conditions, economic security, violence/injury prevention, climate and health, and transportation and built environment.</p>

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B 1 CHI Programs and Services	<p>Georgia Health Plan works with community-based organizations to design, deliver, and sustain in long-term efforts that improve the conditions of neighborhoods, workplaces, schools, and other settings so that they promote good health. The CHI strategy is informed by the regions Community Health Needs Assessment and Implementation Strategy (IS). KFHP-GA, in partnership with the Georgia Department of Public Health, United Way of Greater Atlanta, Atlanta Regional Commission, Morehouse School of Medicine and Grady Hospital hosted a convening of Community Health Workers and other like-minded stakeholders in the state to discuss the future of care coordination and health improvement in Georgia. The event drew a crowd of over 150 attendees from all over the state and the partners are continuing to organize around issues of credentialing, training and reimbursement and will be convening an advisory council to tackle these issues. The 2016 CHI program heavily involved the "Thriving Schools" initiative, which is KFHP-GA's effort to improve healthy eating, physical activity, and school climate in K-12 schools within the Kaiser Foundation Health Plan of Georgia service area. The initiative supported the allocation of financial resources to organizations serving schools and school districts within Metro Atlanta, while providing strategic interventions for targeted, high need & under resourced school communities. Highlights from 2016 include support with college application and enrollment for Atlanta Public School (APS) high school junior and seniors through Achieve Atlanta organization. Additionally, Georgia Lions Lighthouse Foundation through KFHP-GA was able to support vision screening exams for 845 APS and Fulton County School students and provide corrective eyewear for students failing exams. Finally, in partnership with Morehouse, the Corporation for National Community Service, KFHP-GA helped with cost to implement an after summer school robotics camp for summer school participants within the M. Agnes Jones Elementary School cluster. To reach a broader audience, Georgia Health Plan primarily focuses on the following areas through community coalitions, health activism, and community investments - Healthy food access - Active transportation (walking and biking) - School health - Community-clinic integration.</p> <p>B 2 CHI Investments in the Community</p> <p>Kaiser Foundation Health Plan of Georgia, Inc.'s investments in the CHI Stream of Work during 2016 included the following:</p> <p>B 2.1 Standing with our Neighbors/Healthy Homes Initiative</p> <p>Georgia Health Plan, in support of Atlanta Volunteer Lawyers Foundation, contributed \$50,000 in 2016 for the Standing with our Neighbors/Healthy Homes Initiative to help with their goal to contribute to the stabilization of low-income communities, by addressing health issues driven by unstable and unhealthy rental housing. After 3 months of implementation, 30 Households (representing 87 individuals including children) were served and 50 perc</p>

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B 1 CHI Programs and Services	<p>ent of the households in receipt of support received a mold test due to asthma-related conditions in the home B 2 2 Double Value Coupon Program (DVCP) In 2016, Wholesome Wave Georgia (WWG) received a \$50,000 contribution from KHFP GA to support DVCPs goal to create access to and affordability of healthy food for Financial Nutrition Assistance (FNA) recipients in Georgia One of several goals is to increase the consumption of fresh, healthy, locally grown food by FNA recipients in Georgia, bringing an increase in overall health and a decrease in obesity, diabetes, heart disease, hypertension, and stroke to this population The program has served 1,420 individuals In addition, 80 percent of individuals surveyed reported that they increased their fruit and vegetable intake B 2 3 Mental Health and Wellness Program (MHWP) The International Rescue Committee (IRC) received a \$50,000 grant from KFHP GA to help promote its program for Refugee Mental Health and Well-Being This project will give more adult refugees access to mental health and wellness services and Intensive Case Management (ICM) by expanding the existing Mental Health and Wellness Program (MHWP) The program has served 29 emotionally at-risk refugees who were identified and enrolled in the IRC in Atlanta's Mental Health and Wellness Program B 3 Prior Year Contributions In prior years, KFHP-GA made contributions to donor advised funds under the direction of a foundation operating in the local community These funds were intended to identify and support nonprofit organizations that meet community needs in the area of community health initiatives In 2016, the following initiative was funded through disbursements issued by the Community Foundation for Greater Atlanta based upon recommendations informed by KFHP-GA's expertise B 3 1 Atlanta Regional Collaborative for Health Improvement (ARCHI) In 2016, Kaiser Foundation Health Plan of Georgia deepened its engagement with the Atlanta Regional Collaborative for Health Improvement (ARCHI) by making a \$250,000 contribution 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 ARCHI DeKalb pilot effort was launched, covering three metro areas to focus its health improvement efforts Columbia, Clarkston and Cross Keys communities all of which are located in a high-need portion of a county within Georgia Health Plans service area ARCHI hired its first permanent Executive Director to lead coordination of activities and community partners with an expected start date in January 2017 C Safety Net Partnerships Kaiser Foundation Health Plan of Georgia, Inc is committed to building partnerships with the institutions that serve on th</p>

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B 1 CHI Programs and Services	<p>e front lines of health care for the uninsured and underserved By providing support to community health centers, public hospitals, and local health departments, KFHP-GA helps them deliver care and treatment to the most vulnerable in our communities KFHP-GA is dedicated to investing in communities and promoting good health for the communities served As such, Safety Net Partnership (SNP) initiatives aim to strengthen the system of community clinics, public hospitals, and health departments to promote access to high quality care for the uninsured and underserved vulnerable populations Georgia Health Plan also focuses on improving access to health services and the transformation of care delivery to meet the challenges of the ever evolving performance expectations and revenue design Efforts to improve access and transform care include work on increasing access to specialty care services , increasing the utility of health information technology in safety net settings, addressing mental health and wellness, improving population outcomes and eliminating health disparities KFHP-GA also supports innovative efforts to bring both health care and support services closer to underserved populations through partnerships with school based health centers and community clinics Investments in Safety Net Partnerships target the following strategic focus areas I Care Delivery Transformation II Capacity Building III Clinic-Community Integration IV Policy, Systems, and Environmental Change V Create and Spread Knowledge VI Total Health</p>

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C 1 Safety Net Programs and Services	<p>Georgia Health Plan spent approximately \$1.3 million in charitable contributions associated with safety net priorities in 2016 as 18.9% of the region's residents were without health insurance. KFHP-GA's support of the area's safety net is anchored by a partnership with Grady Health System that is the focal point of care delivery for vulnerable populations in the region, but it also includes partnerships with smaller charitable clinics in less populated areas that are often impacted by physician shortages (increasing barriers to care) and residents' poor health status.</p> <p>C 1.1 Good News Clinics Good News Clinics managed a Kaiser Foundation Health Plan of Georgia-funded Clinical and Behavioral Health Intervention Project in 2016. The Clinic served 282 patients as of December 31, 2016 with 47% of patients achieving decreased blood pressure levels, 46% achieving decreased blood sugar levels, 33% decreasing their waist circumferences, 40% increasing their HDL cholesterol levels, and 40% lowering triglyceride levels.</p> <p>C 2 Safety Net Partnerships (SNP) Investments in the Community Georgia Health Plan partnered with several local organizations in 2016 to address community health need priorities. KFHP-GA's investments in the SNP Stream of Work included the following:</p> <p>C 2.1 Cobb County Board of Health In 2016, KFHP of Georgia made a \$75,000 grant to Cobb County Department of Health to reduce care barriers for low-income pregnant women. As a result of this donation, 50 women with high-risk pregnancies were provided pre-natal care through the local public health departments' Babies Born Healthy project.</p> <p>C 2.2 Community Advanced Practice Nurses (CAP-N) In 2016, nearly \$75,000 was awarded to Community Advanced Practice Nurses through a grant seeking to improve the health status of women by providing integrated physical and mental health care services in a medical home, shelter-based setting model of care. In 2016, 85 participants made measurable strides toward improved health status on various measures including achieving healthy blood pressure levels, reducing blood sugar levels and lowering BMI ratios.</p> <p>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 \$2.8 million in 2016 to support programs and services associated with the development and dissemination of knowledge.</p> <p>D 1 Medical Research Programs As the largest nonprofit integrated health system in the United States, Kaiser Permanente has a long history of conducting health research related to both prevention and treatment of disease that benefits both Kaiser Foundation Health Plan of Georgia, Inc.'s members and the communities that are served. Georgia Health Plans' research efforts are core to the collec</p>

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C 1 Safety Net Programs and Services	<p>tive organizations mission to improve population health, and promote continued learning R esearchers study critical health issues including cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement while remaining broadly centered upon the following three themes - Understanding health risks, - Addressing patients needs and improving health outcomes, and - Informing policy and practice to facilitate the use of evidence-based care Kaiser Permanente is uniquely positioned to do research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data in detail to support primary, secondary and tertiary clinical care across inpatient, outpatient and emergency department settings for more than 10 million geographically and demographically diverse members</p> <p>D 1 1 National Research Program Georgias Center for Clinical and Outcomes Research (CCOR) is one of seven regional centers overseen and administered by the Kaiser Foundation Research Institute (KFRI) and three national research infrastructure support centers Research projects conducted by this collaborative team have yielded findings that affect not only the practice of medicine within the area served by KFHP-GA, but also for society-at-large The following are descriptions of the entities providing support at the national level</p> <p>D 1 1 1 Kaiser Foundation Research Institute (KFRI) The Kaiser Foundation Research Institute (KFRI) is a national program established in 1958 to administer and support research at Kaiser Permanente KFRIs responsibilities include overseeing and maintaining Kaiser Permanente's relationship with federal granting agencies, providing contract negotiation services for all regional centers, promoting responsible research conduct, and partnering with clinical trials stakeholders across Kaiser Permanente to ensure quality and compliance through the clinical trials program</p> <p>D 1 1 2 Center for Effectiveness and Safety Research (CESR) The Center for Effectiveness & Safety Research enhances opportunities to answer questions about which interventions work best for whom across all of KPs regional centers by investing in the ongoing development of a common data model, convening researchers and organizational leaders at an annual meeting and via webinars, and by conducting research The center routinely partners with investigators in KPs regional research centers and with selected operational analytical groups</p> <p>D 1 1 3 Utility for Care Data Analysis (UCDA) The Utility for Care Data Analysis (UCDA) was created to ensure that analysts and researchers throughout Kaiser Permanente are able to fully realize the analytical potential of Kaiser Permanentes enterprise-wide information systems This allows experts to compile and compare clinical and utilization data from across Kaiser Permanente in order to assess patterns in health, health care</p>

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C 1 Safety Net Programs and Services	<p>delivery, and clinical quality UCDA has developed tools for using geographic information systems and providing analytic support for Community Benefit, including the Community Health Needs Assessments D 1 1 4 Kaiser Permanente Research Bank The Kaiser Permanente Research Bank is a research resource designed to help the organization better understand how people's health is affected by their genes, behaviors and the environment It allows researchers to use DNA and other health information voluntarily provided by a diverse cross-section of KP members to study how genetic and environmental factors affect health, and look for new ways to diagnose, treat and prevent certain diseases KP has set a goal to collect data from a total of 500,000 participants from all seven regional centers, which would make it one of the world's largest and most diverse repositories of genetic, environmental and health data To date, more than 250,000 members from four geographic regions, including Georgia, have participated in bio-banking efforts D 1 2 Georgia's 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) The Center for Clinical and Outcomes Research (CCOR) was established in 1998 and focuses on research projects and clinical trials that are aligned with the region's strategic objectives The center's research portfolio and interests center on studies that will help the Georgia region improve the health of its members and the communities it serves These include such topics as ways to help people maintain a healthy weight, exercise more or quit smoking, control chronic pain, or manage a chronic disease, as well as implementation science (e.g., testing models of care and implementing and evaluating practice change) Georgia Health Plan provided approximately \$838 thousand for medical research projects in 2016 Number of investigators 1 Number of support staff 15 Number of journal publications in 2016 5 Number of clinical trials in 2016 6 Number of active studies (clinical trials and non-clinical trials) in 2016 12 Top research areas - Chronic diseases - Obesity - Cardiovascular and diabetes - Cancer - Behavioral health - Infectious diseases - Health services</p>

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D 1 2 2 Major Areas of Funded Research	<p>The following is an example of a research project upon which the Center for Clinical and Outcomes Research (COOR) collaborated during 2016 D 1 2 2 1 HIV Quality Improvement and Performance Program Research Areas Health Care Delivery and Comparative Health Systems Collaborating Kaiser Permanente sites Mid-Atlantic Permanente Research Institute Kaiser Permanente Mid-Atlantic in collaboration with all Kaiser Permanente regions This study is focused on determining quantitative measures of HIV care quality and outcomes in Kaiser Permanente Researchers are initiating 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 D 2 Educational Theatre Programs (ETP) 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 \$1.2 million in 2016 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 has been teaching healthier living to Metro Atlanta since 1995 During that time, over 1 million people have been reached through empowering messages to improve health Georgia ETP engages community members through performances and workshops They are conducted by Actor/Educators who combine developmentally appropriate curriculum and performances with professional theatre practices to engage and teach audience members Actor/Educators in the performances are ambassadors of good health, reaching audiences through theatre productions that educate and engage audiences about relevant health topics Audiences learn key messages, including ways to incorporate the information into their lifestyles Performances are an effective method to engage audiences who may be unfamiliar with the health topic being explored, may be resistant to change, or have not had exposure to the arts Performances are also a suitable means of reaching audiences composed of diverse members all-age family-style audiences, diverse socio-economic groupings as well as school, church and other community groups Performances include theatre plays, character appearances and improvisation-based</p>

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Return Reference	Explanation
<p>D 1 2 2 Major Areas of Funded Research</p>	<p>ed games and activities In 2016, ETP held over 1,000 performances for a total audience of nearly 277,000 adults and children The Educational Theatre staff travel throughout a 32 county area that comprises metro Atlanta D 3 Professional Training and Education Since 1 947, 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 are a Georgia Health Plan 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 \$ 422 thousand in 2016 to support the training for health professionals By continuing to strategically develop and expand residency programs, the organization will help address societys needs Kaiser Foundation Health Plan of Georgia, Inc is uniquely positioned to train future providers because of its high quality, accountable care model, and commitment to community health 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 2016, 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 D 3 2 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 2016, Georgia Health Plan spent approximately \$66 thousand in support of this program, employing ten INROADS interns D 3 3 Integr</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
D 1 2 2 Major Areas of Funded Research	<p>ated Care Leadership Program Satcher Health Leadership institute at Morehouse School of Me dicine Integrated Care Leadership program has an overreaching goal to promote health equit y among vulnerable populations The program is designed to develop health leaders equipped to further integration of behavioral health in primary care and building capacity among h ealth care providers and communities in order to implement and sustain integrated care pra ctice The hybrid model recruits and engages new sites in guided use of online training, s tructured monthly leadership and capacity building activities, eligibility for high impact mini-grants with technical assistance, and mentorship from established community of pract ice members E Other Community Benefit Investments During 2016, Georgia Health Plan spent \$1 7 million to support Community Benefit activities and programs beyond the national str eams 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 F Environmental Stewardship Poor environmental quality contributes t o disease, illness and economic insecurity Kaiser Permanente has therefore committed itse lf to protecting and improving the natural environment as a key component of our social mi ssion to improve the health of the communities we serve To fulfill this commitment, Kaise r Permanente maintains a governance structure for environmental stewardship that enables t he organization to continuously improve its environmental performance This structure incl udes clearly defined roles, responsibilities, plans and routines, and has resulted in five organization-wide focus areas that have been selected based on their ability to have the most impact on the environmental forces that shape environmental and human health - Addre ssing causes of climate change - Promoting sustainable farming and food choices - Reducing , reusing, and recycling to eliminate waste - Buying products and materials that do not co ntain chemicals of concern - Conserving water In each of these focus areas, KFHP-GA has es tablished ambitious goals (including a target to reduce total greenhouse gas emissions by 30% by 2020, compared to a 2008 baseline), implemented initiatives, achieved measurable im provements, and regularly reported progress to the board of directors, staff, and the gene ral public F 1 Performance Metrics During 2016, key performance indicators for Kaiser Fo undation Health Plan of Georgia, Inc included F 1 1 Improved our energy use intensity (kBtu/rentable square foot) by 2% compared to our 2010 baseline year F 1 2 Responsibly re used or recycled over 1,500 tons of materials F 1 3 Improved our water use intensity (ga llons/rentable square foot) by 0 3% since our 2013 baseline year</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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)

990 Schedule O, Supplemental Information

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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11B	- FORM 990 REVIEW PROCESS - 1 KEY INFORMATION NECESSARY FOR THE PREPARATION OF THE TAX RETURN IS OBTAINED AND/OR CONFIRMED WITH INTERNAL SOURCES INCLUDING REGIONAL FINANCE, EXECUTIVE COMPENSATION, COMMUNITY BENEFITS, TREASURY, GOVERNMENT RELATIONS, AND LEGAL 2 PRIOR TO FINALIZATION, THE RETURN IS REVIEWED BY AN EXTERNAL TAX ADVISOR 3 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 4 COPIES ARE THEN PROVIDED TO BOARD MEMBERS PRIOR TO FILING

990 Schedule O, Supplemental Information

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 QUESTIONNAIRE 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12C	CORRECT THE PROBLEM, - WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING, - PAID OR UNPAID SU SPENSION, WITH OR WITHOUT FINAL WARNING, - TERMINATION OF EMPLOYMENT

990 Schedule O, Supplemental Information

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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 18	Form 990 is available on www.guidestar.org

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19	- Public Inspection - Governing documents, conflict of interest policy are available upon request as disclosed to other regulatory bodies Financial Statements - are on file with state insurance agency on a statutory basis (stand alone entity) Combined data is published for Kaiser Foundation Health Plan Inc and subsidiaries and Kaiser Foundation Hospitals and Subsidiaries with Independent Auditors' Report To request copies contact Vice President, Government Relations Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, 18th Floor Oakland, CA 94612

990 Schedule O, Supplemental Information

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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES CHANGE IN PENSION AND OTHER RETIREMENT LIABILITIES \$(17,076,161) GAIN/LOSS ON INVESTMENTS - TAX 472,515 GAIN/LOSS ON INVESTMENTS - BOOK 279,683 OTHER THAN TEMPORARY IMPAIRMENTS (1,130,690) ----- TOTAL (17,454,653)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED MEDICAL SERVICES TOTAL FEES 229952119

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED NON-MEDICAL SERVICES TOTAL FEES 39371881

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493313025257	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2016
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.				Open to Public Inspection
▶ 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.							
See Additional Data Table							
(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

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 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
(2) KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP					No
(3) KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3259432	REAL ESTATE	CA	NA	C CORP					No
(4) KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP					No
(5) Kaiser Colorado Holdings One Kaiser Plaza Suite 15L Oakland, CA 94612 81-4691154	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

1a Yes

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

1b

No

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

1c Yes

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

1d

No

e Loans or loan guarantees by related organization(s)

1e Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l Yes

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

1m Yes

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

1n

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

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

1r Yes

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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
(1) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-1340523	HEALTH CARE	CA	501(C)(3)	10	NA		No
(1) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-1105628	HEALTH CARE	CA	501(C)(3)	3	NA		No
(2) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 84-0591617	HEALTH CARE	CO	501(C)(3)	10	KFHP INC	Yes	
(3) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 52-0954463	HEALTH CARE	MD	501(C)(3)	10	KFHP INC	Yes	
(4) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0798039	HEALTH CARE	OR	501(C)(3)	10	KFHP INC	Yes	
(5) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299124	ASSET MGMT	CA	501(C)(3)	12 - I	KFHP INC	Yes	
(6) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 91-2171891	WC Placement	HI	501(C)(3)	12 - I	KFHP INC	Yes	
(7) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299125	ASSET MGMT	CA	501(C)(3)	12 - I	KFH	Yes	
(8) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299123	ADMIN	CA	501(C)(3)	12 - I	KFHP INC	Yes	
(9) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0480268	HEALTH CARE	WA	501(C)(3)	12 - I	KFHP INC	Yes	
(10) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(C)(3)	10	KFHP INC	Yes	
(11) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(C)(3)	12 - II	KFHP INC	Yes	
(12) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501(C)(3)	12 - I	KFH	Yes	
(13) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 81-4053028	MEDICAL EDU	CA	501(c)(3)	2	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	9,787,540	per agreement
(1)	Kaiser Foundation Health Plan Inc	m	41,089,794	per agreement
(2)	Kaiser Foundation Health Plan Inc	p	35,455,881	per agreement
(3)	Kaiser Foundation Health Plan Inc	q	167,282,665	per agreement
(4)	Kaiser Foundation Health Plan Inc	r	361,894,105	per agreement
(5)	Kaiser Foundation Health Plan Inc	s	405,555,034	per agreement
(6)	Kaiser Foundation Hospitals	a	15,279,546	per agreement
(7)	Kaiser Foundation Hospitals	c	65,433	per agreement
(8)	Kaiser Foundation Hospitals	e	36,000,000	per agreement
(9)	Kaiser Foundation Hospitals	l	3,206,696	per agreement
(10)	Kaiser Foundation Hospitals	m	383,337,257	per agreement
(11)	Kaiser Foundation Hospitals	p	12,611,309	per agreement
(12)	Camp Bowie Service Center	l	10,671,557	per agreement
(13)	Camp Bowie Service Center	m	3,593,341	per agreement
(14)	Camp Bowie Service Center	p	8,356,627	per agreement
(15)	Camp Bowie Service Center	q	1,827,843	per agreement
(16)	Kaiser Permanente Insurance Company	l	9,693,614	per agreement
(17)	Kaiser Permanente Insurance Company	q	9,878,951	per agreement
(18)	Lokahi Assurance LTD	l	2,076,338	per agreement
(19)	Lokahi Assurance LTD	m	3,399,996	per agreement
(20)	Lokahi Assurance LTD	q	1,362,224	per agreement
(21)	Lokahi Assurance LTD	s	434,000	per agreement
(22)	Kaiser FDN Health Plan of the Northwest	l	176,981	per agreement
(23)	Kaiser FDN Health Plan of Colorado	l	579,173	per agreement
(24)	Kaiser FDN Health Plan of Colorado	m	182,662	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 Colorado	p	719,110	per agreement
(1) Kaiser FDN Health Plan of Colorado	q	86,195	per agreement
(2) KFHP of the Mid-Atlantic States Inc	l	2,688,468	per agreement
(3) KFHP of the Mid-Atlantic States Inc	m	1,296,186	per agreement
(4) KFHP of the Mid-Atlantic States Inc	p	1,661,651	per agreement
(5) KFHP of the Mid-Atlantic States Inc	q	1,749,903	per agreement
(6) Oaktree Assurance Ltd	l	1,853,276	per agreement
(7) Oaktree Assurance Ltd	m	1,835,922	per agreement