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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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
% CHIEF ACCOUNTING OFFICER
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

D Employer identification number
58-1592076
E Telephone number
(510) 271-6611
G Gross receipts \$ 2,149,058,243

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) 3 5
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 4,078
6 Total number of volunteers (estimate if necessary) 6 222
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 369,047
b Net unrelated business taxable income from Form 990-T, line 39 7b 10,966

Revenue

8 Contributions and grants (Part VIII, line 1h) 1,092,598 535,495
9 Program service revenue (Part VIII, line 2g) 2,160,138,763 2,002,713,406
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,385,338 13,065,381
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 423,138
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,168,616,699 2,016,737,420

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 12,949,040 2,664,406
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 308,378,985 280,087,402
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 2,068,986,995 1,833,997,188
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,390,315,020 2,116,748,996
19 Revenue less expenses. Subtract line 18 from line 12 -221,698,321 -100,011,576

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 835,995,527 933,843,175
21 Total liabilities (Part X, line 26) 1,575,943,213 1,809,730,187
22 Net assets or fund balances. Subtract line 21 from line 20 -739,947,686 -875,887,012

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
MICHAEL P WALTON VICE PRESIDENT TAX
2020-10-23
Date

Paid Preparer Use Only
Print/Type preparer's name
Preparer's signature
Date
Check ☐ if self-employed
PTIN P00438748
Firm's name ▶ PricewaterhouseCoopers LLP
Firm's EIN ▶
Firm's address ▶ 2001 MARKET ST SUITE 1800
PHILADELPHIA, PA 19103
Phone no. (267) 330-3000

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 (2019)

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 \$ 1,904,873,362 including grants of \$ 19,056) (Revenue \$ 1,998,614,779)
See Additional Data

4b (Code:) (Expenses \$ 53,550,202 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ 15,345,495 including grants of \$ 0) (Revenue \$ 4,098,627)
See Additional Data

(Code:) (Expenses \$ 7,549,603 including grants of \$ 2,645,350) (Revenue \$ 0)
SCH. O, COMMUNITY BENEFIT REPORT

4d Other program services (Describe in Schedule O.)
(Expenses \$ 7,549,603 including grants of \$ 2,645,350) (Revenue \$ 0)

4e Total program service expenses **▶** 1,981,318,662

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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

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	3,105
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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-A 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:
 ▶CHIEF ACCOUNTING OFFICER ONE KAISER PLAZA 15L OAKLAND, CA 94612 (510) 271-6611

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	301,183	48,147,430	26,203,743

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 ▶ 520

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SOUTHEAST PERMANENTE MEDICAL GROUP, 3495 PIEDMONT ROAD NE ATLANTA, GA 30305	MEDICAL SERVICES	465,931,434
EMORY UNIVERSITY HOSPITAL MIDTOWN, 550 PEACHTREE ST NE ATLANTA, GA 30308	MEDICAL SERVICES	173,313,709
NORTHSIDE HOSPITAL, 1000 JOHNSON FERRY RD ATLANTA, GA 30342	MEDICAL SERVICES	86,195,390
GRADY MEMORIAL HOSPITAL, PO BOX 930704 ATLANTA, GA 31198	MEDICAL SERVICES	39,780,720
CHILDREN'S HEALTHCARE OF ATLANTA, PO BOX 116101 ATLANTA, GA 30368	MEDICAL SERVICES	23,801,150

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 296

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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							
	e Government grants (contributions)	1e							
	f All other contributions, gifts, grants, and similar amounts not included above	1f	535,495						
	g Noncash contributions included in lines 1a - 1f:\$	1g							
	h Total. Add lines 1a-1f		535,495						
Program Service Revenue	Business Code								
	2a MEMBERS' DUES	900099	1,518,988,930	1,518,988,930					
	b MEDICARE REVENUE	900099	343,190,020	343,190,020					
	c SUPPLEMENTAL REVENUE	900099	83,861,333	83,861,333					
	d NON-PLAN & INDUSTRY	900099	4,456,874	4,087,827	369,047				
	e OTHER PROGRAM SERVICES	900099	52,216,249	52,216,249					
	f All other program service revenue.								
g Total. Add lines 2a-2f		2,002,713,406							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,232,182			13,232,182			
	4 Income from investment of tax-exempt bond proceeds		0						
	5 Royalties		0						
	6a Gross rents	(i) Real	(ii) Personal						
		6a	423,138						
		b Less: rental expenses	6b						
		c Rental income or (loss)	6c					423,138	0
	d Net rental income or (loss)		423,138			423,138			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
		7a	132,150,772					3,250	
		b Less: cost or other basis and sales expenses	7b					131,640,607	680,216
		c Gain or (loss)	7c					510,165	-676,966
	d Net gain or (loss)		-166,801			-166,801			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a	0					
	b Less: direct expenses		8b	0					
	c Net income or (loss) from fundraising events		0						
	9a Gross income from gaming activities. See Part IV, line 19		9a	0					
	b Less: direct expenses		9b	0					
	c Net income or (loss) from gaming activities		0						
	10aGross sales of inventory, less returns and allowances		10a	0					
b Less: cost of goods sold		10b	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		2,016,737,420	2,002,344,359	369,047	13,488,519				

Form 990 (2019)

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	2,664,406	2,664,406		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	53,527		53,527	
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	207,615,233	192,473,769	15,141,464	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	20,357,107	20,357,107		
9 Other employee benefits	34,338,661	28,930,168	5,408,493	
10 Payroll taxes	17,722,874	17,722,874		
11 Fees for services (non-employees):				
a Management	0			
b Legal	9,964		9,964	
c Accounting	342,010		342,010	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	455,752		455,752	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	9,515,664	1,461,700	8,053,964	
13 Office expenses	5,235,942	4,557,432	678,510	
14 Information technology	98,249,452	52,621,199	45,628,253	
15 Royalties	0			
16 Occupancy	18,157,393	18,157,393		
17 Travel	1,268,421	1,002,768	265,653	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	444,205		444,205	
20 Interest	34,545,053	34,545,053		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	30,511,063	30,511,063		
23 Insurance	6,370,312	6,370,312		
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	801,677,910	801,677,910		
b PURCHASED MEDICAL SVC	372,882,918	372,882,918		
c SUPPLIES-MEDICAL,OFFICE	296,955,067	250,991,664	45,963,403	
d INTER-REGIONAL CHARGES	105,233,110	100,454,241	4,778,869	
e All other expenses	52,142,952	43,936,685	8,206,267	
25 Total functional expenses. Add lines 1 through 24e	2,116,748,996	1,981,318,662	135,430,334	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		5,440,478	2	5,491,624	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		69,348,124	4	87,714,320	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		11,562,698	8	9,373,167	
	9	Prepaid expenses and deferred charges		731,328	9	1,720,309	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	525,217,894			
	b	Less: accumulated depreciation	10b	263,369,329	235,721,904	10c	261,848,565
	11	Investments—publicly traded securities		426,170,389	11	436,763,227	
	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	42,792,800	
	15	Other assets. See Part IV, line 11		87,020,606	15	88,139,163	
16	Total assets. Add lines 1 through 15 (must equal line 34)		835,995,527	16	933,843,175		
Liabilities	17	Accounts payable and accrued expenses		236,313,908	17	182,329,666	
	18	Grants payable		0	18	0	
	19	Deferred revenue		24,248,720	19	23,752,186	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		1,315,380,585	25	1,603,648,335	
	26	Total liabilities. Add lines 17 through 25		1,575,943,213	26	1,809,730,187	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions			27		
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds		58,135,623	29	58,135,622	
	30	Paid-in or capital surplus, or land, building or equipment fund		0	30	0	
	31	Retained earnings, endowment, accumulated income, or other funds		-798,083,309	31	-934,022,634	
32	Total net assets or fund balances		-739,947,686	32	-875,887,012		
33	Total liabilities and net assets/fund balances		835,995,527	33	933,843,175		

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	2,016,737,420
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,116,748,996
3	Revenue less expenses. Subtract line 2 from line 1	3	-100,011,576
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-739,947,686
5	Net unrealized gains (losses) on investments	5	7,411,234
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	-43,338,984
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-875,887,012

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?		No
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.		

Additional Data

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

Form 990 (2019)

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:

- Charity 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 2019, THIS PROGRAM ASSISTED APPROXIMATELY 56,000 PATIENTS THROUGH FINANCIAL ASSISTANCE. 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. APPROXIMATELY 2,500 INDIVIDUALS WERE RECEIVING COMPREHENSIVE HEALTH CARE THROUGH THIS PROGRAM AT THE END OF 2019.

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.

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			
Bernard Tyson Chairman & CEO	3.5 46.5			X				0	16,114,729	19,364,810
Kathryn Lancaster EVP & Chief Financial Officer	3.5 46.5	X		X				0	6,221,959	498,376
Gregory Adams Chairman & CEO	4.0 46.0	X		X				0	5,505,365	707,892
Arthur Southam EVP, Health Plan Operations	4.0 46.0			X				0	5,331,038	506,745
Julie Miller-Phipps Region President - SCAL	0.0 50.0						X	0	2,265,177	1,411,757
Mark Zemelman SVP, General Counsel & Secy	2.0 48.0			X				0	2,074,271	328,680
James Simpson Region President - GA	45.0 5.0	X		X				0	1,647,644	322,345
Donald Orndoff SVP, NFS	4.0 46.0			X				0	1,556,215	176,921
Thomas Meier SVP, Corporate Treasurer	1.5 48.5			X				0	1,177,748	260,343
Alfonse Upshaw SVP,Corporate Controller & CAO	3.5 46.5			X				0	948,792	200,172

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			
Jonna Kirkwood VP, COO - GA	50.0 0.0				X			0	783,258	238,130
Craig Faerber VP, CFO - GA	50.0 0.0				X			0	669,227	161,547
James Cullinan VP, MSBD - GA	50.0 0.0				X			0	480,491	244,825
Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy	3.5 46.5			X				0	383,934	286,903
Michael Wathen VP, HP Services & Admin - GA	50.0 0.0				X			0	500,227	136,788
Beverly Thomas VP, Community & Public Affairs	50.0 0.0					X		0	410,102	219,087
Kristin Bear Assistant Secretary	4.0 46.0			X				0	369,075	214,980
Kirkland Mcghee Assistant Secretary	50.0 0.0			X				0	381,714	179,311
Michael Brown VP, Human Resources - GA	50.0 0.0					X		0	353,789	144,946
Deborah Friberg SVP, AREA MGR - CENTRAL VALLEY	50.0 0.0					X		0	302,967	120,193

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			
Kimberly George Regional Controller, GA	50.0 0.0					X		0	269,341	153,418
Lori Ehrlich MGT, Account Mgt IV	50.0 0.0					X		270,656	0	123,024
Theresa Kurtinaitis VP, Quality - GA	50.0 0.0				X			0	257,772	83,659
Cherita White Assistant Secretary	50.0 0.0			X				0	142,595	118,891
John W Jackson Director	2.5 0.0	X						30,527	0	0
Jeffrey P Koplan MD Director	1.0 0.0	X						23,000	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC

Employer identification number
58-1592076

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

The organization is not a private foundation because it is: (For lines 1 through 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 **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, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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 IIISupport 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,573,823	1,123,474	436,960	1,092,598	535,495	4,762,350
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	1,385,080,975	1,542,623,138	1,750,461,756	2,159,914,524	2,002,344,359	8,840,424,752
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	1,386,654,798	1,543,746,612	1,750,898,716	2,161,007,122	2,002,879,854	8,845,187,102
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.)						8,845,187,102

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	1,386,654,798	1,543,746,612	1,750,898,716	2,161,007,122	2,002,879,854	8,845,187,102
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,960,516	4,581,095	5,143,808	8,174,504	13,655,320	35,515,243
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	31,809	30,076	36,677	97,645	8,663	204,870
c Add lines 10a and 10b.	3,992,325	4,611,171	5,180,485	8,272,149	13,663,983	35,720,113
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.)	1,390,647,123	1,548,357,783	1,756,079,201	2,169,279,271	2,016,543,837	8,880,907,215
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 2019 (line 8, column (f) divided by line 13, column (f))	15	99.598 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.686 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.402 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.314 %
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 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>		

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>		
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>		

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>		

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?		
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>		
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>		

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>		
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>		
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>		
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>		

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
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	<div><input type="checkbox"/></div> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

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

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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-.
1				
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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?	Yes		14,604
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		123,200
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		5,175
i	Other activities?	Yes		3,020
j	Total. Add lines 1c through 1i			145,999
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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 ("KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC." AKA "KFHP GA") IS A MEMBER OF THE KAISER PERMANENTE MEDICAL CARE PROGRAM (KP) 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), KFHP GA HAS A POLICY PROHIBITING ANY OF KFHP GA'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. KFHP GA 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. KP EMPLOYS INDIVIDUALS, INCLUDING ONE OR MORE REGISTERED LOBBYISTS AND/OR MAY RETAIN ONE OR MORE PROFESSIONAL CONSULTANTS TO REPRESENT KFHP GA'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 KP'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 KP, 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 KFHP GA 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 KFHP GA. INDIVIDUALS APPEARING AT SUCH HEARINGS AND MEETINGS FOR AND ON BEHALF OF KFHP GA OFTEN ARE REPRESENTING THE INTERESTS OF COMMON INTEREST GROUPS AS WELL AS THE INTERESTS OF THE MEMBERS AND PATIENTS OF KFHP GA. OTHER EMPLOYEES AND OFFICERS PERFORM SERVICES BY DELIVERING SPEECHES AT VARIOUS PUBLIC AND PRIVATE FUNCTIONS AND IN SERVING AS FACULTY IN HEALTHCARE RELATED EDUCATIONAL PROGRAMS THROUGHOUT THE COMMUNITY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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?

☐ Yes ☐ 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?

☐ Yes ☐ 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).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

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

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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

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

b

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	30,422,417		30,422,417
b	Buildings	309,463,789	146,818,499	162,645,290
c	Leasehold improvements	51,669,018	25,573,244	26,095,774
d	Equipment	126,136,634	89,188,353	36,948,281
e	Other	7,526,036	1,789,233	5,736,803
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			261,848,565

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) LT DUE FROM AFFILIATED ORGS	37,809,385
(2) OPERATING LEASE ROU ASSETS	50,305,489
(3) DEPOSITS	24,289
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	88,139,163

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,603,648,335

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 GEORGIAINC

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.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization

KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC

Employer identification number

58-1592076

Part I 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 ▶ 33

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 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
ATLANTA BELTLINE PARTNERSHIP INC 112 KROG ST NE STE 14 ATLANTA, GA 30307	56-2464486	501(c)(3)	52,500				Sponsorships
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	58-1376658	501(c)(3)	200,000				PROJECT SUPPORT

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 Neighborhood Dev't Partnership 229 Peachtree St 706 Atlanta, GA 30303	58-1946632	501(c)(3)	250,000				PROJECT SUPPORT
ATLANTA VOLUNTEER LAWYERS FOUNDATION 235 PEACHTREE ST NE 1750 ATLANTA, GA 30303	58-1364400	501(c)(3)	72,250				PROJECT SUPPORT

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
CHRIS 180 INC 1017 FAYETTEVILLE ROAD SE ATLANTA, GA 30316	58-1430183	501(c)(3)	250,000				PROJECT SUPPORT
CRISTO REY ATLANTA JESUIT HIGH SCHOOL 680 W PEACHTREE ST NW ATLANTA, GA 30308	45-5550340	501(c)(3)	35,000				PROJECT SUPPORT

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
EARTHSHARE OF GEORGIA 100 PEACHTREE ST NW 1960 ATLANTA, GA 30303	58-2022001	501(c)(3)	27,000				Sponsorships
FERNBANK MUSEUM OF NATURAL HISTORY 767 CLIFTON RD NE ATLANTA, GA 30307	58-6028607	501(c)(3)	9,000				Sponsorships

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
FIRST STEP STAFFING 236 AUBURN AVE NE 203 ATLANTA, GA 30303	20-8038859	501(c)(3)	45,000				PROJECT SUPPORT
GEORGIA CAMPAIGN FOR ADOLESCENT POWER 1718 PEACHTREE ST NW 465 ATLANTA, GA 30309	31-1520709	501(c)(3)	80,750				PROJECT SUPPORT

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 HEALTH NEWS 2635 RANGEWOOD CT ATLANTA, GA 30345	27-3543332	501(c)(3)	17,100				PROJECT SUPPORT
GEORGIA ORGANICS INC 200 OTTLEY DR NE STE A ATLANTA, GA 30324	58-2345310	501(c)(3)	63,750				PROJECT SUPPORT

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 STATE UNIVERSITY PO Box 3999 Atlanta, GA 30302	58-6002050	Government	26,106				Research
GEORGIA WATCH 55 MARIETTA ST NW 903 ATLANTA, GA 30303	16-1639971	501(c)(3)	22,500				PROJECT SUPPORT

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
GROVE PARK FOUNDATION INC 1562 DONALD LEE HOLLOWELL PKWY NW ATLANTA, GA 30318	82-1913260	501(c)(3)	350,000				PROJECT SUPPORT
HERITAGE FUND OF ATLANTA MEDICAL ASSOC PO BOX 4421 ATLANTA, GA 30302	58-2372394	501(c)(3)	10,000				Sponsorships

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
INITIATIVE FOR AFFORDABLE HOUSING INC PO BOX 885 SCOTSDALE, GA 30079	58-1932474	501(c)(3)	20,000				PROJECT SUPPORT
ITS THE JOURNEY INC 270 CARPENTER DR 515 ATLANTA, GA 30328	47-0897591	501(c)(3)	40,000				Sponsorships

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
JDRF INTERNATIONAL 1333 HOWE AVE ST 133 SACRAMENTO, CA 95825	23-1907729	501(c)(3)	7,500				Sponsorships
LATIN AMERICAN ASSOCIATION INC 2750 BUFORD HIGHWAY ATLANTA, GA 30324	58-1237316	501(c)(3)	7,750				Sponsorships

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
LEADERSHIP DEKALB INC 315 W PONCE DE LEON AVE 550 DECATUR, GA 30030	58-2131661	501(c)(3)	7,500				Sponsorships
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR 200 RYE BROOK, NY 10573	13-5644916	501(c)(3)	15,000				Sponsorships

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
PIEDMONT PARK CONSERVANCY INC PO BOX 7795 ATLANTA, GA 30357	58-1551369	501(c)(3)	75,000				Sponsorships
ROBERT W WOODRUFF ART CENTER INC 1280 PEACHTREE ST NE ATLANTA, GA 30309	58-0633971	501(c)(3)	99,000				PROJECT SUPPORT

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
SENIOR CITIZEN SERVICES 1705 COMMERCE DR NW ATLANTA, GA 30318	58-0960309	501(c)(3)	36,000				PROJECT SUPPORT
SHELTERING ARMS 385 CENTENNIAL OLYMPIC PARK DR ATLANTA, GA 30313	58-0566236	501(c)(3)	63,750				PROJECT SUPPORT

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 CHILDREN'S MUSEUM OF ATLANTA 275 CENTENNIAL OLYMPIC PK DR NW ATLANTA, GA 30313	58-1785484	501(c)(3)	72,250				PROJECT SUPPORT
THE KING CENTER 449 AUBURN AVE NE ATLANTA, GA 30312	58-1030989	501(c)(3)	14,950				Sponsorships

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
TREES ATLANTA INC 225 CHESTER AVE ATLANTA, GA 30316	58-1584758	501(c)(3)	45,000				PROJECT SUPPORT
UNITED WAY OF GREATER ATLANTA 40 COURTLAND ST NE 300 ATLANTA, GA 30303	58-0566194	501(c)(3)	255,000				PROJECT SUPPORT

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
YEAR UP INC 730 PEACHTREE ST STE 900 ATLANTA, GA 30308	04-3534407	501(c)(3)	45,000				PROJECT SUPPORT
YMCA OF METROPOLITAN ATLANTA 569 MLK JR DRIVE ATLANTA, GA 30314	58-0666253	501(c)(3)	255,000				PROJECT SUPPORT

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
YWCA OF GREATER ATLANTA 957 N HIGHLAND AVE NE ATLANTA, GA 30306	58-0593442	501(c)(3)	75,000				Sponsorships

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC		Employer identification number 58-1592076

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		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 on 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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
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?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 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?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
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?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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	

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	METHODS USED TO ESTABLISH COMPENSATION OF CEO/EXECUTIVE DIRECTOR: THE FILING ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED ONE OR MORE OF THE METHODS DESCRIBED BELOW TO ESTABLISH THE TOP MANAGEMENT OFFICIALS' COMPENSATION: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE OF A RELATED ORGANIZATION.
SCHEDULE J, PART I, LINE 4a	- Severance Payments - Craig Faerber \$ 205,681 LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO SEVERANCE BENEFITS IN THE EVENT OF TERMINATION BY THE ORGANIZATION WITHOUT CAUSE OR DUE TO JOB ELIMINATION. DEPENDING ON POSITION LEVEL, TENURE, AND TERMINATION REASON, SEVERANCE BENEFITS PAYABLE UNDER THESE ARRANGEMENTS PROVIDE FOR PAY AND HEALTH BENEFITS CONTINUATION PLUS PAYMENT OF ACCRUED OBLIGATIONS. IN ADDITION, FOR SOME OF THE LISTED PERSONS, SEVERANCE BENEFITS PAYABLE INCLUDE PRORATED INCENTIVE AWARDS FOR PERFORMANCE PERIODS NOT YET ENDED. NONE OF THE LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO CHANGE-OF-CONTROL PAYMENTS.
SCHEDULE J, PART I, LINE 4b	- SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT - Gregory Adams \$ 501,612 Jonna Kirkwood 228,512 Kathryn Lancaster 3,257,380 Thomas Meier 79,722 Julie Miller-Phipps 310,731 Donald Orndoff 605,306 James Simpson 713,728 Arthur Southam 2,350,243 Beverly Thomas 32,783 Bernard Tyson 1,079,066 Michael Wathen 128,640 Mark Zemelman 239,768 SOME OF THE PARTICIPANTS LISTED IN SCHEDULE J, PART II PARTICIPATED IN NONQUALIFIED SUPPLEMENTAL RETIREMENT PLANS. UNDER THESE PLANS, THE ORGANIZATION MAKES ANNUAL CONTRIBUTIONS TO A NOTIONAL ACCOUNT ON BEHALF OF EACH PARTICIPANT. CONTRIBUTIONS VARY BY POSITION, LEVEL AND PAY, AND VEST OVER TIME BASED ON AGE AND/OR SERVICE. PARTICIPANT ACCOUNTS ARE CREDITED WITH A FIXED RATE OF INTEREST, INVESTED IN AVAILABLE MUTUAL FUNDS OR A COMBINATION OF BOTH. CERTAIN OFFICERS ACCRUE A BENEFIT THAT VESTS BASED ON AGE AND SERVICE AND TARGETS A PERCENTAGE OF FINAL AVERAGE PAY LESS PRIOR PLAN OFFSETS. UNVESTED AMOUNTS ARE SUBJECT TO RISK OF FORFEITURE.
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS: THE ORGANIZATION PROVIDED NON-FIXED PAYMENTS TO SOME OF THE PERSONS LISTED. PAYMENTS WERE MADE UNDER DISCRETIONARY BONUS PROGRAMS AND 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. THE PLANS ORGANIZATIONAL PERFORMANCE GOALS INCLUDED: QUALITY OF CARE AND SERVICE, MEMBERSHIP GROWTH, OPERATING INCOME, PER MEMBER EXPENSE TREND, AND COMMUNITY BENEFIT. PLAN DESIGNS, PERFORMANCE, AND PAYOUT LEVELS, AS WELL AS INDIVIDUAL PAYMENTS TO CERTAIN PERSONS, WERE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, COMPRISED OF INDEPENDENT DIRECTORS.
SCHEDULE J, PART II, COLUMN F	AMOUNTS INCLUDED IN SCHEDULE J, PART II, COLUMN F INCLUDE AMOUNTS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION, AS WELL AS, DISTRIBUTIONS FROM A 457(B) PLAN THAT WERE PREVIOUSLY REPORTED AS REPORTABLE COMPENSATION IN ACCORDANCE WITH FORM 990 INSTRUCTIONS.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Gregory Adams Chairman & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,311,861	3,637,446	556,058	681,386	26,506	6,213,257	1,174,224
1Kristin Bear Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	238,589	117,747	12,739	195,193	19,787	584,055	0
2Michael Brown VP, Human Resources - GA	(i)	0	0	0	0	0	0	0
	(ii)	262,930	74,121	16,738	107,253	37,693	498,735	0
3James Cullinan VP, MSBD - GA	(i)	0	0	0	0	0	0	0
	(ii)	314,726	143,379	22,386	221,087	23,738	725,316	0
4Lori Ehrlich MGT, Account Mgt IV	(i)	172,799	92,070	5,787	103,009	20,015	393,680	0
	(ii)	0	0	0	0	0	0	0
5Craig Faerber VP, CFO - GA	(i)	0	0	0	0	0	0	0
	(ii)	228,779	203,332	237,116	134,895	26,652	830,774	0
6Deborah Friberg SVP, AREA MGR - CENTRAL VALLEY	(i)	0	0	0	0	0	0	0
	(ii)	247,583	0	55,384	88,656	31,537	423,160	0
7Kimberly George Regional Controller, GA	(i)	0	0	0	0	0	0	0
	(ii)	236,097	28,242	5,002	125,964	27,454	422,759	0
8Jonna Kirkwood VP, COO - GA	(i)	0	0	0	0	0	0	0
	(ii)	367,028	164,292	251,938	205,716	32,414	1,021,388	172,969
9Theresa Kurtinaitis VP, Quality - GA	(i)	0	0	0	0	0	0	0
	(ii)	168,684	54,223	34,865	63,605	20,054	341,431	0
10Kathryn Lancaster EVP & Chief Financial Officer	(i)	0	0	0	0	0	0	0
	(ii)	1,110,792	1,801,204	3,309,963	482,339	16,037	6,720,335	2,480,584
11Kirkland Mcghee Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	275,492	98,633	7,589	148,050	31,261	561,025	0
12Thomas Meier SVP, Corporate Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	488,751	565,117	123,880	226,729	33,614	1,438,091	0
13Julie Miller-Phipps Region President - SCAL	(i)	0	0	0	0	0	0	0
	(ii)	931,027	991,580	342,570	1,388,524	23,233	3,676,934	0
14Donald Orndoff SVP, NFS	(i)	0	0	0	0	0	0	0
	(ii)	445,801	478,235	632,179	148,482	28,439	1,733,136	576,482
15James Simpson Region President - GA	(i)	0	0	0	0	0	0	0
	(ii)	536,844	351,637	759,163	284,048	38,297	1,969,989	679,741
16Arthur Southam EVP, Health Plan Operations	(i)	0	0	0	0	0	0	0
	(ii)	1,115,013	1,813,133	2,402,892	475,052	31,693	5,837,783	1,916,554
17Beverly Thomas VP, Community & Public Affairs	(i)	0	0	0	0	0	0	0
	(ii)	246,988	99,717	63,397	201,672	17,415	629,189	0
18Bernard Tyson Chairman & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,597,794	13,057,701	1,459,234	19,325,730	39,080	35,479,539	2,727,724
19Alfonse Upshaw SVP, Corporate Controller & CAO	(i)	0	0	0	0	0	0	0
	(ii)	463,195	446,852	38,745	179,095	21,077	1,148,964	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Michael Wathen VP, HP Services & Admin - GA	(i)	0	0	0	0	0	0	0
	(ii)	239,860	108,675	151,692	104,084	32,704	637,015	92,907
1Cherita White Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	133,965	6,528	2,102	82,201	36,690	261,486	0
2Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy	(i)	0	0	0	0	0	0	0
	(ii)	264,788	101,619	17,527	260,726	26,177	670,837	0
3Mark Zemelman SVP, General Counsel & Secy	(i)	0	0	0	0	0	0	0
	(ii)	733,254	1,044,587	296,430	290,533	38,147	2,402,951	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493318011430
SCHEDULE O (Form 990 or 990-EZ)	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. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization KAISER FOUNDATION HEALTH PLAN OF GEORGIA INC		Employer identification number 58-1592076	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4A-4D	<p>I. Introduction A. About Kaiser Permanente Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of healthcare. Among the innovations Kaiser Permanente has brought to U.S. health care are: - Prepaid health plans, which spread the cost to make it more affordable - A focus on preventing illness and disease as much as on caring for the sick - An organized, coordinated system that puts as many services as possible under one roof - all connected by an electronic medical record. Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan, Inc. (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12.2 million members in eight states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. Care for members and patients is focused on their total health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health. B. Kaiser Permanente's Approach to Community Health For 75 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities. Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas: - Ensuring health access by providing individuals served at Kaiser Permanente or by our safety-net partners</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4A-4D	<p>with integrated clinical and social services; - Improving conditions for health and equity by engaging members, communities, and Kaiser Permanentes workforce and assets; and - Advancing the future of community health by innovating with technology and social solutions. C . Kaiser Permanentes Total Contribution Kaiser Permanente provided \$3.4 billion in community benefits in 2019. The amounts attributable to Kaiser Foundation Health Plan of Georgia is \$72.3 million as follows: - Financial Assistance at cost - \$53.6 million - Medicaid - \$ 11.2 million - Community health improvement services and community benefit operations \$3.1 million - Health Professions Education - \$496,000 - Research - \$1.3 million - Cash and in-kind contributions from community benefit - \$2.7 million In addition to our direct spend on community benefits, we also leverage assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This "Total Health" strategy includes our widely recognized activities around supplier diversity, socially responsible investing and environmental stewardship. II. Ensure Health Access A. Summary of The Strategy Ensuring health access means serving those most in need of health care through Medicaid, medical financial assistance, charitable health coverage, and other forms of subsidized care and coverage. It also means connecting people with wrap-around social services, healthy meals, affordable homes, safe playgrounds, and supportive schools. For many low-income people without access to health care coverage, or for those who lose their jobs and can't maintain health care coverage, an emergency room is often the only place they receive care. At Kaiser Permanente, we're working to change that with programs that lower financial barriers by providing deeply subsidized health coverage and medical financial assistance for care. We also provide information about how to access and qualify for public programs such as Medicaid and financial assistance through the marketplace to individuals who may be eligible . Kaiser Foundation Health Plan of Georgia supports the health access needs of our communities through a combination of coverage and care programs. We provide coverage to low income populations through two key vehicles: first, via our participation in government programs like Medicaid and the Childrens Health Insurance Programs (CHIP), and second, via our own Charitable Health Coverage (CHC) program, which provides a premium subsidy for Kaiser Permanente coverage for qualified low-income families and children who do not have access to public or private health coverage. Similarly, we provide care to low-income populations through two key vehicles: first, via our treatment of Medicaid and CHIP enrollees (not assigned to Kaiser Permanente), and second, via the Medical Financial Assistance (MFA) program , which is Kaiser Permanentes traditional charity care or financial assistance program (FA P). For Kaiser Foundation Heal</p>

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Return Reference	Explanation
Form 990, Part III, Line 4A-4D	<p>th Plan, Inc. and all of its subsidiary health plans, the main way to address health access challenges is by absorbing the cost of the coverage and care programs described above. In 2019, Kaiser Foundation Health Plan of Georgia spent a total of \$64.8 million on our coverage and care programs (at cost, net of all related revenues).</p> <p>B. Coverage Having health coverage means consistent access to comprehensive and continuous medical and preventative services for people to get and stay healthy, a much better alternative to episodic care at emergency departments. Coverage is good for the patient, good for Kaiser Permanente and good for the US overall because it helps people get and stay healthy and avoid costly hospital services.</p> <p>i. Coverage provided through Medicaid, CHIP and other government programs The Affordable Care Act has had a far-reaching impact on the landscape of government-sponsored programs, as these options have become a key source of health coverage for a significant portion of the US population. Kaiser Permanente has responded to this challenge by developing organizational strategies to enable low-income individuals to obtain and/or retain health coverage through Medicaid, CHIP or other government programs, even as their personal or financial circumstances may be changing. At the end of 2019, Kaiser Foundation Health Plan of Georgia was providing benefits to approximately 24,000 people through its Medicaid Managed Care contracts with other health plans.</p> <p>ii. Coverage provided through CHC CHC is a unique approach to caring for low-income uninsured persons in the community. The program provides a premium subsidy for a KFHP off exchange plan to low income individuals and families who are not eligible for other public or privately sponsored coverage. Eligible participants receive a regular KFHP membership card and have access to the same services and providers as other KFHP individual and family plan members. CHC members also receive cost sharing support that eliminates out of pocket costs for most covered services provided at Kaiser Permanente facilities. CHC provides individuals/families who would otherwise not have access to coverage, consistent access through the "front door" of the health delivery system, including a medical home and preventive services, better alternatives than episodic care. At the end of 2019, Kaiser Foundation Health Plan of Georgia was providing coverage to approximately 2,500 people through the CHC program.</p>

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Return Reference	Explanation
C. Care	<p>To get and/or stay healthy, people need access to high quality care by providers they trust. This care must include preventative services and required medications so that people can avoid ending up in the emergency room or requiring more extensive services down the line. Kaiser Permanente helps low income populations gain access to this type of care by leveraging the full scope of its integrated delivery system, including not only critical hospital-based services but also outpatient primary, specialty and pharmacy services.</p> <p>i. Care provided through Medicaid, CHIP and other government programs Kaiser Permanente provides a wide range of health care services to individuals enrolled in Medicaid, CHIP and other government programs, regardless of whether they are assigned to Kaiser Permanente or not. In addition to the individuals who received health coverage in 2019 due to Kaiser Permanente's participation in these government programs, Kaiser Foundation Health Plan of Georgia also subsidized care to people who are enrolled in these programs but not formally assigned to Kaiser Foundation Health Plan.</p> <p>ii. Care subsidized by MFA Medical Financial Assistance program (MFA) helps low-income, uninsured, and underserved patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured. The MFA program is one of the most generous in the health care industry and is available to those patients in greatest need. Eligibility is based on financial need. In general, patients whose household income is at or below 200 percent, and in some regions up to 400 percent, of the federal poverty guidelines are eligible for the MFA program. Patients who are experiencing high medical expenses as compared to their income may be eligible under high medical expenses criteria, regardless of household income. The MFA program covers emergency and medically necessary health care services, pharmacy services and products, and medical supplies provided at Kaiser Permanente facilities (i.e. hospitals, medical centers, and medical office buildings), at Kaiser Permanente outpatient pharmacies, or by Kaiser Permanente providers. Over the course of 2019, Kaiser Foundation Health Plan of Georgia subsidized care for approximately 56,000 people through the MFA program.</p> <p>D. Social Health: Thrive Local As an integrated health system committed to total health, Kaiser Permanente must not only provide excellent medical care and health services, it must also address social health for Kaiser Permanente members and in our communities. To help address unmet social needs, Kaiser Permanente is deploying Thrive Local in each of its regions. Thrive Local integrates clinical and social care and is supported by data integration and partnerships with community-based organizations. Thrive Local consists of three components: a resource directory that provides</p>

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Return Reference	Explanation
C. Care	<p>des current, up-to-date and searchable information on community resources; geographically- based community partner networks of social service organizations; and a technology platfor m that allows for two-way referrals between health care providers and social care provider s. By linking clinical and social care delivery and building social health networks for ou r members and the communities we serve, Kaiser Permanente is making a bold move to transfo rm health. E. Safety-Net Partnerships Kaiser Permanente is committed to building partnersh ips with the institutions that serve on the front lines of health care for the uninsured and underserved, often referred to as the health care "safety net." Through grants, training , and technical assistance, were working with safety-net hospitals and health centers to h elp these institutions reach people in our communities who are low-income, uninsured, or u nder-resourced. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Heal th Plan of Georgias Mobile Health Vehicle (MHV) had a presence at school events, faith-bas ed organizations, community gardening events, college campuses, libraries, apartment compl exes, and mobile food pantries. The Mobile Health Vehicle is a mobile clinic staffed by nu rses who provide biometric screenings- blood pressure, height, weight, cholesterol and glu cose. In addition, patients receive referrals that connect them to valuable social service s and other community resources. This program screened 1,410 uninsured and underinsured pe ople at 85 events, enabling the nurses on the Mobile Health Vehicle to provide access to p reventive care and referral resources for high-need communities in 7 metro-Atlanta countie s including Cobb, DeKalb, Fulton, Gwinnett, Clayton, Henry and Douglas. III. Improve Condi tions for Health and Equity A. Summary of the Strategy Healthy individuals need healthy co mmunities, and healthy communities need healthy people to thrive. At Kaiser Permanente, we are working to improve the conditions for health and equity in the community by addressin g the root causes of health, such as economic opportunity, affordable housing, safe and su pportive schools, and a healthy environment. These improvements grow from our collaboratio n with each community to co-design and co-create solutions that truly make a positive impa ct. By engaging members, communities, our sizeable workforce, and all of our organizations considerable assets, we are working to create communities that are among the healthiest i n the nation, and inspiring greater health for America and the world. In 2019, Kaiser Foun dation Health Plan of Georgia spent a total of \$2.5 million on charitable contributions de signed to improve conditions for health and equity. In addition to the charitable contribu tions awarded to improve conditions for health and equity, Kaiser Foundation Health Plan o f Georgia also provided \$141,000 in charitable contributions for other Community Health ac tivities and programs. B. Soci</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
C. Care	al Health: Food for Life Kaiser Permanente is tackling the most basic of human needs - food - by helping at-risk members and communities access the food and nutrition they need to live a full and healthy life. We launched Food for Life to transform the economic, social and policy environments connected to food so that people across the nation have access to , and can afford, healthy food.

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C. Thriving Schools	<p>Our efforts to support health in schools are part of how we are advancing our vision for total health - a holistic approach that emphasizes the social, environmental, behavioral, and clinical aspects that shape ones well-being. Schools are passionate about ensuring that all students succeed. They need strong partners to help them address health as part of their strategy. That's why Kaiser Permanente created Thriving Schools, our all-in engagement to improve health for students, staff, and teachers. Our vision is that every community can count on their school as a champion for good health that enables great learning. Kaiser Permanente Thriving Schools is intentional about coordinating our own knowledge and existing work in school health with the good work of others. Through our valued partnerships with some of the country's most innovative organizations, we are able to provide concrete resources and pathways to health in schools. To create lasting change, we use our voice to advance local, regional, and national policies and a movement to make healthy schools the norm for everyone. A distinguishing feature of Thriving Schools is our complementary focus: we support students, staff, and teachers, and we address their physical, emotional, and social wellness. This approach builds a culture of wellness across the entire school. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan of Georgia supported the RISE (Resilience in School Environments) initiative, an enterprise-wide effort with the Alliance for Healthier Generation. RISE is designed to empower schools and districts to create safe and supportive learning environments by cultivating practices that strengthen the social and emotional health of all students and staff, understand and integrate social and emotional well-being into all aspects of school life. In Georgia, 31 schools and 3 districts were recruited in 2019 to participate in RISE onsite program. Kaiser Foundation Health Plan of Georgia funded a \$72,250 grant to the Childrens Museum of Atlanta for the Connected Learning Connected Communities/Spread the Word Workshops program. The effort is designed to improve literacy, nutrition, and science-based knowledge in 14,000 children ages 0-8. Learning sessions will be delivered through classroom visits and workshops to preschools and Pre-K institutions, improved knowledge in adults for developmentally appropriate literacy practices and strategies with children ages zero to five delivered through workshops and field trips, and improved knowledge in educators on the importance of childhood nutrition and development delivered through health education classes. Kaiser Foundation Health Plan of Georgia funded a \$63,750 grant to Georgia Organics for the Georgia Organic s Farm to School program. The effort equips and empowers K-12 and Early Care educators to engage students in experiential cooking, gardening and nutrition education programs. While also facilitating the relatio</p>

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Return Reference	Explanation
C. Thriving Schools	<p>Partnership between school nutrition directors and market ready growers in their community to include fresh, local foods in school meals. This effort reaches over 970,000 students in all 27 school districts in the Kaiser Permanente service area.</p> <p>D. Thriving Cities</p> <p>The places where we live, learn, work, and play - our cities and towns, our schools, our homes, our neighborhoods - have an enormous impact on our health. And how we shape those places, through public policy and the support for healthy environments, has the potential to make real, lasting impacts on our surroundings and our everyday quality of life. Through Kaiser Permanente's ongoing partnerships with community organizations, municipal leaders, and public health champions, we are working to incorporate health, equity and sustainability considerations into public policy and the built environment in ways that influence how neighborhoods take shape and grow. Specific example(s) of our efforts in 2019 include: Kaiser Permanente continued as a partner in CityHealth, an initiative of the de Beaumont Foundation and Kaiser Permanente that advances a package of evidence-based policy solutions that will help millions of people live longer, better lives in vibrant, prosperous communities. CityHealth recognized large cities across the country for specific policies related to health and quality of life, including Pre-K, Tobacco 21, complete streets, smoke-free indoor air, and healthy food procurement. In the policy areas assessed by CityHealth among the 40 largest cities, a total of 35 new policy advances occurred since 2018. Atlanta was recognized by CityHealth for two new policies related to smoke-free indoor air and Pre-K. The city's new smoke-free indoor air policy prohibits smoking in public spaces, restaurants, bars, and workplaces, and it is projected to decrease health impacts associated with tobacco use and exposure. For Pre-K, the Georgia Department of Education made improvements related to teacher professional development, helping to bolster Pre-K quality for young students. For its achievements, Atlanta was awarded an overall silver medal for 2019. Kaiser Permanente supported the passage of the smoke-free indoor air policy by providing testimony and encouraging a strong and comprehensive policy.</p> <p>E. Economic Opportunity Inclusive economic growth is critical to both individual and community health. When there is a lack of economic opportunity in communities, the prospects for upward social mobility are diminished, often resulting in poorer health and higher mortality rates for people living in those communities. By contrast, economic growth and opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances overtime. As a large, influential institution in our communities, Kaiser Permanente recognizes that the way we do business can support economic opportunity in local communities through how we hire, purchase, build our facilities</p>

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Return Reference	Explanation
C. Thriving Schools	<p>and partner with communities. Some ways that were helping revitalize and grow our communities by strengthening economic opportunity include: - Providing good jobs to individuals facing barriers to employment through high-impact hiring and workforce pipeline efforts. - Pursuing a social impact investment strategy to support impact investments aimed at addressing key social issues that have a significant impact on health. - Purchasing goods and services from local minority- and women-owned businesses and encouraging good employment practices by our vendor partners. - Building new facilities with an emphasis on positive local community impact, including local construction hiring, local and diverse purchasing, healthy and sustainable design features, neighborhood revitalization, and deep community engagement. Specific examples of our efforts in 2019 include: Kaiser Foundation Health Plan of Georgia partnered with Year Up to place 11 economically disadvantaged young people of color into IT and customer service internships in Atlanta. Kaiser Foundation Health Plan of Georgia funded a grant for \$45,000 to support Year Up's implementation of the student services health & wellness initiative which serves up to 350 metro Atlanta youth participating in the program. Each student participant has access to various programs such as: Group/Individual counseling sessions, seminars, and facilitated peer support sessions. Kaiser Foundation Health Plan of Georgia continued its partnership with Cristo Rey Atlanta Jesuit High School with a \$35,000 grant to support their Corporate Work Study program, which provides over 500 economically disadvantaged young people a rigorous college preparatory education combined with four years of relevant corporate work experience in order to prepare students for success in college and in life. This program provides students the opportunity to gain valuable work experience and build their professional network at Kaiser Permanente. Kaiser Permanente continued its commitment to source goods and services from the minority, women, veteran, disabled, and LGBTQ-owned business community as a member of the Billion Dollar Roundtable. As part of this commitment, we encouraged our own suppliers to also increase their sourcing of goods and services from the minority, women, veteran, disabled, and LGBTQ-owned business community. Furthermore, we also began to measure job creation that resulted from our procurement spending and in 2019, found that our procurement spending led our supplier partners to create new jobs.</p>

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Return Reference	Explanation
F. Housing for Health	<p>Housing stability is a key factor in a persons overall health and well-being. Without a safe, stable place to live, it is nearly impossible to maintain health or sustain health improvements achieved in a medical setting. With homelessness affecting more than 550,000 people every day throughout our country, the need for safe, stable and affordable housing has never been greater. Kaiser Permanente understands the connection between housing and health. Our impact investments aim to create more affordable housing, reduce the displacement of lower- and middle-income households, and end homelessness by ensuring access to supportive housing. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan of Georgia partnered with Community Solutions to drive reductions in veteran homelessness in Atlanta, Georgia. Community Solutions is Kaiser Permanentes national partner for ending veteran and chronic homelessness in Kaiser Permanente communities. Community Solutions is a nonprofit that leads Built for Zero, a movement of more than 80 cities and counties using data to radically change how they work and the impact they can achieve; and proving that it is possible to make homelessness rare and brief. In order to propel this movement to end homelessness up and over a tipping point, Community Solutions works with communities to solve the most persistent challenges that stand in the way. This partnership will build on the last two years of work Community Solutions did in Atlanta to get quality data and drive down the numbers of chronically homeless individuals. The focus of this partnership is to understand the challenges with the veteran homeless population in Atlanta and to apply best practice interventions to drive reductions in the numbers. Kaiser Foundation Health Plan of Georgia funded a \$72,250 grant to the Atlanta Volunteer Lawyers Foundation, whose mission is to create safe and stable homes and families by inspiring the fight for equal justice. Through the Atlanta Volunteer Lawyer Foundation's Standing with Our Neighbors program, staff and volunteer attorneys will meet clients where they are, their homes, their schools, their community centers. Through this effort, 125 families or more facing rental housing conditions known to contribute to the incidence of asthma will receive legal representation to improve their unhealthy housing circumstances. Kaiser Foundation Health Plan of Georgia funded a \$45,000 grant to First Step Staffing, Inc. Through First Step Staffing, Inc.'s First Steps Disability Services, these funds will provide access to much needed income for basic needs and housing and will connect clients served with healthcare providers to improve health outcomes for some of the region's most vulnerable citizens. Specifically, this funding will support 175 men and women experiencing homelessness to apply for Social Security or Disability Income and will provide a minimum of 100 clients with access to preventative health services.</p>

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Return Reference	Explanation
F. Housing for Health	<p>es while enrolled in the Disability Services program. G. Environmental Stewardship We believe it is our obligation as a health care provider to minimize our environmental impact. We embed efforts to be environmentally responsible throughout our organization in how we power our facilities, purchase food and medical supplies and equipment, manage waste, and invest in our communities. We also prioritize partnerships with others to develop policies and systems that strengthen community health and protect our environment. In 2016, Kaiser Permanente adopted an ambitious set of environmental goals to guide the organization for the decade ahead. These goals have raised the bar on environmental responsibility, not just for Kaiser Permanente but for all health care organizations. Kaiser Permanente pledges that by 2025 it will:</p> <ul style="list-style-type: none"> - Become "carbon net positive" by buying enough clean energy and carbon offsets to remove more greenhouse gasses from the atmosphere than it emits. - Buy all of its food locally or from farms and producers that use sustainable practices, including using antibiotics responsibly. - Recycle, reuse or compost 100 percent of its non-hazardous waste. - Reduce the amount of water it uses by 25 percent per square foot of buildings. - Increase its purchase of products and materials that meet environmental standards to 50 percent. - Meet international standards for environmental management at all its hospitals. - Pursue new collaborations to reduce environmental risks to the foodsheds, watersheds and air basins supplying its communities <p>Specific example(s) of our efforts in 2019 include: Kaiser Permanente finalized an agreement for a major renewable energy purchase, enabling us to achieve our goal of becoming carbon neutral in 2020. Kaiser Permanente dedicated 20% of overall spending on products to items that met our Environmentally Preferable Purchasing standards and dedicated 42% of spending on food to items produced locally or from farms and producers that use sustainable practices, including using antibiotics responsibly. Kaiser Foundation Health Plan of Georgia dedicated 13% of its overall spending on products to items that met Kaiser Permanentes Environmentally Preferable Purchasing standards and sent 42% of its waste to recycling. Kaiser Foundation Health Plan of Georgia funded \$45,000 to Trees Atlanta, a nonprofit citizens' group dedicated to protecting and improving our urban forest by planting, conserving and educating. The grant will support Trees Atlantas Youth Tree Team and Urban Tree Trackers Program to strengthen community attitudes towards healthy living and sustainability among Atlanta Public School students (K-12) by establishing an appreciation for urban forestry. The grant aims to increase access to mentorship and guidance on post-secondary education preparation, application, and enrollment among low-income youth and increase access to soft skills training and exposure to "green collar" jobs for high school students among I</p>

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Return Reference	Explanation
F. Housing for Health	<p>low-income youth. IV. Advance the Future of Community Health A. Summary of the Strategy Kaiser Permanente works in partnership with our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems by:</p> <ul style="list-style-type: none">- Inspiring young people to pursue careers in health care- Conducting research to identify and eliminate disparities in care- Advancing health innovation and achieving greater and more equitable health outcomes <p>In 2019, Kaiser Foundation Health Plan of Georgia spent \$1.8 million on programs to advance the future of community health (at cost, net of all related revenues). This included \$496,000 in health professionals education and \$1.3 million in research. B. Health Professionals Education Our Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. The nationally acclaimed program attracts some of the top medical school graduates in the United States and serves as a national model by exposing future health care providers to an integrated health care delivery system. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. In 2019, Kaiser Foundation Health Plan of Georgia supported 30 interns and residents through the GME program. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, ob/gyn, pediatrics, preventive medicine, and psychiatry. In addition to GME, we provide a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals.</p>

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Return Reference	Explanation
C. Research	<p>Kaiser Permanente has a long history of conducting health research related to both prevention and treatment of disease that benefits its members, the communities it serves and the nation. Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Research activities are conducted at Kaiser Permanente's eight regional research centers and three national groups: Kaiser Permanente Research Bank, Kaiser Permanente Center for Effectiveness & Safety Research; and Utility for Care Data Analysis. In addition, the Kaiser Foundation Research Institute administers and supports research at the research centers. Kaiser Permanente researchers study critical health issues including: cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente Research is broadly focused on 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 its geographically and demographically diverse members. In 2019, Kaiser Foundation Health Plan of Georgia engaged in approximately 20 active studies including 6 clinical trials and published approximately 20 journal articles. Kaiser Foundation Health Plan of Georgia's research center, The Center for Research and Evaluation (CRE) 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 include studies that will help improve the health of Kaiser Foundation Health Plan of Georgia's members and the communities it serves. These include such topics as ways to help people 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. Investigators at CRE conduct research on a broad range of topics including chronic disease prevention and treatment; diabetes; cancer; behavioral health; and health services. Kidney transplantation is the preferred treatment for U.S. adults with end-stage kidney disease. However, only 14% of patients are placed on the deceased donor kidney transplantation waiting list or receive transplants within 1 year of diagnosis. For-profit (vs nonprofit) dialysis facilities have historically had lower kidney transplantation rates, but it is unknown if the pattern holds for living donor and deceased donor kidney transplantation, if it varies by facility ownership, or if it has persisted over time.</p>

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C. Research	<p>me. A study published in JAMA in 2019 by a team from the Kaiser Permanente Center for Research and Evaluation and Emory University in Georgia found that receiving dialysis at for-profit facilities in the U.S. was associated with lower kidney transplantation rates. The study team examined data for 1.5 million patients treated over a 16-year period at 6,500 U. S. dialysis facilities to determine if there was an association between dialysis facility ownership and placement on the deceased donor kidney transplantation waiting list, receipt of a living donor kidney transplant, or receipt of a deceased donor kidney transplant.</p> <p>D. Advancing Innovation Despite our nations best efforts at addressing the myriad of challenges facing the health of our communities, we see that social, economic and health disparities among people continue to grow. At Kaiser Permanente, we're trying to shift that paradigm by working to advance conditions for health through the spread of best practices, innovation and technology. Kaiser Permanente works in partnership with our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems. Using technology as the backbone of our efforts, we are exploring new approaches for accelerating and scaling community health solutions to create greater impact. Together, we are advancing health innovation and achieving greater and more equitable health outcomes. Specific example(s) of our efforts in 2019 include: Kaiser Permanente partnered with The Public Good Projects (PGP) to reduce stigma and raise awareness around mental health conditions. PGP's Action Minded Mental Health campaign has four components which include Therapy Pets, Like One Another, Mental Health Champions, and Community Partners and each component tailors its evidence-based approach to reach a specific audience. PGP's disease surveillance system monitors all publicly available media sources for mentions of mental health topics, and PGP tailors its messaging to address trending mental health topics.</p>

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Return Reference	Explanation
FORM 990, PART VI, LINE 1a	<p>- Voting Member and Governing Body - THE EXECUTIVE COMMITTEE, CONSISTING OF THREE DIRECTORS, HAS AUTHORITY TO ACT FOR THE BOARD BETWEEN MEETINGS EXCEPT IT HAS NO AUTHORITY TO: 1. ADOPT, AMEND OR REPEAL BYLAWS. 2. AMEND OR REPEAL ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEALABLE. 3. ELECT, APPOINT OR REMOVE DIRECTORS, DESIGNATE COMMITTEES OF THE BOARD OF DIRECTORS OR FILL VACANCIES IN THE BOARD OF DIRECTORS OR IN ANY SUCH COMMITTEE. 4. DISSOLVE, MERGE OR CONSOLIDATE THE CORPORATION. 5. ADOPT, AMEND OR REPEAL ARTICLES OF INCORPORATION. 6. SELL, LEASE, PLEDGE, TRANSFER OR EXCHANGE ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OF THE CORPORATION. 7. FIX COMPENSATION OF DIRECTORS FOR SERVING ON THE BOARD OR ON ANY COMMITTEE. 8. AUTHORIZE ANY DIRECT OR INDIRECT TRANSFER OF MONEY OR OTHER PROPERTY OR INCUR ANY INDEBTEDNESS TO OR FOR THE BENEFIT OF THE MEMBER OR THE DIRECTORS OR OFFICERS OF THE CORPORATION OR TO OR FOR THE BENEFIT OF TRANSFEREES IN LIQUIDATION (OTHER THAN CREDITORS OF THE CORPORATION). 9. TAKE ANY OTHER ACTION WHICH THE BOARD OF DIRECTORS IS NOT AUTHORIZED TO TAKE.</p> <p>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.</p>

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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).

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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: 1. Removal of the Chairman of the Board, CEO, or any President. The compensation of any President and other executive officers of the corporation shall be approved by the member's Compensation Committee; 2. The sale, lease, exchange, or other disposition of, the mortgage, pledge or dedication to the repayment of indebtedness (whether with or without recourse), or any other encumbrance of property of the corporation, or the acquisition of assets, whether or not in the usual or regular course of the corporation's activities, where the fair market value of such corporate property or assets being disposed of, acquired or encumbered exceeds 10% of the value of the assets of the corporation as reflected in the most recent annual or quarterly financial statements that are available on the date immediately preceding the date of the relevant transaction shall require the approval of the member; 3. Capital expenditures that exceed \$25 million shall require the approval of the member; 4. The issuance of tax-exempt bonds; 5. Articles C (Member), D (Directors) and H (Amendment and Effect of Bylaws) of the Bylaws may be amended only by the member.</p>

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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.

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Return Reference	Explanation
Form 990, Part VI, Line 12C	<p>ETHICS AND 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.a - ETHICS AND COMPLIANCE ANNUALLY REVIEWS THE DIRECTORS', OFFICERS', KEY EMPLOYEES', AND EXECUTIVES' ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE DISCLOSURES AND PROVIDES 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 A2.b - ANNUALLY, EMPLOYEES IN ROLES WITH AN ELEVATED RISK OF CONFLICTS OF INTEREST COMPLETE A CONFLICTS OF INTEREST QUESTIONNAIRE. RESPONSES ARE REVIEWED AND ASSESSED. WHEN ACTION IS WARRANTED, THE SITUATION IS ADDRESSED IN ACCORDANCE WITH WRITTEN STANDARDS. DOCUMENTATION AND TRACKING IS MAINTAINED IN THE SAME WAY AS DIRECTORS, OFFICERS, AND KEY EMPLOYEES. A2.c - IN ADDITION TO THE CONFLICTS OF INTEREST QUESTIONNAIRE, ETHICS AND COMPLIANCE RECEIVES, CONSULTS, MONITORS, AND REPORTS ONGOING DISCLOSURES MADE BY EMPLOYEES THROUGHOUT THE YEAR. A3. ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, AN OUTSIDE CERTIFIED PUBLIC ACCOUNTING FIRM REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES PROCESS COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN AS A RESULT OF THE DISCLOSURES. THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS IN THIS AREA, ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS AUDIT AND COMPLIANCE COMMITTEE. B. REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE: B1. REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES. B2. KAISER PERMANENTE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO. 14. CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION</p>

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Return Reference	Explanation
Form 990, Part VI, Line 12C	ION 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/REGU LATORY REQUIREMENTS, KAISER PERMANENTE POLICIES AND PROCEDURES, OR THE PRINCIPLES OF RESPO NSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR MISCONDUCT, COACHING/COUNSELING AND/OR COR RECTIVE/DISCIPLINARY ACTION MAY INCLUDE, BUT IS NOT LIMITED TO: - ORAL DISCUSSION AND/OR W ARNING BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR HIGHER LEVEL MANAGER TO CORRECT THE PROBL EM; - WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING; - PAID OR UNPAID SUSPENSION, WITH OR WITHOUT FINAL WARNING; - TERMINATION OF EMPLOYMENT.

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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 RESOURCES 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>

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

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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, Communications Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, 18th Floor Oakland, CA 94612

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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>

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Return Reference	Explanation
Form 990, Part XI, Line 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES CHANGE IN PENSION AND OTHER RETIREMENT LIABILITIES \$ (43,889,532) OTHER THAN TEMPORARY IMPAIRMENTS (57,895) GAIN/LOSS ON INVESTMENTS - BOOK 1,118,608 GAIN/LOSS ON INVESTMENTS - TAX (510,165) ----- TOTAL \$ (43,338,984)

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318011430	
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.			OMB No. 1545-0047
					2019
					Open to Public Inspection
Name of the organization KAISER FOUNDATION HEALTH PLAN OF GEORGIAINC				Employer identification number 58-1592076	

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
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 1200 CHICAGO, IL 60606 37-1651297	INVESTMENT	DE	NA	N/A	0	0			0			

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 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP	0	0	0 %		No
(2) KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP	0	0	0 %		No
(3) KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0	0 %		No
(4) GROUP HEALTH SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1392222	INACTIVE	WA	NA	C CORP	0	0	0 %		No
(5) KFHP OF WASHINGTON OPTIONS INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1467158	INSURANCE	WA	NA	C CORP	0	0	0 %		No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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) 2019

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

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
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-1105628	HEALTH CARE	CA	501(C)(3)	3	NA		No
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-1340523	HEALTH CARE	CA	501(C)(3)	10	NA		No
ONE KAISER PLAZA 15L OAKLAND, CA 94612 84-0591617	HEALTH CARE	CO	501(C)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 52-0954463	HEALTH CARE	MD	501(C)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0798039	HEALTH CARE	OR	501(C)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-0511770	HEALTH CARE	WA	501(C)(3)	3	KFHPW HLDING	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299125	ASSET MGMT	CA	501(C)(3)	12-I	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299124	ASSET MGMT	CA	501(C)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299123	ADMIN	CA	501(C)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-2171891	WC PLACEMENT	HI	501(C)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(C)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501(C)(3)	12-I	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(c)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 81-4053028	MEDICAL EDU	CA	501(C)(3)	2	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0480268	HEALTH CARE	WA	501(C)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1216856	INACTIVE	WA	501(C)(3)	12-I	KFHP OF WA	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1314907	INACTIVE	WA	501(C)(3)	12-I	KFHP OF WA	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 82-3819611	ADVOCACY	CA	501(C)(4)	N/A	KFHP INC	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
Kaiser Foundation Health Plan Inc	l	19,004,818	per agreement
Kaiser Foundation Health Plan Inc	m	66,559,098	per agreement
Kaiser Foundation Health Plan Inc	p	119,566,580	per agreement
Kaiser Foundation Health Plan Inc	q	35,042,767	per agreement
Kaiser Foundation Health Plan Inc	r	6,833,055	per agreement
Kaiser Foundation Health Plan Inc	s	104,190,109	per agreement
Kaiser Foundation Hospitals	c	77,724	per agreement
Kaiser Foundation Hospitals	e	116,000,000	per agreement
Kaiser Foundation Hospitals	m	98,938,972	per agreement
Kaiser Foundation Hospitals	p	6,029,026	per agreement
Kaiser Foundation Hospitals	q	92,653,936	per agreement
Kaiser FDN Health Plan of Colorado	l	1,258,399	per agreement
Kaiser FDN Health Plan of Colorado	m	2,075,507	per agreement
Kaiser FDN Health Plan of Colorado	q	269,934	per agreement
KFHP of the Mid-Atlantic States Inc	l	4,092,954	per agreement
KFHP of the Mid-Atlantic States Inc	m	4,153,737	per agreement
KFHP of the Mid-Atlantic States Inc	p	28,517,872	per agreement
KFHP of the Mid-Atlantic States Inc	q	326,780	per agreement
Kaiser FDN Health Plan of the Northwest	l	1,066,483	per agreement
Kaiser FDN Health Plan of the Northwest	m	1,122,847	per agreement
Kaiser FDN Health Plan of the Northwest	q	104,494	per agreement
Kaiser Permanente Insurance Company	l	868,932	per agreement
Kaiser Permanente Insurance Company	m	38,767,680	per agreement
Kaiser Permanente Insurance Company	p	157,529	per agreement
Kaiser Permanente Insurance Company	q	6,785,401	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
Lokahi Assurance Ltd	m	6,796,000	per agreement
Lokahi Assurance Ltd	p	855,798	per agreement
Lokahi Assurance Ltd	q	10,759,434	per agreement
Lokahi Assurance Ltd	r	9,227,741	per agreement
Oaktree Assurance Ltd	l	1,525,130	per agreement
Oaktree Assurance Ltd	m	1,523,097	per agreement